

THE MEANING OF GROUP PHYSICAL ACTIVITY EXPERIENCES
TO OLDER WOMEN

A Thesis Proposal Submitted to the
College of Graduate Studies and Research
In Partial Fulfillment of the Requirements
For the Degree of Master of Science
In the College of Kinesiology
University of Saskatchewan,
Saskatoon, SK

By María Julia Bidonde

PERMISSION TO USE

In presenting this thesis in partial fulfillment of the requirements for the degree of Master in Science from the University of Saskatchewan, I hereby grant to University of Saskatchewan and or its agents the non-exclusive license to archive and make accessible, under the conditions specified below, my thesis, in whole or in part in all forms of media, now or for the duration of my copyright ownership. I retain all other ownership rights to the copyright of the thesis. I also reserve the right to use in future works (such as articles or books) all or part of this thesis. I further agree that permission for copying of this thesis in any manner, in whole or in part, for scholarly purposes may be granted by the professor or professors who supervised my thesis work or, in their absence, by the Head of the Department or the Dean of the College in which my thesis work was done. It is understood that any copying or publication or use of this thesis or parts thereof for financial gain shall be given to me and to the University of Saskatchewan in any scholarly use which may be made of any material in my thesis.

Request permission to copy or to make other use of material in this thesis in whole or part should be addressed to:

Dean of the College of Kinesiology

University of Saskatchewan

Saskatoon, Saskatchewan, S7N 5B3

ABSTRACT

The purpose of this study was to explore the meaning of physical activity experiences to older women. A qualitative hermeneutic phenomenological design was used. A purposeful sample of 9 women, age 67 to 83 years old, enrolled in a group physical activity program participated in the study. Data was collected through in-depth semi-structured interviews, artifact documentation, and descriptive and reflective fieldnotes. The transcripts and significance of the artifacts were analyzed using thematic line-by-line analysis. Three themes emerged from the thematic analysis, *trading roles*, *a happier me*, and *pride and delight*.

Trading roles refers to the women's perceptions of a new era of their lives given the transition experienced in their life roles. Many of the things they considered stable in their lives changed. Friends dropped away, family moved, they no longer fulfilled the role of wife, and their active grandmothering period was ending.

The theme, *a happier me*, speaks of the impact their involvement in a physical activity program had on their social lives. Living as widowed or single women, they recognized that they could become isolated within their own homes. Engaging in a physical activity program provided a context where they could expand their social network. The interaction with others in a physical activity program brought a sense of happiness and well-being to their days.

The theme, *pride and delight*, captures the deep understanding of their own sense of well-being and took pride in planning and developing the physical activity program. The assumption that more knowledgeable others must plan, implement, and evaluate programs to meet the needs of older adults was challenged by these participants.

The meanings of the experiences were interpreted with the support of Weiss' (1973) theoretical framework on loneliness. The results of the study highlighted the importance of the contacts made in the physical activity program to the social network of the women, including provisions of attachment, nurturance, and social integration. Physical activity programs for older adults have the potential to expand the social network of older adults and with further research may prove to be an effective intervention for social isolation and ultimately loneliness.

ACKNOWLEDGEMENTS

There are many people for me to acknowledge for their support and guidance in my academic pursuits. I am deeply grateful to the women who volunteered to participate in this study. Their voices and eloquence opened my eyes to certain experiences and perspectives to which I was previously blind.

I consider myself very fortunate to have met and worked with Donna Goodwin, one of my research supervisors. Donna has many gifts of which I have become aware over the years, and not the least of these is her exquisite ability to develop genuine, meaningful, and satisfying relationships with others in the world. When talking to Donna about a new inspiration, or simply a most personal frustration, I have felt, without fail, welcomed, comfortable, and truly listened to. The reassurance Donna has provided me had a profoundly empowering impact on me, for which I am truly grateful.

I also wish to pay tribute to my supervisor Don Drinkwater for his unending support and direction during my years as a graduate student. Thank you to my committee members Kent Kowalski and Robert Faulkner for their knowledgeable input and for the revisions of my theses. In particular, I am grateful to Robert Faulkner for giving me the opportunity to fulfill my dream. Your faith in me was instrumental in bringing this research to a successful conclusion.

I want to thank the Seniors' Department (SATE) at Privado de Comunidad Hospital, Mar del Plata, Argentina, my mentor and Head of the Department Dr. Diana Scharovsky, and her multidisciplinary team (my team), in appreciation and recognition for their day-to-day extraordinary efforts in working with seniors. Thank you for

providing me the initial inspiration to pursue a career in gerontological physical activity, and for helping me get to where I am today.

Finally, I am eternally grateful to my family for the words and acts of encouragement and never ending support. Although you are physically far away you always feel close to me. Thanks to my parents María Luz & Negrito; grandparents Queca, Tata, & Ali; brothers Gastón, Juan, & Fede; and Tomás my favourite and only nephew. I am eternally grateful to David who struggled to make sense of the many ways in which my personal and professional journeys were not always compatible.

DEDICATION

A mi familia,

Queca, Tata y Ali, María Luz, Negrito, Federico, Gastón, Juan Martín y Tomás.

A Chuki.

TABLE OF CONTENTS

PERMISSION TO USE	i
ABSTRACT	ii
ACKNOWLEDGEMENTS	iv
DEDICATION	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	xi
LIST OF FIGURES	xii
LIST OF APENDICES	xiii
1. INTRODUCTION	1
1.1 Motivation for the Study	1
1.2 Importance of the Study	4
1.3 Purpose of the Study	5
2. REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK	6
2.1 Aging	6
2.2 Who is Old?	7
2.3 Aging As a Woman	8
2.4 Healthy Aging through Physical Activity	10
2.4.1 Physical Activity Setting for Older Adults	13
2.4.2 Type of Exercises	14
2.5 Lived experience of exercise in older adults	15
2.6 Social Support	16
2.7 Social Network Models	18

2.8 Loneliness	19
3. METHODS	25
3.1 Design	25
3.2 Context of the Study	26
3.2.1 Description of Seniors' Physical Activity Program.....	26
3.3 Sampling Strategy.....	32
3.3.1 Participant Recruitment	33
3.3.2 Description of Study Participants	35
3.3.3 General Demographic Information	36
3.3.4 Participants' Social Network Information	37
3.3.5 Health and Physical Activity	39
3.4 Data Collection	41
3.4.1 Interviews.....	41
3.4.2 Artifact Documentation	42
3.4.3 Fieldnotes.....	45
3.5 Data Analysis	46
3.5.1 Epochè.....	46
3.5.1.1 Bracketing.....	47
3.5.2 Horizontalization.....	48
3.5.3 Imaginative Variation	49
3.5.4 Textural and Structural Descriptions	50
3.5.5 Structural Synthesis	50
3.6 Trustworthiness of the Study	51

4. RESULTS	56
4.1 Trading Roles.....	58
4.1.1 On My Own	60
4.1.2 Getting Out.....	63
4.2 A Happier Me	67
4.2.1 Social Rewards.....	68
4.2.2 Health Rewards	77
4.3 Pride and Delight	81
4.3.1 Accessibility.....	82
4.3.2 Facility	84
4.3.3 Long Cold Winters.....	87
4.3.4 Instructors	89
4.4 Room for Improvement.....	92
4.4.1 Transportation	92
4.4.2 Music.....	94
4.4.3 Instructor Education.....	96
5. DISCUSSION	97
5.1 Trading Roles Theme.....	98
5.2 Happier Me	99
5.3 Pride and Delight	103
5.4 Limitations	103
5.5 Future Directions	104
6. REFERENCES	108

7. APPENDICES	120
7.1 Appendix A.....	121
7.1.1 Theoretical Framework.....	121
7.2 Appendix B.....	123
7.2.1 Ethical Approval.....	123
7.3 Appendix C.....	125
7.3.1 Information Sheet.....	125
7.3.2 Brochure.....	125
7.4 Appendix D.....	129
7.4.1 Participant Information Form	129
7.5 Appendix E.....	134
7.5.1 Interview Guide	134
7.6 Appendix F.....	136
7.6.1 Consent Form.....	136
7.6.2 Transcript Release From.....	136
7.7 Appendix G.....	141
7.7.1 Research Photograph Form.....	141
7.7.2 Photographic Artifact.....	141
7.8 Appendix H.....	144
7.8.1 Members Check	144

LIST OF TABLES

TABLE	PAGE
Table 3.1 Steps in Analysis.....	47
Table 3.2 Rigor With Qualitative Research.....	53
Table 4.1 Themes and Sub Themes.....	57

LIST OF FIGURES

FIGURE	PAGE
4.1 Group About to Start Class.....	70
4.2 Personal Connection.....	72
4.3 Group Connection.....	74
4.4 Happy Times.....	76
4.5 Coffee Time After Class.....	76
4.6 Lifting Weights.....	80
4.7 Weights.....	80
4.8 Facility.....	85
4.9 An Activity for Everyone.....	88
4.10 Instructor.....	91
4.11 Dancing for the Troops.....	95

LIST OF APENDICES

APPENDIX	PAGE
A. Theoretical Framework.....	121
B. Ethic Approval.....	123
C. Study Information Sheet.....	125
D. Participant Background Information Form.....	129
E. Interview Guide.....	134
F. Consent Form and Transcript Release Form.....	136
G. Research Photographic From.....	141
H. Member Check.....	144

1. INTRODUCTION

1.1 Motivation for the Study

My primary motivation for the study arose from experiences gained through my professional practice. When I started working at the Privado de Comunidad Hospital (Mar del Plata-Argentina), where I began my career in the physical activity and gerontology area, the majority of seniors' groups I worked with were physically independent. Through my six years working in the gerontological area at the Hospital, I witnessed the people with whom I worked becoming more physically dependent. Initially, the health team (physicians, psychologists, occupational therapists, physical therapists, social worker, speech therapists, nurses and exercise therapists) saw few patients who were considered to be dependent (i.e., dependent on a cane, walker aid, family member). Throughout the years the number of these patients doubled. These dependent patients included seniors, most of who were women, often widowed or without a partner, and frequently suffering the onset of chronic diseases that reduced their mobility. I thought the combination of these factors (being a woman, suffering the onset of chronic diseases, reduced mobility, and being alone) could have an impact on their social life and thus quality of life of these women.

At the same time, I realized there was a big opportunity present in my working area, gerontology and exercise. I became interested in examining the impact of group physical activity settings on the lives of seniors. At the hospital where I worked, the anticipated physical benefits of engaging in a physical activity program were to maintain or improve balance, mobility, and flexibility. However, the benefits gained by the seniors went far beyond our expectations as a health team. In addition to the physiological and performance increases witnessed, the seniors made new friends, found motivation in life, established goals, experienced feelings of belonging, worth, and self-respect. They were proud of being an example to younger generations (children and grandchildren). Having no more evidence than the clinical observations to support these perceived outcomes, I wished to focus this study on the meaning women who are widowed, singled, or divorced give to their physical activity experiences within an exercise program designed for older adults.

My second motivation for doing this study developed years ago from my involvement in a research project that was conducted at the hospital where I worked, Privado the Comunidad. The study looked at a social work intervention and addressed the social network of seniors (23 male and female participants between 60 and 88 years of age) after one year of participation in a multidisciplinary physical activity based program. My colleague found, in her initial assessment of the seniors, their networks had decreased because of retirement, migrations, death, and disabilities. She found that it was very difficult for the participants to reconstruct their networks. Her results showed that a social group intervention helped increased social interactions and strengthen group members' ties. For some of the participants, although there was no increase in the scope

of their networks, a change in the utilization of their initial networks occurred (i.e., increased frequency of contacts).

After reading the study results and witnessing the increase in the social networks of these seniors, I asked myself if an exercise program would help increase the network on its own. I also wondered what an increased network would mean to the lives of these seniors. From my colleagues' research study and my own professional experiences, I recognized that the population is aging, many seniors are living alone with reduced social networks, which could lead to isolation and perhaps feelings of loneliness.

What could be more obvious than to bring people together into a group physical activity experience? On one hand, it would address the physical components of well-being such as increased mobility, flexibility, muscle tone, and cardiovascular benefits. It could have concomitant benefits to their activities of daily living and potentially maintain independence. On the other hand, there is this 'social' component of well-being that can be exploited in physical activity programs. I asked myself if a physical activity program would help reduce feelings of isolation or loneliness in older women facilitated by the members' connections.

I started reviewing the literature in the physical activity and social networks in databases like PyscInfo, SportDiscus, Medline, Cinahl, Sociological Abstracts, Eric, and PubMed. I also checked known websites like the World Health Organization, International Federation of Aging, and other aging related organizations. I found many studies in the area of physical activity and seniors emphasizing its physical and physiological benefits. There was also an extended body of knowledge in the area of social networks and seniors' physical activity underlying the reduction in the network. I

found few articles mentioning physical activity as an intervention to declining social networks. Studies highlighting the relationship between reduced social network and the potential for feelings of loneliness within the seniors' population were very common, although, to my knowledge, studies looking at the meaning of group physical activity its link to social network (and may be loneliness) in older population were very scarce.

1.2 Importance of the Study

Health promotion strategies have given special importance to physical activity due to its role in retaining older adults' mobility, independence, and autonomy, while reducing morbidity and mortality (Chodzko-Zajko, 2000). Physical activity is important in helping to prevent or deal with chronic diseases and disabilities (Harsha, 1995). Potential benefits to mental health are also an important consequence of participation in various physical activities (Scott & Willits, 1989). Social interactions gained in a group physical activity setting can provide emotional (friends to turn to), instrumental (someone to count on if support is needed), and social benefits to aging adults (McPherson, 1994). What seems to be missing from many research projects is an in-depth study on the meaning of physical activity for seniors, especially with respect to women. As service providers we seldom give older adults the opportunity to express themselves (Chogahara, O' Brien Cousins, & Wankel, 1998). As stated by Grant and O'Brien Cousins (2001) "When older adults tell their stories about physical activity experiences, one gets a different sense of reality from that typically shared in the research literature on aging and exercise".

Learning about the abilities and interests of older adults, through listening to the meaning physical activity has had in their life stories, can help us to promote appropriate environments for them by being sensitive to their social, physical and emotional needs. Increased sensitivity will also help remove obstacles to seniors becoming active. Knowing what meaning physical activity programs hold in older adulthood may open the door to the development of health promotion strategies targeting physical activity as an intervention for older adults in the older adult community.

Findings of this study may have implications for exercise professionals working with older adults. Deepening our understanding of the importance of social connections and networking within physical activity programs has potential implications for policy makers, and those involved in health promotion for older adults.

1.3 Purpose of the Study

The purpose of this investigation was to explore the meaning of group physical activity experiences to older women. More specifically this study focused on (1) gaining a better understanding of the meaning older women ascribe to their experiences in a physical activity program, (2) comprehending the value these experiences hold, and (3) exploring the role physical activity plays in their lives.

2. REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK

2.1 Aging

The world's population is aging. The World Health Organization suggests that although this can be seen as a great achievement of science, an aging population may also represent a great challenge for societies around the world, especially during the next century (1998). It has been argued that the capacity of health systems may be challenged by the growing number of older adults, especially in developed countries (Wojtek Chodzko, 2000). In contrast Hèbert (2002) suggests the pressure that population aging will place on health systems is a myth. Hèbert purports that the health of the new cohorts of seniors is expected to be much better than that of seniors now. He states, "the impact of aging on the consumption of services will not be apocalyptic and preventive, curative and rehabilitation interventions can be implemented to improve the health of seniors and contain the demand for services (p. 3)." Irrespective of the position held, the world's population is aging and a better understanding of its impact on individuals, populations, and social systems is worthy of attention.

Population aging refers to a decline in the proportion of children and youth and an increase in the proportion of the population 60 and over (Shah, 1998). Worldwide, the

proportion of people 60 and older is growing faster than any other sector of the population. In Canada in 1991, the population aged 65 and over represented 11.6% of the total population (Pickles, Compton, Cott, Simpson, & Vandervoort, 1995). By 1996, there were 3.5 million Canadians over the age of 65, constituting 12% of the population (Statistics Canada, 1997). It was estimated by Statistics Canada that by 2021, the number would rise to 7.5 million, more than 15% of the population and to 22% in 2031. While this rapid increase may appear alarming to some, research evidence suggests that population aging will not have the impact society has been warned about (Hèbert, 2002). Older people should be seen as valuable resource that makes an enormous contribution to society.

Aging is a natural part of life. According to Kirkwood (1996) aging is a lifelong process, which can be defined as a progressive, generalized impairment of function resulting in the loss of adaptative response to a stress, and a growing risk of age-associated disease, which affect the capacity of an individual to perform certain activities of daily living. Aging can also be defined as a set of biological process that can be genetically determined (The Merck, 1997). Kirkwood notes that the combination of genetics, environment, lifestyle, and nutrition are determinants of health and disease for an individual.

2.2 Who is Old?

The World Health Organization (1998) stated that there is no specific age when a person becomes “old”, although, traditionally, that age has been set at 65 years because that is when working adults have tended to retire. This seems to be young for the

developed countries where major gains in life expectancy have occurred. However, whatever age is used within different contexts, it is important to acknowledge that chronological age is not a precise marker for changes that accompany aging. The World Health Organization suggests that there are dramatic variations in health status, participation and levels of independence among older adults of the same age.

2.3 Aging As a Woman

Mylander (1979) states “An aging society is evolving, and for the most part, is female”. Women will increasingly constitute the majority of older persons, outliving men in almost all countries of the world. According to the Federal, Provincial and Territorial Advisory Committee (1996) report on health of Canadians, the female proportion of the population over age 65 increased 60% from 1951 to 2001. In developed countries, like Canada, female life expectancy of 80 years from birth is becoming a norm (Shah, 1998). This is reflected in the higher ratio of women versus men in older age groups. For example, in 2002 in Europe, there were 678 men for every 1000 women aged 60 plus. At age 80 and over, the world average is less than 600 men for every 1,000 women (World Health Organization, 1998). The fact that the population of older women is growing faster than the population of older men is attributed to an increased longevity of women, the gain in female life expectancy relative to males, as well as a substantially lower death rate of women (Shah, 1998).

Because women live longer than men they may be more likely to live in widowhood. The main social effect of this extended period of life for women is more years of widowhood (World Health Organization, 1998). Female widows dramatically

outnumber male widowers in all countries. For example, in the United States, for women 65 to 74 years, about 36% are widowed and in the 75- 84 year-old group, 66% of women are widowed (Hobbs & Damon, 1996). In Eastern Europe countries, over 70% of women age 70 and over are widows (Pinquart & Sorensen, 2001). As women are more likely to be affected by widowhood than men, a high number of these women live alone. Although, some studies have shown that a turning point (for better) is described by women who lose their husbands as they found themselves relieved and experiencing freedom (Montbriand, 2004).

If aging is expected to be a positive experience for women worldwide, longer life must be accompanied by improvements in the quality of life of those who reach old age (Everard, Lach, Fisher & Baum, 2000). Maintenance of good health throughout one's life span is essential to extended healthy life expectancy and maintenance of quality of life in old age. The World Health Organization (2002) has indicated that longevity makes older adults more likely to suffer the onset of chronic diseases commonly associated with old age. Aging successfully, means being able to function independently, remain mobile, and undertake activities of daily living such as bathing, dressing, and toileting (Shah, 1998). Exercise contributes to good health, helping to maintain activities of daily living and independence in old age (McPherson, 1994). Successful aging has also been conceptualized as the absence of disease and physiologic decline, high psychological and physical function, or some combination thereof (Michael, Colditz, Coakley, & Kawachi, 1999).

Older women who are alone may be more vulnerable to poverty and social isolation. Opportunities for social interaction may decrease with widowhood (Rook,

1991). The absence of a partner and living alone increases women's physical and emotional vulnerability to increased health risks (Stevens, 2001). Thus, as women live longer their quality of "longer" life, that is their capacity to maintain physical, social and mental well-being, becomes of central relevance. Health conditions that limit their mobility and ability to perform activities of daily living can further result in a loss of independence (Unger, Johnson, & Marks, 1997).

Reduced mobility may not only threaten the daily physical functioning of older women but also their capacity to maintain their social contacts and their social and mental well-being (Stevens, 2001). Deficits in mobility may reduce their opportunities for the establishment and maintenance of social contacts, therefore increasing the potential for loneliness. Given that activity is often used to cope with loneliness (Pinquart & Sörensen, 2001), for aging women physical activity could provide protection against major debilitating musculoskeletal and social conditions.

2.4 Healthy Aging Through Physical Activity

Physical activity is defined as bodily movement involving the skeletal muscles that results in energy expenditure, while exercise involves planned repetitive and structured activity with the goal of improving cardiopulmonary fitness (McAuley & Rudolph, 1995). In this study physical activity and exercise are treated as somewhat synonymous throughout.

As the population of older women continues to grow, the World Health Organization (1996) has highlighted the need to maintain and improve the functional abilities of older adults, help them cope independently in the community, and ultimately

maintain or improve the quality of their lives. Physical activity is one of the most prominent factors contributing, not only physiologically but also psychosocially, to successful aging and independent living, regardless of health status or disease state (Kluge, 2002; McPherson, 1994). Participation in regular physical activity can delay functional decline, reduce the onset of chronic diseases and illnesses, delay or reduce lifetime morbidity, and therefore help reduce health care costs at the individual and societal level (Bertera, 2003; Shah, 1998). In summary, physical activity has been demonstrated to (a) enhance general well-being, (b) improve overall physical and psychological health, (c) help to preserve independent living, (d) reduce the risk of developing certain noncommunicable diseases (e.g., hypertension), (e) help control certain specific conditions (e.g., obesity) or diseases (e.g., diabetes), (f) help reduce the effect of certain disabilities, and (g) may help to change stereotypes of old age (World Health Organization, 1996).

The World Health Organization (1996) has summarized the physiological, psychological, and social benefits of physical activity for older adults. Physiologically, physical activity helps to reduce glucose levels, to stimulate catecholamine activity, (that is epinephrine and norepinephrine produced by the adrenal gland), and also has been shown to improve sleep patterns. Most importantly, physical activity substantially improves almost all aspects of cardiovascular functioning. Strength training can have an important impact on the maintenance of independence at old age and exercise working the range of motion (flexibility) can assist in the preservation or restoration of joint movement. Finally, regular physical activity helps postpone the age associated declines in balance and coordination highly correlated with falls (World Health Organization,

1996). Physiological decline is suspected of making older persons more susceptible to social isolation (Bertera, 2003).

From a psychological perspective, the individual may also receive benefits with respect to enhanced relaxation, reduced stress and anxiety, and improvement of mood state. Additionally, regular physical activity has been shown to help in the treatment of several mental illnesses, including depression and anxiety neurosis. There have also been recognized cognitive improvements in processing speed and reaction time (World Health Organization, 1996; Bertera, 2003).

Participation in regular physical activity may empower older adults to play a more active role in their communities and acquire positive new roles. Such participation may also enhance intercultural interactions and social integration with the community. Participation in regular physical activity has been shown to stimulate the creation of new friendships and widen available social networks (McPherson, 1994). Also from a societal point of view, physical activity may postpone the onset of some diseases or chronic illnesses, thereby significantly reducing health and social care cost (Shah, 1998). The World Health Organization and Bondevik and Skogstad (1998) found that physically active lifestyles help older adults maintain their independence and optimize their ability to actively participate in society and at the same time to enhance functioning and quality of life. In summary, over the long-term, active individuals are less likely to withdraw from society and more actively contribute to the social milieu (World Health Organization, 1996). In many societies physical activity is a shared activity, which provides opportunities for intergenerational contact contributing to lessening stereotypic perceptions about aging and the older people.

2.4.1 Physical Activity Setting for Older Adults

Structured exercise classes for older adults are offered at the community group and individual level. Another frequent exercise practice for older adults is a structured home-based program (Dunn, Andersen, & Jakicic, 1998). The exercise session format for older adults programs is similar to any exercise class; each session contains a warm-up, main activity, cool down, relaxation or reflection period. However, the warm up and cool down periods for older adults are usually longer than in the general population (Salgado & Guillen, 1994).

Expensive facilities and equipment are not necessary when implementing physical activity for older adults. Although not all programs are structured this way, facility recommendations of older adult classes include non slip floor surfaces, adequate lighting, ventilation, heating, accessibility by elevator, ramps, or a grounded floor location, washrooms, telephones, an emergency exit, and water fountain. Equipment is often incorporated into the exercise session. It provides variation and entertainment to the class while at the same time accommodating different work intensities (Salgado & Guillen, 1994). Equipment should be soft, light weight, clearly visible, and easy to grab. Hoops, different sized balls, beanbags, light free-weights, mats, and rubber bands (Therabands) have been successfully used with older adults (Lazowski et al., 1999). The number of sessions per week varies from one to three, and the best times to hold classes are mid-morning, mid-afternoon, and early evening (Salgado & Guillen, 1994).

Older adults may suffer the onset of secondary diseases or chronic conditions that may respond favourably to participation in exercise and physical activity programs. For example the benefits of aerobic exercise for those suffering cardiovascular disease

are well documented in the literature. Keller & Lemberg (2002) argued that exercise improves cardiovascular outcomes by increasing vagal activity and attenuating sympathetic hyperactivity (Keller & Lemberg, 2002). Those who are diagnosed with diabetes may also benefit from participation in physical activity, as it is known to reduce glucose levels (Glass, de Leon, Marottoli, & Berkman, 1999). Due to some of these conditions, older adults may be taking medications that can influence physiological responses to exercise (e.g., beta blockers, insulin). Therefore, medical approval prior to engagement in a physical activity class is recommended (World Health Organization, 1996). Small class sizes have been suggested, ideally between 15 and 20 people (Lazowski et al., 1999). However, class size depends on instructor experience, group characteristics, and available space.

2.4.2 Type of Exercises

Many individuals perceive they have an active lifestyle without participating in a formal exercise class through their everyday activities, such as, shopping, cooking, and cleaning; however, in industrialized societies, lifestyles are often associated with less than optimal levels of physical activity (World Health Organization, 1996). Participation in structured activity programmes promotes physically active lifestyles for individuals who may not otherwise engage in optimal activity levels. Exercises recommended for older adults should be simple and low to moderate intensity and complexity. Examples of simple low to moderate intensity exercises are walking, dancing, or cycling. Structured classes typically include exercises such as stretching, strengthening, relaxation, and low impact cardiovascular activities using major muscles groups.

Lazowski et al. (1999) suggested structured and repetitive exercises with constant verbal and visual cueing. Sessions typically last between 30 and 60 minutes. Exercise should be regular, daily if possible. Exercise programs must meet both individual and group expectations, be relaxing, enjoyable and fun (World Health Organization, 1996).

2.5 Lived Experience of Exercise in Older Adults

In reviewing the literature for the 'lived experiences of exercise' of female older adults in main databases (e.g., PsycInfo, Sport Discus, Medline, Cinhal, Sociological Abstracts, Eric and PubMed) a recent phenomenological research focus became apparent. However, no studies focused on exercise and lived experiences. .Studies have been completed in the areas of lived experiences and specific health conditions such as depression, stroke, multiple sclerosis, heart failure or survivors of domestic violence (Biggins, 2003; Ekman, Skott, & Norberg, 2003; Flensner, Ek, & Soderhamn, 2003; Hedelin & Jonsson, 2003; Murphy, Risley-Curtiss, & Gerdes, 2003; Toombs, 2004). In addition also the lived experiences of those living as a single woman, addressing middle age, and situations of loss and aloneness were evident (Douglas, 2004; Fuller, 2001; Toombs, 2004; Wilkinson & Pierce, 2003). The experience of old age, the psychological needs of elderly women, and the basic experiential structure from which old woman derive the feeling that life is meaningful have been documented (Infante, 2001; Trice, 1990).

Although articles focusing on the lived experiences of physical activity in older age were not found, qualitative studies in the physical activity domain (Cousins, 2003; Cousins & Keating, 1995; Fitzpatrick & Watkinson, 2003; Kluge, 2002; Takkinen,

Suutama, & Ruoppila, 2001) have becoming increasingly present in the literature. For example, Takkinen's study looked at the value of physical activity for a sense of meaning in life among 198 elderly. The study showed that physical activity had a positive effect on both meaning in life and self-rated health and functioning. Kluge (2002) explored the nature and meaning of being physically active in a phenomenological study, which sampled 15 women aged 68-87 years. The women of the study valued being physically active and employed numerous strategies for maintaining a physically active lifestyle throughout their lives. The current study will add to the limited research on the lived experience of older women in physical activity settings. This study, using a phenomenological tradition, will bring older women's voices to identify the essence of the experience of being embedded in a group physical activity program in later life.

2.6 Social Support

Interactions gained in a group physical activity setting may be emotionally, instrumentally, and socially beneficial to the aging process (McPherson, 1994). To better understand the link between social support and group physical activity, the meaning and organization of social networks to older adults must be defined.

A social network has been defined as the sum of all relationships that an individual perceives as personally relevant, or that contributes to the individual's sense of identity, well-being, competence, and agency (Sluzki, 1993). Inadequate social support is associated not only with increased mortality, morbidity and psychological

distress, but also decreased overall general health and well-being (World Health Organization, 1998).

Logan and Spitze (1994) suggested that networks can be examined in two different ways: (a) the *characteristics* of networks, such as size (number of members in the network), density (the extent to which the members are connected to each other), boundedness (definition of group structures such as kin, neighbourhood), and homogeneity (the extent to which individuals are similar to each other in the network); and (b) the *structure of networks* including frequency of contacts (number of face to face contacts or contacts by phone or mail), multiplicity (the number and types of transactions), duration (the length of time an individual knows another), and reciprocity (the extent to which exchanges or transactions are even or reciprocal). While family members within a senior's network are relatively stable, friends and neighbours are more changeable (Bowling, Grundy, & Farquhar, 1995). The average network size for any person is approximately nine people (Phillips, Bernard, Phillipson, & Ogg, 2000). In later life, older adults can expect a decline in the overall size of their social network. Bowling et al. report that in later life the network has between five and seven people, of whom only three to four are active and constitute the 'real' network.

Older people are more likely to lose family members and friends from their social pool, and thus become more vulnerable to social isolation and loneliness (Litwin, 1998). Social isolation and loneliness are both linked to declines in physical and mental well-being (Potts, Hurwicz, Goldstein, & Berkanovic, 1992). Litwin found that social support is related to health status at various points in the life cycle, particularly in later

life. Loneliness is a major source of stress, while supportive social connections and intimate relations are vital sources of emotional strength (Gironde & Lubben, in press).

Umberson (1987) found support for the premise that social ties facilitate the performance of preventive health behaviours through direct and indirect social control. The network operates at the behavioural level through four primary pathways: (1) provision of social support, (2) social influence, (3) social engagement and attachment, and (4) access to resources and material goods (Berkman, Glass, Brissette, & Seeman, 2000). These authors stated that when these pathways are absent, health status can be influenced including: (a) direct physiological stress responses, (b) psychological states and traits including self-esteem, self-efficacy, security, (c) exposure to infectious disease agents such as HIV or tuberculosis, and (d) health-damaging behaviours such as tobacco consumption or high risk sexual activity and (e) health-promotion behaviours such as appropriate health service utilization, medical adherence, and exercise. Since organized exercise sessions may become social events, thereby increasing social contacts, one may summarize that could also have all the above benefits of social support.

2.7 Social Network Models

The study of social networks has been guided by several conceptual models. The first model is based on the *principle of substitution* (Shanas, 1979). This model views the immediate family as the primary source of social support. In times of need, these members are the ones the individual would turn to for help; first to spouses then to children. If these family members are unavailable, neighbours and friends stand in for them. *Cantor's hierarchical compensatory model* (1979) extends the principle of

substitution, adding formal organizations as an alternative. As with Shanas, only in the absence of family (and primarily children), do friends, neighbours, and formal organizations become important support-network members. Structured exercise groups could be such a support network. The third model of social support, *the task specific model* (Litwak & Szelenyi, 1969), suggests that there are limits to substitution because some groups are not interchangeable. According to this model, if a particular source of support is unavailable, the functions that particular source offered must be surrendered unless a source with similar qualities exists. The structured exercise group could be a source from where to withdrawn support sources. Wu and Pollard (1998) criticized the task specific model as it downplays the possibility that some people may not receive adequate support even when primary groups are available. Fourth, *the functional specificity of the relationships model* emphasizes the necessity of a varied social network as numerous types of relationships provide different forms of support (Connidis & McMullin, 1992; Simons, 1983-84). The relationship model assumes that certain groups of people are better suited for some tasks than others and adequate support requires a diverse range of relationships. The exercise group could be a source of emotional or social support upon the participant involvement and development of relationships. However, this model does not associate the unavailability of certain groups with a lack of certain types of support (Wu & Pollard, 1998).

2.8 Loneliness

According to Mahon, Yarcheski, and Yarcheski (1998), physical activity in a group setting may be an avenue for addressing loneliness. Weiss' theoretical framework

(1973) may provide a valuable heuristic guide to address the role of group physical activity experiences can play in perceptions of social networks and loneliness (see Appendix A for theoretical framework that was used to guide the analysis).

Being alone and being lonely are not the same, but a deficiency in social contacts may be the antecedent that can lead to loneliness (Peplau & Perlman, 1982). Two definitions of loneliness are common in the literature. First, it is defined as the “perceived absence of satisfying social relationships, accompanied by symptoms of psychological distress that are related to the perceived absence” (Young, 1982). A second social-cognitive view defines loneliness as an experienced discrepancy between the kinds of interpersonal relationships the individual perceive themselves as having and the kind of relationships they would like to have (Sermat, 1978). In other words, loneliness may result when there is a discrepancy between a person’s actual social network and the person’s needs or desire for social relationships (Bondevik & Skogstad, 1998). In summary, loneliness is an unpleasant experience that occurs when an individual’s network of social relationships is significantly deficient in either quality or quantity according to the individual’s perception (Oksoo, 1999). In all ages, there may be factors that ‘trigger’ loneliness (e.g., loss of partner in old age) but there are also ‘dispositional’ factors that make individuals more vulnerable to loneliness. These factors include shyness, introversion, or high expectations and demands (Peplau & Perlman, 1982).

Recent studies of the prevalence of loneliness in old age suggest that 5% to 15% of older adults, over age 65, report *frequent* feelings of loneliness and an additional 20% to 40% report *occasional* feelings of loneliness (Pinquart & Sorensen, 2001). However,

it has been documented by Smith and Baltes (1996) that people in the oldest old age category (80 plus) experienced loneliness most often (above 50%). Pinquart and Sörensen suggested that these figures may under represent the prevalence of loneliness as the terms 'lonely' and 'loneliness' have a negative connotation and stigma, often causing people to deny being lonely. Not labelling oneself as lonely may prevent social rejection. Also, lonely older adults may be less likely to take part in psychological studies reducing the frequency of reported loneliness. Therefore, as suggested by Pinquart and Sörensen, these percentages should be interpreted cautiously.

A number of authors (Holmen & Furukawa, 2002; McInnis & White, 2001; Sorkin, Rook, & Lu, 2002; Steverink, Westerhof, Bode, & Dittmann Kohli, 2001) support the idea that loneliness may be widespread in older age groups. The number of social partners, as well as the frequency of social contacts is reduced in older age. As Flanders (1982) has noted, opportunities for social contacts are limited by the death of peers, by the loss of social roles (e.g., as consequence of retirement) and by physical limitations that prevent visiting with friends and family. Relationships in adulthood may also be lost through geographical moves, retirements, or death. One or more of these losses may create feelings of loneliness elicited from too little human contact (Flanders, 1982). The number of people older adults may count on for emotional support declines. Age *per se* is not a cause for loneliness but old age may be a contributor to feelings of loneliness because of the multiple changes and losses faced during this time of life (Ryan & Patterson, 1987).

In contrast, there are research studies that speak against an increase in loneliness in old age (Pinquart & Sörensen, 2001). Cartensen's (1991) theory of socioemotional

selectivity suggests that older adults select specific people for continuing social contacts. The selected ones are those who bring positive emotions and strengthen the individual's self-esteem. The specificity of the contacts that older adults choose to maintain is more likely to counteract feeling of loneliness rather than the size of the social networks.

Some older adults, however, may view living alone as a preferred lifestyle, as a valued achievement, and as a sign of independence (Peplau & Perlman, 1982). The idea of autonomy, being able to cope alone, and having control of ones' life is seen as something valued by older adults as it helps improve quality of life (World Health Organization, 1998). Nevertheless, the experience of living alone and independently may lead to isolation and long hours of no social contact (Litwak & Szelenyi, 1969) that may result in a lack of social functions or social provisions (e.g., social integration, attachment) according to Weiss' (1973) social model. Independence converges with functional ability, however interdependence is important for everyone since one always share the world with others. As the World Health Organization states "in aging well" the best target is to look after ourselves and others (p.5)."

As people age, there are reasons given in the literature for and against the assumption that women will report more loneliness than men. First, women are more likely to be affected by widowhood than men (Hobbs & Damon, 1996). Second, women are more likely to fulfill a caregiver role with their aging spouse than men (Patterson, 1996). The literature supports the idea that even married women may be prevented from pursuing nonfamily contacts due to provision of care to spouse or family member. Additionally, women may be limited from establishing and maintaining nonfamily social contacts because of the homemaker role (Pruchno & Rosenbaum, 2003). Moreover, men

and women may perceive their relationships differently. On one hand, women's socialization focuses on the maintenance of social ties, thus deficits in contact may be more likely to lead to subjective loneliness in women than in men (Pinquart & Sörensen, 2001).

In contrast, reasons against higher levels of loneliness among older women are, first, women tend to be more socially outgoing than men, which may facilitate the establishment of close relationships. Second, women may have larger social networks than men (Mullins & Mushel, 1992). This study question if socialization, interactions and formation of new relationships in a physical activity environment help older women against loneliness?

In summary, a considerable number of scholars have examined social networks (Bondevik & Skogstad, 1998; Holmen & Furukawa, 2002; Lubben, 1988; Michael et al., 1999; Rook, 1995; Sluzki, 2000) loneliness (Holmen & Furukawa, 2002; McInnis & White, 2001; Peplau & Perlman, 1982; Pinquart & Sorensen, 2001; Rook, 1984; Russell, Cutrona, Rose, & Yurko, 1984; Ryan & Patterson, 1987; Sermat, 1978; Sorkin et al., 2002; Stevens, 2001) and physical activity in older adults (Bertera, 2003; Chodzko-Zajko, 2000; Kluge, 2002; Takkinen et al., 2001). This study addresses a conceptual gap in the literature by looking at the meaning of the social context surrounding participation in group physical activity settings. The study examines women's lived experiences of group physical activity participation; their understanding of those experiences, and the role physical activity has had in their lives. More specifically this study focused on (1) gaining a better understanding of the meaning women ascribe to their experiences in a group physical activity program, (2) comprehending the value of these experiences, and

(3) exploring the role physical activity played in their lives. The use of phenomenological tradition as a philosophic foundation and a methodological approach to explore the nature and meaning of women's experiences with physical activity distinguishes this study from much of the previous research. It brought older women's voices to the discourse and through exhaustive analysis identified the essence of the experiences of group physical activity participation to single older women.

3. METHODS

3.1 Design

Qualitative research is an interpretative and naturalistic approach to the meaning ascribed to day-to-day experiences. Qualitative research makes selected lived experiences visible. It values the meaning that people make of their experiences and enables them to describe their experiences in their own words. “This means that qualitative researches study things in their natural settings, attempting to make sense of, or interpreting phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 1994, p. 2).

Phenomenological research is the study of lived experiences. Its aim is to gain a deeper understanding of the nature of our everyday experiences. That is, the phenomenologist wants to understand how the world appears to others. Creswell (1998) described hermeneutic phenomenology as the interpretation of these experiences for the purpose of obtaining a common understanding of their meaning from the perspective of those being studied. Capturing participants’ everyday experiences through their own stories was the method selected to study the meaning older women ascribed to physical activity experiences. Phenomenologists try to understand how and what meaning

individuals construct their lives around (Geertz, 1973). Therefore, hermeneutic phenomenology was the methodological approach used in this study. The study was approved by the University of Saskatchewan Advisory Committee on Ethics in Behavioural Research (see Appendix B).

3.2 Context of the Study

3.2.1 Description of Seniors' Physical Activity Program

The physical activity program started in a church's basement. At that time there were no facilities in the City that could accommodate the program. After the construction of a new recreational facility by the City of Saskatoon, the program moved into it, and the program was run by the city.

The city implemented an admission fee and after some time felt it was necessary to increase the program admission fee for a second time. At that time the seniors decided they would like to run the program. Program members made a proposal to the City that they run the program themselves but continue to use the existing recreational facility. The seniors formed a non-profit organization, elected an executive from within the participants (president, treasurer, secretary, convenor). The City accepted the agreement after which time the seniors rented the space from the City, hired the same instructor who had previously worked for the City, and most importantly kept the costs at a reasonable rate for their members, a \$5 per year membership fee with a drop-in fee of \$1.50 per session.

Since then the members of the non-profit organization have managed their own program, holding annual meetings to make decisions regarding hiring instructors, wages,

events, prices, and special activities. Program members continue to be pleased to be able to maintain this agreement with the City, which has allowed them to continue their program in a facility that has superior flooring, a cafeteria where the seniors stop after class, and adequate space for their activities.

One of the initiatives of the group has been to design and sell a T-shirt that identifies members of the group. Another initiative has been to help communication among the members. The group distributes a newsletter that is sent to the members 2 or 3 times a year. In addition, one of the positions within the executive is the 'social' convenor, among whose duties is the creation of a phoning list. Once the list is created it is divided into small group lists and given out to (volunteer) participants 'phoners'. These 'phoners' are responsible for contacting a small number of people (e.g., 10 to 15) in the event the class needed to be cancelled. The convenor would contact her phoners and the 'phoners' would contact those on their lists. Thus, everyone could be notified of the changes for the day or future events. Following a former secretary's suggestion, the group invited someone to give a lecture on insurance and how the executive could be protected from any law suits. After this person's visit the group acquired insurance.

Exercise classes are offered two days a week (Tuesdays and Thursdays) and run twice each day (9:00a.m. and 10:15a.m.) with different instructors. The class itself is 60 minutes long, but some participants arrive 30 minutes early to walk around the perimeter of the exercise area. When I arrived at the first session I observed interesting activities. For example, early in the morning between 8:15a.m and the time the first class began at 9:00a.m, and before the instructor arrived, some of the participants were already walking energetically around the designated area. Others helped the instructor to get the

equipment (hockey sticks, weights, mats, rubber bands) out of the storage space. Music is very important for the class, so the participants also assisted the instructor with the set-up of the speakers, stereo system and instructors' microphone. As the last members arrived, they greeted the instructor sometimes speaking about the news of the day, or events such as birthdays, traveling plans, weekend activities, or other affable comments. At some point, either before or after the class, seniors would stop at a table located immediately at the entrance to their exercise area to sign the attendance sheet, perhaps pick up any information pertaining to memberships receipts or members' telephone list, or order a colourful group T-shirt. Sometimes members might also find a basket full of candies or small chocolates with a sign saying 'Serve yourself, from...'. Often those treats would be honouring a member's birthday or special celebrations like Easter or Halloween.

During the first session I felt a very informal and friendly atmosphere. Once it was 9:00 a.m. everyone was in place and ready to start. The instructor began the class with music in the background. She greeted everyone, made announcements (birthdays, retirement, welcome to new members, gave notification of members who were ill or hospitalized, and made introductions of students who were visiting the class. The instructor of the first class (a senior herself) began with the group many years ago, so she knew almost every participant in her class as well as some in the second class. She called members by names or nicknames. She was also able to share some of her participants' life history, which struck me as relevant for enhancing the spirit and cohesiveness of the group. In the past, this instructor led members with a very rigorous or high-intensity exercise routine, but recently some members had advised her to 'slow

down'. Currently the exercise intensity was more moderate. Her style could be referred to as calisthenic. Certain exercises were performed routinely at the count of the instructor, usually up to 10. She used equipment (rubber bands, weights, mats) at certain points during the class and continued counting. She alternated counting forward and backwards sometimes asking the help of the participants. She also alternated the counting with jokes or teasing in between the exercises. The warm up phase of the class lasted approximately 10 minutes followed by an aerobic exercise phase (next 20 minutes). This was followed by the floor strengthening and flexibility exercises (10 minutes). Afterwards participants walked for about 10 minutes, then returned to their places to do a cool-down on the floor for the last 10 minutes. Some of the exercises include ankle rotations, knee bends, hip extension and flexion, trunk rotations and extensions, bicep curls, triceps curls, abdominals, arm swings and rotations, and arm flexion and extensions.

As years passed by, the members of the executive thought it was too much for the first instructor to conduct both classes so a second instructor was hired. The second class was somewhat different. The new instructor brought a different style to her class. Many participants from the first (9:00 a.m.) class switched to the second (10:15 a.m.) class. The second instructor, like the first, began the class by introducing herself and the program, making announcements, welcoming, and asking if there were any new participant in the class. Her class style could be referred to as low impact aerobic. She exercised to the beat of the music. Her activities included such movements as forward and backward walking, lateral walking, grape vine, knee flexion in place, and combinations of the above, with arm movements. Her activities required good

coordination, attention and memory. Variation was an important component of her classes. She worked in pairs, trios, small groups, lines and also incorporated dance steps from polka or square dance. The above mentioned activities were done in the first half hour of the class. The second half hour was done on the mats where members stretch muscles and work on toning the abdomen, arms, back and legs. Before the class ended members performed some neck movements, breathing and stretches in a sitting position. Both instructors reminded their members that they should not feel pain or hurt themselves while exercising and that they should listen to their bodies and be their own judge. Both instructors urged the participants to do 'something else – another exercise they can remember' if they consider a specific exercise inappropriate for them.

The program is advertised in the local leisure activity guide every season. Word-of-mouth promotion also brings many new members every year. In 2003 there were 207 paid members. Approximately 130 attended classes on regular basis between the two class sessions (September to April). Participants of this program were older adults, typically over the age of 60. Both males and females were involved in the program. Participants do not need to provide evidence of medical approval to participate. This indicates that they perceive their health to be good and do not consider them to be at physical risk through their participation. Many of the participants were retired, however, specific demographic information on the group from which the study participants volunteered was not collected.

Approximately 50 members participate in the first exercise session and 80 in the second exercise session. Participation varies during the year. Fewer people are present during summer months (May to August) when activities such as gardening, golfing,

walking, traveling, and visiting lakes are preferred by the seniors. New people may start the program any time of the year, the only requirement being that they be a senior and pay the fees. During my time with the program, new participants came sporadically (one or two per week) and each was identified and reminded to do what they could.

During summer months the regular classes were reduced to only one session per day and were taught interchangeably by the instructors. However, some of the participants have difficulties adapting to the different exercise styles of an instructor who is not their usual one. Indoor but also outdoor activities complement the classes during the summer. Tennis lessons were offered at one time, as well as bicycle rides around the facility. Some of the seniors have participated in the seniors' games on behalf of the group. The executive organizes a golf tournament at a local golf court in which many members participate. This event ends up with a large BBQ to which all members, golfer or not, are welcome.

During winter months (September to April) there are several activities to keep up the interest of the class. Students from the University of Saskatchewan (Kinesiology) participate in the classes as part of a class requirement. Members may also invite anyone to try a class free of charge anytime during the year. However there is a designated month where they are encouraged to bring a friend to try a class. Many of the seniors participate in community events like the arthritis run, and a food bank day. The Christmas banquet is a very popular end of the year event. The executive hires a band and the members dance all night long.

3.3 Sampling Strategy

Sampling strategies denote who provides the data, when it is given, and under what situations or conditions (Creswell, 1998). Patton (2002) indicated, “the logic and power of purposeful sampling lies in selecting information-rich cases for studying in depth” (p. 169). In addition, Patton suggested that information-rich cases are those from which the researcher can gain relevant knowledge and enlighten the question under study. There are several different strategies for purposefully selected information rich cases and more than one qualitative strategy may be necessary (Patton, 2002).

For this study, *intensity* sampling and *criterion* sampling were used (Patton, 2002). According to Patton, *intensity* sampling consists of rich information cases that show the phenomenon intensely but not extremely. The aim is to achieve a sample with the necessary intensity to elucidate the problem. The second sampling strategy, *criterion* sampling, aims to review and study cases that meet predetermined criterion of importance; in this case, people who have experienced the phenomenon (meaning an occurrence or circumstance that is observable) under study (Patton, 2002). It also means that all the participants must meet some criterion, which is useful for quality assurance (Creswell, 1998).

Demographers have made the distinction among “young old”(65 –74) “middle-old”(75-84), and “old-old”(85 and over) (Shah, 1998). The age groups “young old and middle old range” (65-84) were selected for participants in this study. In selecting these age groups, it was assumed there would be more chances of finding women living alone without support in the community and managing their own affairs. As stated previously, the incidence of chronic diseases and illnesses increases with age. Thus, it was assumed

that the young and middle aged groups would have fewer health concerns that could limit participation in a group physical activity program in the community (Stuck et al., 1999). Finally, it was also assumed, these groups might be more amenable to the physical and social benefits of group physical activity. For this investigation, it was assumed the population 85 years and over would be living either in a facility (e.g., congregated housing or nursing home) or with family members, and therefore would not meet the inclusion criteria for this study.

Frequently used in qualitative work is the concept of *time sampling*. Time sampling refers to the time the data collection is completed and how that time will affect the nature of the data (Bogdan & Biklen, 1998). It can be very important because programs may function in different ways at different times during the year (Patton, 2002). For example, physical activity program participation declines during summer months. The summer months provide an opportunity to do activities outside, such as walking, gardening, biking outdoors, traveling to other places, and visiting family and relatives. Therefore indoor structured physical activity program participation declines (Lian, Gan, Pin, Wee, & Ye, 1999). The restrictions on outside activities imposed during wintertime results in indoor physical activity numbers increasing. Therefore, the time selected for data collection of this study, was during the regular physical activity period of September to April.

3.3.1 Participant Recruitment

Participants were recruited from an exercise program that takes place twice a week at a local facility. Student co-supervisor, Dr. Drinkwater, facilitated the

communication with the physical activity program coordinators. The program was chosen because of the consistent structure of the classes through the years, the number of participants in the class, nature of the program, and the willingness of the program coordinators to participate in the study. Two exercise sessions were offered in the morning, each conducted by a different instructor. The purpose of the program, as stated in the program-advertisement material, is to achieve and maintain a general physical conditioning through flexibility, mobility, and strengthening exercises.

Effective communication is important to participant recruitment. One technique for doing so is to establish rapport (Creswell, 1998). This means becoming comfortable in the work setting and making the participants feel comfortable with the researcher's presence. The impact of the researcher's personal characteristics on relationships must also be considered (Bogdan & Biklen, 1998). Rapport was established by the researcher participating in the exercise sessions for approximately one month prior to the beginning of data collection. During that period I talked with the participants while I walked on the track with them before the first exercise session. I participated in the first session, positioning myself in different parts of the activity area, to allow me to make contact with different participants. I also walked with participants before the second exercise session started and participated in the session as well. I went for coffee with some of the participants after the sessions and also assisted in putting the equipment away until the next meeting. I was invited to participate in a special event the group organized at the end of the year (Christmas Party), for which I was grateful and enjoyed tremendously.

Instructors were informed by telephone conversations and in writing (brochure and letter) (see Appendix C) of the research project, and their feedback (suggestions and

comments of the advertising and recruiting material) were taken into consideration during the recruitment phase of the study. Class members were invited to participate in the study through a short (10-minute) project presentation by the researcher (myself) to the group at the beginning of each of the 2 morning classes. The beginning of the class was chosen because some participants leave the classes early (during last 10 minutes). Another reason was that the class members are used to receiving information or announcements from the instructors at the beginning of the class. The short presentation focused on who I was and what I was trying to achieve. I introduced the study telling them about my experience and my area of interest. Briefly I told them about how I would be collecting the information and how class members could contact me.

At the same time an information sheet and brochure containing a brief description of the project, criteria for participation in the study, and researcher contact information was distributed to each class. This brochure was also left on the entrance table where informational material for the seniors was usually placed (see Appendix C). Interested participants were given the opportunity to contact either their instructor or the researcher directly. Instructors facilitated participants' recruitment by encouraging those who asked about the study or picked up the information sheet to become involved.

3.3.2 Description of Study Participants

For a phenomenological study, Morse (1994) recommends studying approximately 10 participants. Nine individuals, who met the study criteria volunteered to participate in this study. Data saturation was met, that is, repetition of the information and confirmation of previously collected data occurred over the course of the interviews.

The criteria for selection of participants in this study was (a) 65 to 84 years old, (b) currently involved in a regular physical activity program for at least 6 months (that is, participating for 30-90 minutes in a structured exercise program at least once a week), (c) able to participate (that is, cognitively able to follow a conversation and willing to share feelings and experiences), (d) living alone and independently in the community (cooking, bathing, dressing, and toileting), and (e) not currently involved in a community program for social isolation (e.g., Young at Heart), and (f) retired (not receiving salary due to employment in the workforce)

Participants were *not* included in the study if one or more of the following conditions existed (a) recovering from a major life event (e.g., death of spouse in the past 12 months), or (b) had a severe hearing, visual, or mobility impairment at a level that it would interfere with the interview process and would affect their ability to operate a small one-time-use camera.

In qualitative research it is essential to situate responses in a context (Wolcott, 2001). To facilitate transferability of the findings, detailed background information was gathered on the participants (see Appendix D). Information requested was used to help create a detailed profile of the participants' social network, health status, and physical activity participation. This background information was collected during the first interview with the aid of the participant information form (Appendix D).

3.3.3 General Demographic Information

The age range of the participants was 75 -83 years, with an average of 75 years. Three of the participants were divorced and 6 were widowed. The average years living alone was 14, with a variation of 3 to 30 years. The participants had lived in the city for

most of their lives and had not recent migrated or relocated to the city. Six of the 9 women had been living in the city for most of their lives. Four of the participants lived in houses, 3 in apartments, 1 in a townhouse, and 1 in a condominium. Seven participants responded that they were happy with their accommodations. Only 2 participants expressed some concerns: one related to the aging of the building, the other with the size of the living place (too big).

Two participants had grade 10 and grade 12 education, 3 had college (not university education (i.e. commerce, business), 3 participants had University degrees, and only 1 had postgraduate education.

To the question ‘Does your economic situation determine your social and recreational activities?’ the answers were equally split: three participants did not have any concern with money, 3 had concerns some of the time, and for the remaining 3, money was an issue most of the time.

Of the 9 women, 2 found out about the exercise program through a newspaper advertisement and 1 decided to join the group after walking in the facility where the program was held. Six of the participants were encouraged by friends to join the program.

3.3.4 Participants’ Social Network Information

The intent in collecting these data was to better understand the composition and characteristics of participants’ existing social networks (intensity, frequency and dispersion or geographical distance). Their networks included siblings, children, grandchildren, great-grandchildren, nephews and nieces, and friends. Persons most

frequently contacted by the participants were friends and family members, among them children (specially daughters) and siblings (for those with siblings living in the city). Seven participants had family or relatives in the city and two did not. The number of friends (not acquaintances) varied from four to 12. To the question ‘Who do you see the most?’ six participants answered ‘friends’ or ‘friends from the exercise group’ highlighting the importance of friends made in the group physical activity program.

Frequency of contact with family varied from four times per week to once a month for those with family in the city, and from three months to two years for those with family outside the city. The number of visitors to participant’s homes varied from once a week (four participants), to once every two weeks (three participants) to once every three months (two participants). Those with family in town (e.g., children, grandchildren, great-grandchildren or siblings) were the ones who received visitors more frequently. Telephone contact was an every day activity for most (seven) of the participants. Only one participant answered every other day and one answered ‘once a week’. The length of time spent on the phone varied from ten to 45 minutes, although some of the participants spent close to one hour on the phone either with friends or family. This was especially true during the winter months. Although not requested on the participant’s form, weekly contact through electronic mail with family, friends or relatives outside the city was noted for two participants.

As some researchers have suggested previously, provision of instrumental support was mainly by family members and neighbours (Rook & Ituarte, 1999). To the question “Who would you contact to do a social activity with?” eight out of nine participants answered they would contact a friend in some instances including friends

from the group physical activity program. One participant's first contact person was her daughter then second, friends. With reference to the question as to "Whom you would ask to advise you on something important?" responses were: sister (two), lawyer, financial adviser, son, daughter, children, friend, and family.

Emotional support in this study was provided first by friends, followed by family members, usually daughters. All but one of the participants referred to the importance of same gender friends, as they were a vehicle for companionship, enjoyment and intimate interaction. In some instances friends were the only contact the women had in town and also the only resource for trust and moral support. Participants were more likely to call upon friends than family members for "favours", like company for shopping day.

Participants used their own cars or car-pooled with other class members to get to the program. Only one participant had never owned a car and used the bus to get to the facility. Two participants mentioned that they bicycled or walked to the program during the summer.

3.3.5 Health and Physical Activity

To the question "How would you say your health is?" six of the nine women answered that their own health was 'good'; one participant answered 'excellent' and two women answered 'very good'. And yet, multiple medical conditions commonly reported for the age group (65-84) under study (ACE'S, 1998) were reported by these participants. For example, one of the women had arthritis in her lower limbs, thyroid, and stomach concerns. Another reported arthritis, hypertension and stomach conditions. Yet another mentioned heart disease, stomach concerns, bronchitis and surgery for a

melanoma in the leg. However, none of the participants had severely physical debilitating conditions that restricted their participation in a one hour structured physical activity program.

The average length of participation in the physical activity program was seven years (from six months to 18 years). Attendance at the program varied from season to season. Five participants attended classes the entire year, two (the ones with the least time in the program) were not sure if they would continue during summer months, and two gave a definite no for attending during summer months. Reasons for being unsure about attending or for not attending during the summer months were adherence to other activities such as gardening, golfing, summer walks, trip to lakes, receiving family members from outside of the city, high temperatures outside, and the fact that the class structure changes during the summer months (May-August). During the summer there is only one class held twice a week with each of the instructors teaching one day per week.

In summary, the participants of this study appeared to be active, independent, and healthy older adults. The participants had active social networks that were typical of older adults (Bowling et al., 1995; Phillips et al., 2000). Their relationship appeared to be stable and they relied on family and friends to provide instrumental and social support. They reported between 2 and 12 people in their networks and maintained almost daily contact with members of their social networks, either by telephone or personal contact. The participants, by self-report, considered themselves to be in good health and found their own means for getting to and from the exercise program.

3.4 Data Collection

Four basic types of data frequently used in qualitative research are: (a) observations (fieldnotes), (b) interviews, (c) documents (public or private, letters, archival material), and (d) audio-visual materials (such as photographs, compact disk, video tapes, sounds) (Creswell, 1998). In qualitative research the use of the several methods of data collection is recommended to help ensure that interpretation of participants' reality are accurate. This practice is called triangulation. Multiplicity of information leads to a fuller understanding of the phenomena under study (Bogdan & Biklen, 1998). According to Morse (1994), using more than one method to gather data allows the researcher to “gain a more holistic view of the setting” since “different lenses or perspectives result from the use of different methods” (p. 224). In order to secure a more holistic view of the situation, in depth semi-structured face-to-face interviews, visual artifacts (photographs), and field notes were gathered.

3.4.1 Interviews

Interview, the favoured methodological tool of the qualitative researcher (Denzin & Lincoln, 1994), was the major method of data collection. “Qualitative interviewers listen to people as they describe how they understand the worlds in which they live and work” (Rubin & Rubin, 1995, p. 3). This study aimed to capture participants' life experiences and feelings using one-on-one face-to-face semi-structured interviews. Interviewing can be done in different ways. The semi-structured interview is conducted with a reasonably open framework, which allows for focused, conversational, and two-way communication, both to give and receive information. Unlike the questionnaire

framework, where detailed questions are formulated ahead of time, semi-structured interviewing starts with more general questions or topics. Relevant topics are initially identified and the possible relationship between these topics and the issues become the basis for more specific questions. Not all questions are designed and phrased ahead of time. Semi-structured interviewing, as expressed by Denzin and Lincoln (1994), is guided only in the sense that a draft interview guide can be presented to the interviewee ahead of time, thereby providing a framework for the interview (see Appendix E).

Participants completed two semi-structured face-to-face interviews of approximately one hour each at a location of their choice, generally in their homes. Interviews were audio-taped and transcribed verbatim. Before being interviewed, participants were asked to sign a consent form (see Appendix F) and complete the participant's information form (see Appendix D).

Glesne and Peshkin (1992) suggested that a pilot interview should be completed with participants of interest to determine the most suitable guiding questions. As recommended, two pilot interviews were held with participants aged 65 and 83 years old, but who were not part of this study. During these interviews, the researcher gained valuable interview experience and became familiar with the how to structure phenomenological questions to solicit sustained participant responses.

3.4.2 Artifact Documentation

Photographs are a stimulating way of producing data (Bogdan & Biklen, 1998). As Bogdan and Biklen suggest visual material can be used as a means of remembering and studying detail that might be overlooked if a photographic image were not available

for reflection. Additionally, and even more fascinating, the use of photographs is a way to see the world as the participant sees the world. According to Bogdan and Biklen, objects and settings that contain more information than it is possible to describe in written form can be recorded on film for further study and analysis. Therefore, the participants were encouraged to generate visual materials. Each participant was provided with a one-time-use camera (12 exposures) and encouraged to capture “images” that represented the meaning physical activity had for them. The pictures provided another way for the women to define their worlds and express their thoughts and meaning of their experiences in the physical activity program. By utilizing participant generated photographs potential research bias was removed from the photos (e.g., content, context, number taken) (Bogdan & Bilken, 1998). The descriptions of the images were recorded in the second interview.

One-time-use cameras were used (even though picture quality was limited), because (a) use of these cameras allowed data to be collected from several participants simultaneously, (b) they allowed participants to work without time constraints (i.e., having to pass the camera to another participant), and (c) camera operation was very simple.

To prepare for the artifact (photograph) phase of the study, participants were provided with an information session to introduce them to the use of the camera and provide them with information on how use the camera served as a component of the study. To motivate them to think broadly about the topic with the aim of producing rich data (Bogdan & Biklen, 1998) participants were shown pictures that the researcher or fellow study participants had taken . Sharing these pictures was also intended to address

uncertainties related to “what” the participants should be trying to accomplish with the camera (see Appendix G). “Good” and “bad” pictures taken with a one-time-use camera by the researcher were shown to the participants to illustrate the camera’s limitations. The practice session with the camera focused on the camera’s proper use (identifying shutter button, flash, etc.) and its limitations (distance, use of the light, indoor or outdoor photography, focus, and composition). The researcher made practice one-time-use cameras available for teaching purposes. The introduction to the camera and training session occurred after the first interview was completed.

Even with this training there were a number of women who showed some resistance at the beginning of the study to what they called ‘*the picture thing*’. In some cases they admitted, during the interviews, they thought of not volunteering for the study because of that reason. These participants experienced difficulty seeing the relevance of the photographs to the aim of the study initially. Upon further explanation they complied with the request.

The participants were asked to concentrate on the question “What meaning do you assign to your physical activity experiences?” They were encouraged to think broadly about the questions (e.g., How do they feel when going to the group? What were their expectations or feelings?) and capture their thoughts with the camera. Images of places, groups, actions, people or any given representation of participants’ reality in connection with the topic of study were encouraged. The participants explained the meaning or significance of the images they captured in the second audio-taped interview.

Participants who were unable to take pictures on their own, (e.g., stability concerns, shyness) were encouraged to seek assistance from the researcher or another person (e.g., friend of the participant, relative), with the condition that the content of the picture be chosen by the participant. Participants who were unwilling to use the camera or take pictures, were encouraged to look into their personal photo albums for those pictures meeting the study objectives. Four participants used the disposable camera provided, 2 of them went into their own collections searching for meaningful pictures, 2 asked a friend to take the pictures, and 1 used her own camera with a film provided. Of the two participants who asked a friend to take the pictures, one added some personal photographs during the interview. The researcher was responsible for seeing the pictures were processed. Once the pictures were available the second interview was arranged.

3.4.3 Fieldnotes

The third form of data collection was fieldnotes. After returning from each interview, or during the interviews, I wrote out what happened. The meaning and the context that was added to the interview gives value to the field notes. While the tape recorder was able to capture participants' words, it was unable to see, perceive, feel, or smell. The researcher can significantly supplement each interview with the extra remarks recorded in field notes (Bogdan & Biklen, 1998). I kept both descriptive and reflective fieldnotes. In my notes I reflected on the success of the interview, my perception of rapport, whether I felt that the participant had spoken freely, and as much non verbal data as possible, such as smells, body language, gestures, etc. Objective descriptions of the subject, place, events, and conversation were included. I also

commented on what struck me as most interesting during the interview, and my speculations, feelings, reflections or further strategies. As well, first emerging themes were recorded among the reflective fieldnotes.

3.5 Data Analysis

“The process of data collection is not an end in itself. The culminating activities of qualitative inquiry are analysis, interpretation, and presentation of findings” (Patton, 2002, p. 371). The analysis of qualitative data is a creative and demanding process. The approach taken in this study reflects that suggested by Patton (2002) (seen in Table 3.1).

Table 3.1. Steps of Analysis

a. Epochè: Phenomenological reduction and bracketing
▪ Preconceptions discussed with supervisor and committee members
▪ Ongoing discussions with supervisor
▪ Interview guide formulated keeping researcher bias in check
▪ Potential for research assumptions addressed by triangulation of data and methods
▪ Peer debriefing
b. Horizontalization
c. Imaginative variation
d. Textural and structural portrayal, and
e. Structural synthesis

3.5.1 Epochè

“The first step in phenomenological analysis is that of *Epochè*” (Patton, 2002 p. 485). This refers to a cleansing of the mind to ready it for the perception of meaning, to concentrate the attention on the essences. The *epochè* consists in *bracketing* lived

experiences in a process where the researcher becomes responsive of possible bias and engages in a process to remove them from the study. Some authors will refer to this process as a change in the researcher's attitude as they refer to a reflective and questioning process by which opinion and prejudice are suspended to focus attention on what is essential in the phenomena (LeVasseur, 2003).

3.5.1.1 Bracketing

Although difficult to think consciously about our understanding of the phenomenon of interest, it is essential to phenomenological research (LeVassuer, 2003).

Bracketing for this study was accomplished as follow:

- (a) My preconceptions were discussed thoroughly with my supervisors and committee members in the establishment of the research question. These discussions were documented in the minutes of the committee meetings;
- (b) Ongoing discussions with my supervisors were held as decisions around the research approach and design were determined. These were outlined in an audit trail.
- (c) The interview guide was formulated keeping the potential for researcher bias or preconceptions in check. The interview guide was piloted with two women, outside of the study participants, which assisted in the suspension of preconceptions while also looking to find questions that spoke directly to the phenomenon in question.

- (d) The potential for researcher assumptions were further addressed by incorporating triangulation of data and methods into the research design; and
- (e) Peer debriefing also occurred with the supervisors throughout the course of the study.

The next stage of data analysis began when all the interviews were completed and transcribed. I transcribed all the audio-tapes verbatim and the included recorded non-verbal data (e.g., laughs, voice inflections) and the significance of pauses. Eighteen interviews (two per participant) were transcribed yielding 267 single spaced pages of transcripts (154 pages for the first interviews, 113 pages for the second interviews), a large amount of data that needed to be organized in a productive manner. Once the two interviews were transcribed I sent them back to the participants in a self-addressed envelope asking the participants to confirm the transcripts were representative of our time together. The women had the opportunity to add, alter, or comment on errors or omissions. At that time they signed transcript release form (see Appendix F). There were few grammatical changes made to the returned transcripts.

3.5.2 Horizontalization

After receiving the transcripts, I began reading through the interviews numerous times. The aim of the first reading of the transcripts was to get a general feeling for the data. In reading the transcripts the second time, I started to look, line-by-line, for significant phrases that were relevant for the study question. Particularly revealing phrases were then highlighted and coded on the margins with meaningful abbreviated labels (e.g., “friends” or “attendance”). The data were then examined for what Patton (2002) calls “horizontalization”.

The transcripts were shared with one of my co-supervisors. She read, line-by-line, highlighted and code labelled the interviews into meaningful clusters, we then compared and discussed the highlighted significant coded phrases relevant to the study question. Patterns of these coded labels were identified and then clustered into themes. Conceptually similar phrases were gathered together into thematic statements.

3.5.3 Imaginative Variation

Patton (2002) describes imaginative variation as “moving around the statue” (p.486) in order to get different perspectives of the same object. In the process I looked at the data from the different data sources (transcripts, photos, field notes). I discussed the raw data in depth with my supervisors. I then spread information out so it could all be seen. I visually clustered the meaningful phrase on large pieces of paper and moved them around into meaningful clusters.

Bogdan and Biklen (1998) suggest that it is helpful to try out different ways of putting things together, drawing up a list, or creating diagrams. I used the categories from the data that came out of the review of the transcripts to create concept maps or large posters with the major categories highlighted along with examples and quotes. These posters were hung at my work place (my office at home) to give me the opportunity to visualize the data. In presenting the themes, the participants’ words have been presented as spoken during the interview. The meaningfulness of the data became more refined as overlapping, repetitive, or irrelevant information was eliminated. Finally, after numerous reflections on the data, the invariant themes became evident, enhanced and expanded.

3.5.4 Textural and Structural Descriptions

The next step of the phenomenological analysis was the development of a description, in textural language, the phenomenon of interest (Patton, 2002). To complete this process a textural portrait of each theme, which means an explanation of the experience without the experience, was described and discussed several times with one of my co-supervisors. This process provided a general account of what group physical activity meant for the participants at the time of the interview.

Following the development of structural descriptions, the true essence of the experiences for the participants (Patton, 2002) was determined. I looked for a deeper meaning, revealing the essence of the phenomenon. Description of the essence of the experience was produced. This description offered evidence of the essential structure of the experience and a synthesis of the fundamental meanings without which the phenomenon would not be evident.

3.5.5 Structural Synthesis

The final step of the analysis was the integration of the textual and structural descriptions synthesizing the meaning and essences of the experience (Patton, 2002). In writing of the results, the participant's words are given as quotations sometimes as an indented block of text or embedded within a paragraph and enclosed with double quotation marks. Following the quotation, the individual's pseudonym, whether it is for interview one or two, and the page on which the quotation appeared is listed in parenthesis. For example, (*Martina, I2 p. 6*) means that particular quote can be found on Martina's second interview page six. Square brackets ([]) are used within the quotations

to differentiate my explanation of words or phrases. Words enclosed between brackets are by the researcher rather than the original speaker.

3.6 Trustworthiness of the Study

Without rigor, research loses its utility (Morse, Barret, Mayan, Olson, & Spiers, 2003). In early work by Guba (1981) the concept of “trustworthiness” substituted those of validity and reliability used in the quantitative paradigm. In a broad sense, *trustworthy* qualitative research, like quantitative research, needs to be based on systematic collection of data, using “acceptable” research procedures, allowing the procedures and findings to be open to systematic critical analysis from others (Gillis & Jackson, 2002).

The conventional criteria for acceptable research procedures are internal validity, external validity, reliability, and objectivity (Lincoln & Guba, 1985). Guba (1981) early work proposed the criteria to ensure trustworthiness were credibility, fittingness, auditability, and confirmability. These criteria were quickly refined to credibility, dependability, transferability, and confirmability (Lincoln & Guba, 1985). A summary of the strategies undertaken to address trustworthiness within this study is provided in Table 3.2.

The truth-value or credibility of the data and its interpretation were supported by implementation of a number of strategies. First, the researcher stayed in the field until data saturation was achieved, that is, repetition of the information occurred. Second, the research design was clearly articulated to allow the identification of constant qualities as well as atypical characteristics through observation (Guba, 1981). Meticulous descriptions of settings, participants and observed events were kept to ensure credibility

(Gillis & Jackson, 2001). Third, peer debriefing was done with my supervisors to provide feedback throughout the study. We met frequently to discuss my ideas around the research question, to receive advice about the methodology and how to best approach the community organization central to the success of the study. During these meetings my growing insights into the study were challenged by my co-supervisors so as to keep my assumptions in check, clarify my emerging thoughts on the methods and alleviate any anxieties or stresses I felt about the research process. A variety of data sources (interviews, artefacts and fieldnotes) were used to ensure the participants were not misinterpreted, and also to cross check data. In addition different source of methods increase the strength of findings from one another, if similar findings are found using different methods stability is strengthened (Guba, 1981).

In an attempt to validate the findings and also ensure the participants were not misinterpreted, the participants were asked to provide a members' check. Member check is "the single most important action inquirers can take, for it goes to the heart of the credibility criterion (Guba, 1981 p. 85)." The participants were mailed out a summary of the themes in a stamped self-addressed envelope (see Appendix H). The women were asked to examine the themes and provide alternative wording, critical observations and or interpretations to the data provided (Creswell, 1998). Participants were offered assistance to complete this process (e.g., clarification, phone conversation for further explanations, larger print). Three participants contacted the researcher, one returned the self-addressed envelope providing feedback on the study results, and two responded through electronic mail. The nature of the feedback referred to their personal view

regarding a specific topic, but overall they were happy with the themes. Ana said in her letter “I am very pleased with your conclusions.”

Table 3.2 Rigor Within Qualitative Research (adapted from Guba, 1981)

Trustworthiness Criteria	Interpretive Strategies	Techniques for Operationalizing
Truth Value	Credibility	Used of prolonged engagement Used of persistent observation Use of peer debriefing Data triangulation Member checks Collected referential adequate material
Applicability	Transferability	Thick description Purposive sampling
Consistency	Dependability	Audit trail
Neutrality	Confirmability	Triangulation Practice reflexivity (audit trail)

Further to the rigor of the research program is the question of transferability or the constructivist’s equivalent of external validity (Denzin, 1994). As the goal of qualitative research is not to produce generalizations but rather generate in-depth understandings of particular phenomenon, transferability focuses on general similarities of findings under similar environmental conditions, context, and circumstances. Qualitative research maintains that no true generalization is really possible; all observations are defined by the specific contexts in which they occur (Morse et al., 2003).

A qualitative researcher’s responsibility is to clearly outline the conditions, context, and circumstances under which the information was collected while still preserving the particular meanings, interpretations, and inferences that are unique to the

participants. In this way, similarities to other situations can be used to extend existing knowledge. I have provided a thick description of the participants as well as the context in which the participants were immersed. This description was aiming to provide enough detail for the reader and provides evidence that if the study were replicated granting similar participants and context its findings would be repeated.

An audit trail can establish dependability (Guba, 1981). Following this recommendation an external auditor was asked to assist in reviewing the researcher's fieldnotes, interviews, photographs, and analysis. The purpose of this auditor (performed by someone familiar with the work involved but external to the research undertaken) was for the auditor to be able to follow the data from the interpretations in the themes back to the raw data and form an opinion about whether or not the methodological decisions and themes were logical and appropriate. The auditor examined the product--the data, findings, interpretations, and recommendations--and attested that it was supported by data. Dependability is reliant on credibility (Guba and Lincoln, 1985). Thus the auditor was used to determine dependability and confirmability simultaneously. The external auditor that was used in the present investigation was one of the co-supervisors. The external auditor provided support with the interpretation and coding of the data.

Confirmability refers to "the objectivity of the data" (Gillis & Jackson, 2001, p. 216), that is, the degree to which the findings are the product of the focus of inquiry and not of the biases of the researcher. Conclusions should depend on the participants and conditions rather than on the researcher. Therefore, interpretations and analyses of the data by several people should be similar (Lincoln & Guba, 1985). In this study

confirmability was supported by keeping an audit trail thereby permitting external examination of the research process, and use of multiple data sources (transcripts, photographs, and field notes) thereby confirming the findings through different means (Guba, 1981).

4. RESULTS

Three themes emerged from the data analysis a) *trading roles*, b) *a happier me*, and c) *pride and delight*. Each theme captures experiential meanings of the women's lives participation in a physical activity program. Sub themes within each theme further our understanding of the women's experiences (see Table 4.1). *Trading roles* refers to the women's perceptions of a new era of their lives. The women experienced a transition in their life roles when they became widowed or divorced. Many of the things they considered stable in their lives changed. Friends dropped away, family moved, they no longer fulfilled the role of wife, and their active grandmothering period was coming to an end. They experienced changes in their lifestyles that led to a trading of old roles with new responsibilities.

The theme, *a happier me*, speaks of the impact participant's involvement in a physical activity program had on their lives, socially and physically. The women considered themselves to be happier when part of this program. Living as widowed or single women, they recognized that they could become isolated within their own homes. Engaging in a physical activity program provided a context where they could expand their social network. The interaction with others in a physical activity program brought a

sense of happiness and well-being to their days. The benefits to their health were also discussed.

The theme, *pride and delight*, captures the meaningfulness of the physical activity program to the women of this study. The women took pride of their program while discussing its success. Being part of a group that was accessible and located in a high quality facility, lead by sensitive instructors and providing activities during wintertime was a source of pride. Their sense of ownership for the program was clearly evident. The physical activity program delighted them. The theme highlights those components of the program that maintained the women long time commitment to the program. The assumption that more knowledgeable others must plan, implement, and evaluate programs to meet the needs of older adults was challenged by these participants. These women had a deep understanding of their own sense of well-being and took pride in planning and developing the physical activity program.

Table 4.1. Themes and Sub Themes

Themes	Sub themes
Trading Roles	On My Own Getting Out
A Happier Me	Social Rewards Health Rewards
Pride and Delight	Accessibility Facility Long Cold Winters Instructors

4.1 Trading Roles

Losing a partner, either through divorce or death, marked the end of a familiar phase in the women's lives. The women had previously established roles as wives, mothers, grandmothers, friends, and employees. Now single, the women were no longer wives, not needed daily as mothers or grandmothers, had fewer friends, and had ended their working lives. The women, due to life circumstances, needed to acquire new roles (e.g., single woman) while leaving behind previously defined roles (e.g., wife, mother). Cata (age 76) spoke of how challenging that period of her life was. She vividly remembered the transition from who she was to the uncertainty of her future. Her words let me sense the difficult times she had been through. Occasionally her voice tone uncovered mixed feelings such as annoyance and unfairness as she spoke of the early age at which she became a widow, and how much responsibility she was left with. She said, "I was a widow young, I was only 51 when he died and that was a new world" (Cata, II.p. 1).

Cata also felt her role as a grandmother was coming to an end. She added, "Although I've been very busily involved with my grandchildren, I see that coming to an end...I'm not needed anymore" (I2 p. 10). Lucero (age 69) also spoke of her grandmothering period coming to an end. She sensed that as a grandma she was no longer needed. She recalled, "I've two daughters that live in town but the kids are 19 and 21, coming 22. Once they get that age they don't bother much with grandma (laughs)" (Lucero, II p. 7).

No longer needed in the role of grandmother left these women with unfilled time in their days and weeks. The women understood the importance of adapting to these life

circumstances, and to the changes in life's roles. They had the sensitivity to understand life continued on and how it unfolded was entirely up to them. The theme trading roles does not directly connect to physical activity *per se*, but the experiences indicated human life transitions cause to seek out a physical activity program. Cata spoke of what helped her carry on with life. She said, "I did quite a few things for my survival. I helped start a couple of different groups....at the [facility]....I also helped start [another group]. I found [it] hard to go to things unless I have others to go with me" (Cata, I1 p. 1). Ana (age 77), spoke of what she considered necessary to survive the transition from being married to being single. Adjustment to the situation was the key. Ana said,

As you get older your experiences change. It is very hard to care for a husband and see him die and it is very sad too. Believe me, it's one of the hardest things that happens to you....I don't feel lonely [now], but it wouldn't be hard. After my husband died, I can't tell you how lonely I was, but you have to learn to adjust to that (I2 p. 2).

Two sub themes clarify the meaning of *trading of roles* (a) *on my own*, and (b) *getting out*. '*On my own*' describes the period when the women found themselves alone, in some instances for the first time in their lives. The women in this study are from a generation that moved from their parents' home directly to their matrimonial homes. Living alone for the first time was an emotionally intense experience. '*Getting out*' speaks of what the women saw as the answer to their new roles as single women. Getting out of the house and becoming involved in the community provided the means for them to release feelings connected to their recent losses, but also connect with people and social environments.

4.1.1 On My Own

Because the women left a big part of their lives behind (being a wife, mother) they needed to create a future for themselves. The women's stories allowed me to sense their loneliness. I sensed hours of solitude as they referred to those days immediately following the loss of a partner when there was no longer anyone by their sides. Ana said, "...just having someone in the house is wonderful...It is very important really. When you are a widow you don't have that chance" (I1 p. 5).

During this time the women spoke of being alone and on their own, some for the first time in their lives. Amparo (age 75), as with most of the women in this study, experienced being alone in her life for the first time following the death of her husband. She was of a generation of women who were not expected to work outside of the home. Her primary responsibility was to be a home maker and a mother. Amparo immigrated to Canada with her husband when she was very young, to begin a new life together. He became all for her, and so was Amparo for him. Amparo, moved from her parental home directly to her marital home as a young woman. She had never experienced living alone until the time of the husband's death. The adjustment to being alone felt, as she recalled:

[this is] the first time in my life being on my own, I have actually never been on my own before. I lived at home until I got married, so this is the first time I've been totally alone, which bothered me quite a bit at the beginning (Amparo, I1 p. 2).

Cata lived in a house her husband built, she raised her children, and lived a happy life. After the death of her spouse the meaning of the house changed. She found herself alone and surrounded by memories that did not help her to move on with her life.

Although she stayed in her home after her husband died, she experienced truly being on her own when her children moved away.

I stayed in the house where we lived for eight years. It was a big house. He [was] still building the house when he died. Then my daughter went to (city) to teach, and my son moved to (city), and I was there alone. And then I began to look at it [the house] and said that's all it is (Cata, I1 p. 6).

Along with the loss of their husbands, the women experienced several other changes that contributed to being on their own, such the loss of support from friends and neighbours. Now alone, the women came to realize that friends from their married years were no longer the close friends they had been. They realize they were part of a couple-oriented society to which they no longer belonged. Rosario (80 years) explained that one of the most unexpected changes she faced was to realize her friends no longer kept in contact with her. Rosario's friends only kept in touch for a short period after the death of her husband. She mentioned married friends do couples' things, thus as a single woman she was left behind. She no longer fit in with her married circle of friends. She commented,

...It's a couple-oriented society. If you're a widow you've good friends but pretty soon you don't see those friends anymore. This is quite true, but it isn't that they don't like you or don't want you, but they're couples and they do things together (I1 p. 8).

Amparo also explained,

... Your friends, especially the married ones....they don't want to have widows around....Once you become a widow you are constantly with other widows. All my friends are widows....Since my husband died, I found your friends, especially the married ones, tend to disappear. Actually most of my friends are the ones that I made since then, they're who I see now (I1 pp. 7 & 16).

Contact with neighbours is a valuable source of support in the older years but was another change the women faced. Amparo spoke of the importance of a good neighbour to her. Having no family in town, she saw her neighbour as her first source of help or support in case of an emergency. After the death of this neighbour she felt more vulnerable and insecure about accessing needed help. Following the death of her husband, this was the second most important loss in her life. Both deaths occurred over a short period of time. The value of this neighbour was recalled,

...I kept thinking if I died in the middle of the night maybe I would lie there before someone finds out. I used to have a good neighbour across the street. If she didn't see me for a day or two she'd phone me just to see if I was ok....But she died a couple of years ago, so I always thought that was a little security (I1 p. 7).

Cata also expressed her feelings about her neighbours. She explained that neighbours to whom she closely related during her marriage years, neighbours she thought were good friends, became distant after the death of her husband. Cata wondered if the wife of the neighbour was concerned that her husband was spending too much time with her and was threatened by her 'single status'. The abrupt change in the friendship relationships was another form of loss the women experienced and contributed further to them being on their own. She said,

I found that people I thought were my good friends, were just neighbours. My next door neighbour had been a very good neighbour to us, but after my husband died, every time she saw me speaking to her husband, she came out and said 'you get in here you have some chores you have to do for me' (I1 p. 6).

Children maturing and beginning families of their own also contributed to the need for role adjustment in the women's lives. Amparo recalled the time when her last child moved away. She knew it was a normal process of life for her children to move

away and have their own families or professional endeavours. However, she could not avoid feeling she was left alone in the city, with no immediate family to turn to for the first time in her life.

My son is in (city) and my youngest daughter moved to (city) eight years ago, and my oldest daughter who lived here for a while moved to (city) two years ago. I wouldn't stop her going for the world, she got a good job.... But there is no falling back on anyone....I've learn to live with it. (Amparo, I1 p. 7).

Some of the women had family close by. Whereas these women appreciated being able to keep in contact with family, they understood that family could not become their only social contact. This was another reason why they knew they should make an effort to get out of the house. The women envisioned their grandmothering period coming to an end and the need to create a life of their own. As Cata recalled,

I'm involved with the grandkids as much as I can be, but they are not my whole life....I see that coming to an end. So I would probably have to find something to do to occupy that time (Cata, I1 p. 3).

Pilar (age 75) further explained,

I'm happy to have them around [her family], but they are not my whole world. I've got other things to do, my own life which is good ... I don't depend on my family to keep me involved...I think it's good if you're not so dependent on your children. Make your own life. So I do as much as I can on my own (Pilar, I2 pp. 2 & 7).

4.1.2 Getting Out

The idea of 'getting out' was common throughout the women's stories. The women felt they had two options. One of the options was to stay home and experience feelings of depression, sadness, and unhappiness. The second option was to become engaged in activities and accomplish something worthwhile. They expressed the need to

find meaningful activities for themselves that also would bring them in contact with other people. In adapting to living alone the women of this study sought new purposes for their lives. Rosario explained, “Well, I’ve been very lucky because I get out and do things. And I think that’s the answer for people that get depressed, it’s because they stay home and don’t get involved (I1 p. 8).”

Lucero also explained,

When you’re working you get up in the morning, so you’ve a purpose to get up and get ready, and get out. But I think that if you don’t have a purpose then life just kind of passes you by.... You have to be interested in something not just being at home (I1 pp. 6 & 7).

The women perceived the increased number of hours being home alone, feelings of low self-esteem, self worth, and reduced hours of human contact to be unhealthy. Cata expressed what could happen if she had chosen to stay home. She said, “It is often easy just to stay home and become grumpy (laughs) and self-centred. So I get along better when I am out with people” (Cata, I1 p. 1). Rosario, helped me understand the benefits of getting out in saying, “you feel like you have done something. It’s good for your self-esteem that you have accomplished something” (I1 p. 3). Martina (age 67) sought means to get out of the house and explained the importance of it in her life, “I didn’t want to be sitting home bored and feeling sorry for myself, so I had to make a list of things that I was going to do” (Martina, I1 p. 1).

Pilar recalled her feelings after her husband’s death as a threat to her well-being through isolation. After his death, she knew she had to look after herself, something no one else would do for her. Pilar understood that staying home on her own, waiting for others (e.g., family, old friends) to come and visit her was neither realistic nor healthy. Doing so was conducive to isolation. She said,

Well I've seen women that stay in their home and not go out and just expect people to keep coming to them. You have to make the effort to go and do something on your own or you're going to be left alone...Otherwise you stay in and don't go and do something. You could be pretty well isolated you know, cut yourself off from everyone, which is not healthy. You have to keep going... You could get to be very lonely, could be a very lonely person living by yourself (Pilar, I1 p. 3).

Ana explained, as did Pilar, the conscious effort required to plan activities and be socially involved with others.

I have certain things that I do so I'm not alone all the time. I try to do a little bit every day, so I don't spend the whole day at home...It would be very easy to withdraw into the suite, go nowhere.... It wouldn't be hard, and I think it's very unhealthy, you need other people, so I try to go out every day (Ana, I1 p. 5).

The women expressed their gratitude for the opportunity to get out and be among other people in a physical activity environment. The exercise program helped relieve feelings of being alone and brought them in contact with others with common life experiences. Participation in physical activity promoted a sense of commitment to the group and to themselves. When the participants were asked what, if anything, they were getting from their participation in the physical activity group their answers included "Oh I get to meet people" (Lucero, I1 p. 1), and "...just getting out and [being] with people" (Pilar I1 p. 1). Amparo said, "I wouldn't know half of the people I know if I wasn't involved. You get to know more people" (I1 p. 10). Each woman spoke of the important role that participation in physical activity had in bringing them in contact with other people within a health related and social context. Amparo explained, "I think it's important for my health and my well-being, and seeing friends, lots of friends there, so I think [that] is good for the social [aspect] as well" (I1 p. 4). Ana furthers our understanding of the social meanings of the physical activity program context,

...after he [her husband] passed away, I still tried to go out every day so I would be talking to people, otherwise you can feel very sorry for yourself. So if you do something like this it helps to replace the lack of companionship, especially if you have friends in the program....It's an opportunity to meet people my own age and to socialize with them. It's also the chance to get out of the house. You get out and you talk to people and make your life better (I2 p. 12 & I1 p. 5).

Although the participants recognized the need to 'get out' they also revealed that it required effort, discipline, and planning on their part. Ana told me, "First of all [it] is easy for elderly people not to exercise"(I1 p.3). Lack of motivation, winter or summer extreme weather conditions, and physical pains and aches were among the reasons why the women were tempted to stay at home. Cata said "I can be lazy....I need a little discipline, so I discipline myself to have work to do [physical activity]" (I2 p. 10). Martina explained, "It's a commitment that I made to myself, I am really going for myself.... self-discipline, is something that I always have to practice" (I1 p. 3). Pilar explained how simple it could be to stay in bed,

...you know there are times when you would rather stay in bed, especially if you are alone....takes a little bit of an effort, getting up from bed and do it [getting out], just it's not going to happen on its own...You can sit there and just lose interest in everything, so you have to make an effort to go and do it, do something for yourself, do it for yourself (Pilar, I1 pp. 2 & 8).

The physical activity outings also gave the women the opportunity to share their common experiences of living alone. The physical activity program was a setting that put women who had similar life experiences (loses, deaths, absent families) in contact with each other. Similarities among the participants helped to build bonds and they easily connected. Pilar remembered when she first started the group and said "...it was right for me because I recently lost my husband and it was an outing for me....I met a lot

of really nice people....that was good for me” (I1 p. 1). She sympathized with new comers and further explained,

I know a girl that lost her husband almost a year ago, and she was alone, and that was the only outing she had, so we made an effort to ask her to go and have coffee...I relate quite well to her because I had lost my husband earlier and I knew what she was going through (I1 p. 7).

The women understood that people who have lived through similar experiences would have more understanding for each other. The physical activity program was a conducive environment for locating people with common interest. Ana referred to the friends made in the physical activity group saying, “it is people that you have things in common with, and I think that’s important” (I1 p. 3). Cata explained;

I think it is just a matter of going with people that have the same interest that you have. Now, usually that means that you’re with widows [laughs].... You are friendly with all but you sort of gravitate towards people that have your same interests (I2 p. 3).

Ana was a strong believer older women needed to connect with people the same age and generation. The physical activity program offered a great opportunity for Ana to meet people who had similar life experiences. She expressed her convictions saying,

...you need your own generation to talk to, even though other people may be kind to you, it is not the same....like my generation we went through the depression in (province), we went through the war....Young people haven’t had that experience so they don’t understand what are you talking about. It is not an important part of their life....It’s important to elderly people that they have their own generation (Ana, I1 p. 3).

4. 2 A Happier Me

The women portrayed a strong sense of enjoyment in what they did. Although their life circumstances (e.g., death of spouse, family moved away) were socially

isolating, the women actively decided to live the rest of their lives as happily and healthily as they could. Amparo clearly expressed the concept saying, "... I have decided that I'm going to make the best of what I've got....I do what I want, I go where I want. Yes I'm happy with my life" (I1 p. 8).

The physical activity program enriched the women's lives socially, contributing to their happiness. Amparo expressed,

I come out of there feeling wonderful! I really do....I think a lot is due to the social. It's a good social event....It's a wonderful group of people, they're friendly, I enjoy that. They are a good group of people and I enjoyed being with them. Makes you feel good.... Seems to be my life really" (I1 p. 6).

Through their inclusion in the group physical activity the women were able to take advantage of and foster a natural network of social support. The group relationships offered the women a stable structure in which they had a recognized place and could make valued contributions.

The sub themes *social rewards* and *health rewards* explain how participation in the physical activity program promoted the formation of relationships while also providing physical health benefits.

4.2.1 Social Rewards

The possibility of connecting socially between the members was influenced in part by the large number of people attending the program. This particular program had gone beyond the traditional group size of 10 to 20 participants recommended for older adults (Lazowski et al., 1999). My fieldnotes from one of my first days at the facility revealed, "The number of seniors in each group (more than 50 people in each class) the

instructors are handling is outstanding” (December 2002). Following that comment I also wrote “...so many people in the class, [the group] struck me as apathetic and unconnected.” I should clarify that I arrived just as the class was about to start and everyone was standing in place looking at the instructor (see Figure 4.1). In this setting there was no opportunity for social interactions. The instructor led and the participants followed. I was not the only one who was struck by the size of the group. One of the participants said during the interview,

When I started going to the [recreational facility] the names [of the participants] were one sheet of paper. I found it is so big now that there’s not the closeness that used to be (Amparo, I2 p. 2).

However, my fieldnotes later revealed, “I noticed people talking as they walked around the track, talking back and forth to the nearest person in either side. People helped to bring equipment (weights, mats and rubber tubes) for others in the class, and jokes were heard from the back row directed at the instructor.” The women’s stories made me realize that underneath my superficial first impression (as recorded in my notes), there was a deep interconnection, communication and friendship among the members. The large size group interconnections were a surprise to me. Pilar caused me to reflect further on my first impression of the group dynamics. She indicated the members related well to each other and every new member was welcomed and included in the group.



Figure 4.1 Group About to Start Class (Ana)

...it is a really good connection...and we all related to one another and you talked to one another even if you don't know each other. There are a lot of new ones in there since I first started. You always make new ones [friends]! (Pilar, I1 p. 4).

Figure 4. 2 helps to illustrate the personal connections made. The two central figures illustrate participants experiencing closeness, which is evident though their physical contact and engaged face-to-face conversation. Walking side-by-side, stopping for water breaks together, chatting at the entrance table, and sharing coffee in the cafeteria following the class were among examples of personal connections which happened within the big group.

Close connections with everyone was not a realistic expectation, however, there was a perception that every one was acquainted with one another in a mutually satisfying way. Elena (age 83) facilitates my understanding,

...you don't become really-really close friends to very many of them, but you're acquainted with all these people. You'd be surprised at the number of people saying 'hi Elena'. It makes you feel at least you've somebody around you. It's friendly" (Elena, I1 p. 3).

Figure 4. 3 illustrates the smaller walking groups that formed. Small group members came to know each other and interacted at group level with other small groups, contributing to an overall sense of connectedness. The women spoke about their enjoyable experiences achieved through their participation in the physical activity program. The social component of the program was relevant and meaningful to these women who were *on their own* as it provided opportunities to bond with each other. Being appreciated and valued by others improved their perceptions of their overall health and sense of well-being. Amparo said, "I think it's [physical activity group]



Figure 4.2 Personal Connections (Belen)

important for my health and my well-being and seeing friends, lots of friends there” (I1 p. 4).

The social component of the program enabled the women to have contact with a group of people, thereby opening up a new social network. New and meaningful friendship emerged among the program participants. Ana explained,

Oh, they are some of my best friends. You see first of all, when you're working you have a group of friends that are connected with your job. You quit working you lose all those people, because they're busy, busy, busy and you are no longer a part of that group, so it [the physical activity program] replaced the people I lost, friends at the job (Ana, I1 p. 2).

The depth of the friendship that emerged went beyond the time shared at the physical activity program. The women (literally) opened the doors of their homes to each other. Pilar explained the importance of friends in her life at the beginning of our interview. She was proud of what she had accomplished and she was positive that those friends she gained were one of the best things that had happened to her through participation in the physical activity program. The friends have helped to change her life positively, bring happiness and closeness she had lost through the death of her spouse. She said,

...we see each other twice a weekand then we meet in each others houses, may be once a month or every six weeks....The ones in our homes are a little bit more intimate.... We have a nice time together....Quite a few have lost their husbands....so we became real close friends.... I think these friends we have more in common. We meet because we care about each other, and I think we'll always keep in touch (Pilar, I1 pp. 6 & 9).



Figure 4.3 Group connection (Cata)

The women rediscovered themselves since their involvement in the physical activity group. Their moods changed positively, they found a place to be themselves and laugh, and they found joy in the company of meaningful friends (see Figure 4. 4).

Amparo said,

And when I was looking at them [the pictures] I remember a lot of 'happy' times and sort of fellowship with people...happy feeling, feel good. You go to the program and you've some laughs and you come home happy...I see a bunch of old ladies (laughs)...having a good time, having better health, feeling better and happier....with people. (Amparo, I2 pp. 5, 6 & 7).

Figure 4.5 depicts a picture Cata selected. She said, "My favourite [picture]? Probably not in the gym at all but probably in the coffee room. We have fun" (I2 p. 2). The picture shows a small group of women at the local cafeteria enjoying themselves after the physical activity class. This picture helped us understand the meaningfulness of the social connections made possible through the physical activity program. They were of support to each other.

The women shared good times together and made themselves available to each other in times of need. The depth of the friendship was reflected in the caring and sharing that extended beyond the physical activity program. Cata, remembering a friend in need said, "I'd like her to know that I'm here to help" (I2 p. 3).

Pilar recalled, "...[we are] a good support group. [We] encourage each other and help each other out when needed" (Pilar, I1 p. 2). Pilar and Rosario explained further,

Well the one [friend] that I've been the closest to is the one that I keep going to see all the time [she is terminally ill with cancer]...I went to see her a couple of times a week....and we are still very closeShe is like a sister to me [pause]. Yeah, if I lose her, I don't know what to think about it....We are pretty close (Pilar, I1 p. 10).



Figure 4.4 Happy Times (Amparo)



Figure 4.5 Coffee Time After Class (Cata)

These girls and others too we're all widows and so I think we are good support group for each other. We do a lot of things together besides the exercise group (Rosario, 12 p. 12).

Amparo mentioned a friend with whom she spends much time. She knows she can contact her at the end of the day and spend the evening on the phone. Amparo talked about her friend saying,

I've got a friend in particular. She and I will discuss the world problems. We fix the world. We are sitting for two hours on the phone. It's great contact. I enjoy that, I enjoy talking to her. She is, I think, about my best friend ever (Amparo, 11 p. 16).

The women also spoke about their feelings of being accountable to someone else. They found that getting up in the morning and being ready for the program was easier and more stimulating knowing they had a commitment to someone else. Getting ready to be picked up or to drive also helped ensure their attendance to the program. Amparo spoke of the value of having support to attend the program,

... I get up ...and sometimes I think 'oh I don't want to do this today'....And that's what I find nice about going with these other ladies, because you're going and we make arrangements for the driving. So I need to get up and go! (Amparo, 11 p. 8).

4.2.2 Health Rewards

The participants identified numerous 'health benefits' to their participation in the physical activity program. They spoke of a general awareness of the importance of exercise on their overall health as well as specific benefits associated with increased fitness. The benefits we typically associate with physical activity program outcomes were clearly evident in the stories of perceptions of increased strength, better balance, and flexibility. The relationship between exercise and bone loss was also discussed. In

addition to the traditional physical benefits associated with physical activity, the participants also spoke of stress release and changes in sleeping patterns. Amparo explained her main goal while participating in the physical activity group was to maintain her independence and health status. She said, “Well the biggest thing I’m trying to do when I do this [physical activity] is keep my health and keep my mobility.... I don’t want to get to the cane and walker things” (I2 pp. 5 & 6). Elena also recalled,

As I went through life I learned a lot about physical activity. Like it is really good for your bones and your outlook in life....[it] keeps you active and [you] meet nice and lots of people....The more active you are the better your body will be (Elena, I2 p. 13).

The women experienced physical changes through their participation in the physical activity program and they expressed them as rewards. The women used the terms flexibility, strength, better shape, and muscle tone. They also were able to relate the benefits of being active to their everyday functional life as expressed below by Lucero, Rosario and Ana,

I prefer the lifting of the weights and that because I have osteoporosis so I feel that this class is doing a lot more for my body[I’m] supposed to be doing weight bearing things, which helps you build your muscles and to prevent more bone loss (Lucero, I2 p. 13) (see Figures 4.5 and 4.7).

I have stairs and I need to go up and down....I’m sure it [the exercises] helps. My knees get stiff but at least I can still doing it. May be I couldn’t if I wasn’t doing the exercises (Rosario, I1 p. 4).

Well if you stay home....or have lunch, or go to church, all these things are sitting down things....You are really not using your muscles at all, except for the little bit of house work you do and that’s very unhealthy because you became stiff....Those muscles need to be used, because otherwise they become helpless, so it is important that you exerciseWhen you get to our age, most people’s objective is not to lose weight. It’s to be flexible and retain their muscle tone andKeep me in better shape....It helps with my balance, and, it should keep me flexible, you know, so that I can go downstairs and bend over (Ana, I1 p. 4).

Pilar indicated being physically active was also a preventative measure against unwanted accidents. She said, “[being active] helps prevent illnesses and accidents later on if you’re in better condition, certainly makes your muscles and bones stronger” (Pilar, I2 p. 8).

Another way the women expressed how they found participation in physical activity was beneficial to their bodies and health was through improvements in feelings of being more relaxed, and help to cope with stress. For example, Cata learned to recognize her sleep pattern had changed through the years. She knows exercise helps her get good nights’ sleep. She said,

... I’ve to get out for a walk because I didn’t sleep that well last night and I know that if I don’t get some fresh air and exercise, I don’t sleep well... And if I go to my class or go for a walk, I sleep much better. And I’ve learned to recognize that (Cata, I1 pp. 3 & 4).

Stress can be an unrecognized companion of the elderly. A common misunderstanding of retirement is people have fewer reasons to worry. A clear example was given by Pilar,

I was very-very stressed out, and for me to get some physical exercise, because mentally I was exhausted....I needed that physical work out, to work out the frustration, stress, and it was one of the best things I could’ve done (Pilar, I1 p. 1).

Martina helped further my understanding of stress reduction and physical activity. When I met Martina for the second interview, I immediately noticed something was wrong. I wrote in my fieldnotes “she doesn’t seem to be here with me....her answers are short. She seems to be absentminded today. The interview was too fast - too short....She is not feeling well” (April 2003).



Figure 4.6. Lifting weights (Lucero)



Figure 4.7 Weight Rack (Lucero)

Martina mentioned she was going through a difficult time. One of her grandsons, who lives in another city, was sick and that worried her. Although she could stay home, waiting for a phone call or news from her family members, she was aware that participation in the physical activity program would benefit her more. The exercise helped her deal with that stressful time of her life. She recalled, "...I'm worried about my grandson. I found that physical activity just kind of helps me, doesn't get rid of it, but helps me deal with it a little better" (Martina, I2 p. 4).

4.3 Pride and Delight

The seniors involved in the physical activity classes have been responsible for the creation and development of their own program. Program 'ownership' provided opportunities for input into making decisions and hence planning the program to their convenience and wishes. As one of the participants proudly told me,

It's the seniors who run the program. Are you aware of that? I think it's important for people being involved in doing things for themselves. I think it's good for people to get together and make up their mind and form an organization....When they act for themselves it's a healthier situation than when somebody dreams this program up for you, if you know what I mean? (Ana, I2 pp. 9 & 12)

This particular environment helped the formation of feelings of freedom and choice. Some common examples of choice were deciding their own rhythm and pace while exercising. The seniors could participate in volunteer positions to help run the organization, or engage in community events and fundraisers organized by the group. Socialization before or after classes in the coffee room, and walk before or after the class

around the track were other examples of decisions seniors were free to make. Lucero and Ana said,

... We can go to one class or the other one, and I have gone to both, so I like the one, the earlier one where we lift, do the weights, stretches with the ropes and working on the mat on the floor (Lucero, I1 p. 1).

Then people have a choice don't they? If somebody has a sore shoulder they don't want to work with all these weights...so they'll do the exercises but they do it without the weight on their hands. Or they'll do it without one weight...and it gives you a choice and the choice is largely determined by your health (Ana, I2 p. 4).

There are four sub themes that help to illustrate further the *pride* and *delight* theme. The sub themes that captured the meaningfulness of the program are '*accessibility,*' '*facility,*' '*long cold winters,*' and '*instructors.*'

4.3.1 Accessibility

Reference to the cost of the program was a very common finding among the women. A reasonable fee was seen to be beneficial because the participants were living on a limited budget. Cata said, "[the cost of the program is] very important to me (laugh). I'm in a really limited budget and I have been for a long time because, as I said, I was a widow young" (Cata, I1 p. 1). Martina furthers our understanding saying,

... I had thought the X (facility) would be kind of expensive to go, just a drop-in is \$4.50 or may be \$5.00...When you are retired that's quite expensive. When I heard this [program] was this cheap, that was one of the things that really got me interested. Because it's \$1.50 each time and if you don't go you don't pay. I think that if it wasn't for our [program] I wouldn't be going there [facility] because it is a little too expensive. As a retiree I have to watch my expenses (Martina, I2 pp. 2 & 3).

The payment method worked favourably to both the program and the seniors. The method of annual membership and drop in fee provided the women the advantage of not suffering any financial loss when they are not able to attend. I recorded in my field notes, “I have the impression that everything adds up. It is not only the class, but the gas to the program twice a week, the coffee after class, the Christmas’ dinner ticket, the group t-shirt, plus the cost of the rest of their lives (their grandchildren, their summer programs, like golf, lakes, etc.) (January, 2003)”. One of the participants said later on “you know when you do certain things it adds up. I think for a senior that’s a good price” (Amparo, II p. 4). The contentment of the women with the price helped financial stability through the years. The women were concerned with the use of their money and found the price of the physical activity program to be fair and reasonable. Belen (age 75) said,

...this is a program for seniors, it’s very cheap to begin with...\$1.50 to drop in, It’s \$1.50 since I started 8 years ago twice a week. So for \$3.00 dollars you’re benefiting your body...I think it’s very reasonable...I don’t know how they can do it any cheaper really (Belen, II p. 11).

The women demonstrated how important a program cost was by referring to another seniors’ program. One of the women’s pictures captured a group of older adults during “seniors’ skating hour”. Lucero highlighted that the reason seniors engaged in that particular skate hour was the affordable price. She said, “They [the facility] have skating for seniors, just costs you a toonie to go” (Lucero, II p. 3). Another example of the importance of senior’s programs fees was given by the women’s reference to a program that runs at the same facility at the same time as their own. That program has a higher participation fee. I wrote in my fieldnotes “She mentioned that the program next

to them, participants paid \$30.00 per month. She said she wouldn't be able to afford it if she has to go to it. What she would do then?" (March, 2003). Belen told me, "...those people that pay that [\$30] can afford to pay it. I think I would never get involved in a \$30 dollar program because that's too much for me" (Belen, I1 p. 12).

While discussing the cost of the program, the women strongly expressed that a person's economical situation, should not restrict them from participation in a physical activity program. It should be available given for anyone. Elena said,

...a lot of the people would say we don't have enough money, like a couple for instances, to go twice a week....I realize some seniors have the money and others don't, so how do you break it out? I think that those that don't have the money should be permitted to participate. Just because they don't have the money it shouldn't make any difference (Elena, I1 p. 9).

4.3.2 Facility

The women appreciated the opportunity to exercise in a high quality facility. Belen said, "I think it's a very good facility, really. We don't have another one like it in town (Belen, I1 p. 8)." Martina who was very grateful of being able to exercise in that particular facility recalled,

And these two pictures are of the [facility]. That is because I'm so thankful we have such a nice facility so close by....So I'm really very please we've the X [facility].... I couldn't get the whole building [in the picture], so just to show that it's a big part of me being able to exercise (Martina, I2 p. 2) (see Figure 4.8).

The cafeteria and also the interaction with the facility's staff members (front desk) were included in the women's discussions. One of the women said, "The guy that runs the place [the cafeteria] he always has some [jokes]....he is very good with customers" (Ana, I2 p. 4). My fieldnotes revealed,



Figure 4.8 Facility (Martina)

The young man in the cafeteria is the most talkative coffee seller I've met. He has a great sense of humour. He starts his conversations with a gentle 'how are you today?' followed by 'I prepared this [the coffee] just for you.' It is impossible not to laugh at his funny stories (February 2003).

Another benefit the women mentioned was the flooring. Particular characteristics such as not too hard or too soft, not slippery and having strong colourful markings make it a good choice for seniors. One of the women said, "...I found the walking on the track much easier on my knees and hips than walking on the road or on the sidewalk" (Cata, II p. 1).

Being able to exercise in this facility allowed the double benefit of inspiration and admiration. For those, like myself, the first steps into the track area of the facility were amazing. The first obligatory stop for the women and also the initial opportunity to socialize with other fellows, was the coat rack area. Several groups exercised at the same time in the facility. Some of the people in the groups walked around the track as part of their warm up or cool down, whereas simultaneously some of them were exercising at the side of the facility. The women and myself also came across some elite athletes training on our way to the exercise area. The opportunity to see all these people exercising at the same time was inspiring. The participants found themselves in a fascinating healthy atmosphere that was inclusive to all who wished to exercise. Belen reported "...when I look around at all the people involved in this class, even the ones that are on the heavy side, they look fit, they look healthy, and I'm sure that has all to do with the [physical] activity (Belen, II p. 9). One of the Elena's photos illustrated the groups and the different activities anyone can join at the facility. She said, "I just

thought to show [with a picture] what they've got at the [facility] for people. Some activity for everybody" (Elena, I2 p. 7) (see Figure 4. 9). Martina said,

I really admire these people that I see at the [facility] because they could be home in bed. I'm glad to see that many people out. I know there are people of the heart attack [program]. They've a program there....I think it's an inspiration. If they can do it, I can do it (Martina, I1 p. 7).

4.3.3 Long Cold Winters

Fall and summer seasons presented a great variation in the activities of the women. During summer months, outdoor activities were often preferred. The most popular activities mentioned were gardening, golfing, visits to family cottages, lawn bowling, and outdoors walks. The women felt they were getting enough exercise out of the summer activities such that their participation in the (indoor) physical activity program was not as necessary. The thought of being in a hot gymnasium did not appeal to the women when there were opportunities to be outside. One of the women said, "I don't like hot weather, and if gets hot, I just can't imagine exercising in a gym" (Cata, I1 p. 7). Another woman said, "I go until the summer. And then I've a cottage at the lake, and a garden, not a garden but flowers, and I get my exercise that way" (Rosario, I1 p. 1). Belen also said,

I don't go through the summer, it's too hot and I don't like to come out of there [facility] into the heat. But during summer I walk in the trail, not only summer but also Spring and Fall (Belen, I1 p. 1).

Whereas the women engaged in outdoor type activities during summer months, participation in group physical activity was important for the women during winter time. Winter was confining them to longer hours of sitting and inactive activities. They described themselves as not being the 'type' to stay home doing crafts,



Figure 4.9 An Activity for Everyone (Elena)

watching television, or even exercising by themselves. Belen explained,

I'm not the type that exercises at home, or lie on the floor and do this and that, and I'm not the type that can sit around and watch TV all day....A year ago two of my grandsons give me weights that have the Velcro that you use in your ankle....They've been sitting there and the grandkids never ask me if I use them [laughs]. I like to have something to do that's why I've enjoyed this group, I met a lot of people there....I just couldn't get into the routine of doing it a certain time every day. I just don't operate that way (Belen, I1 pp 1 & 2).

Martina felt similarly and said, "I wanted to do more physical activity especially in the winter when is cold outside, because I walk. In summer time I walk" (Martina, I1 p. 1). Feeling the threat of experiencing physical, mental, and social decline, for these women, participation in a structured physical activity program was an ideal alternative during winter time. It helped them to deal with long hours of house confinement and added value to their health and social lives. For a woman like Lucero, the idea of having a group physical activity and friends was important. She said,

So the summer is fine because I have a big yard and I'm very busy with my yard, and then you spend more time outside. When it comes to winter months I thought other than just going and having a cup of tea somewhere I needed something that's going to better my health. Also because I was going to meet new people (Lucero, I1 p. 2).

4.3.4 Instructors

During the first interviews my fieldnotes recorded my impression that the instructors played a big role in the group dynamics. The more I got involved with the participants and the program, the more I reaffirmed my first impression. The instructors demonstrated interest and commitment to their work, which sometimes went beyond the sixty minutes class. They helped organized teams to participate in the seniors' games, advertised and planned community runs, or volunteer activities. Elena said "Well I was

the captain of that team but X [instructors' name] ...organized it" (Elena, I2 p. 1). Some of the pictures the participants shared illustrated the instructors involvement in special events like the Christmas's Party sketch (see Figure 4.10). Rosario added, "The instructor is very good, I think she is excellent.... also that she really makes you get going and it's fun" (I1 p. 4). Amparo recognized the instructor's dedication said,

...definitely [she is] a big force, a big force in the group. She [the instructor] set you on and for doing things....She was getting these things going [tournaments or community events] (Amparo, I2 p. 7).

Instructors' teaching styles were discussed by the women during their interviews. The possibility of choosing one class or the other (one style or the other one) was seen a positive both for the program and the seniors themselves. One of the women said, "when I'm talking to people I tell them why don't you try both, to see which one suits you"(Amparo, I1 p. 3). Class selection (9:00 a.m. or 10:00 a.m.) was mainly determined by preferences of time, instructor's personality, and health. Ana and Amparo said,

That's one thing I like about [instructor A's] program, you develop your whole body. I don't have anything against [instructor B's] program. It's fine, but you do much leg work.... Then people have a choice don't they? And the choice is largely determined by your health (Ana, I2 p. 4).

...I hate going that early in the morning [9:00 a.m.] to a class. I am not good getting out at the door when it's dark in winter time. But I find after doing [the class] for long, [I realized] it never changed. So when [instructor B's name] came it was a big change and I decided I liked that [class] (Amparo, I2 p. 7).



Figure 4.10 Instructor Involved in the Christmas Party Sketch (Amparo)

The women showed respect and admiration for their instructors. They were thankful for their kindness, sense of humour and understanding of seniors' health limitations. One woman said, "...she [the instructor] understands the limits that older people have, she doesn't push us to do things that will hurt us (Martina, I2 p.1)."

Another woman said, "...we liked the instructor. She has a sense of humour and she keeps it kind of a light [class]" (Lucero, I1 p. 4). Although the instructors emphasized abilities in the seniors and showed a positive attitude towards the women's efforts, the women appreciated that their physical boundaries were respected. Martina said,

...everybody is allowed to do what they can. The instructor doesn't push you to do exercises that you find hurtful, which is very important when you get older because we all are at different levels of fitness....But I like that the instructor lets us go at our own speed, pretty well, and do things that we can (Martina, I1 p. 2).

4.4 Room for Improvement

The women discussed a number of topics that, in their views, would improve the program and potentially their experiences. I have titled this section of the results *Room for Improvement*. This is not a theme per se, but the topics put forward by some of the women have implications for the delivery of exercise programs for older adults and policy decisions. The women highlighted three areas for improvement, *transportation*, *music*, and *instructor education*

4.4.1 Transportation

One of the difficulties the women spoke about was their inability to attend the program if they didn't have access to a car. All but one participant got to the program by

car. They either drove their own vehicle, got rides from friends, or car pooled with neighbours and friends. Only one participant in this study used public transportation as she has never learned to drive.

The women associated not being able to drive with the onset of physical decline as they would no longer be able to participate in the exercise group. One woman said, “I think if I’m incapable of driving I’ll be incapable of going and participating” (Pilar, I2 p. 6). The women were unable to think of alternative ways to get to the program if they did not have access to a car. Rosario recalled, “If I couldn’t drive I definitely wouldn’t be able to get there [the facility] (Rosario, I1 p. 2).” In another example, Lucero often drove a friend to the program, however as she was away, her friend missed the program for two and a half weeks. She said,

I know I’m going to go away for two and a half weeks so I’ll be missing some classes, and then of course (her friend) doesn’t drive so she’ll have to miss a couple of weeks too (Lucero, I1 p. 4).

The use of public transportation, as the women explained to me, was not a practical way to get to the facility once they stopped driving. Reasons given were public transportation would either leave them too far away to walk or there was no direct bus line going to the facility. Prolonged exposure to either cold or hot temperatures, icy sidewalks, and the risk of falling also added to the sense that participation in the program would not continue if their only option was to access public transportation.

Elena spoke of the difficulties of using public transportation for her friends,

...it is hard for them [her friends] if they haven’t got somebody to pick them up and take them [to the program]. If you have to take the bus you’ve to wait an eternity for the bus and [wait again] while going home. Going to the [facility] is not much fun, not many buses go there. It’s difficult for them [her friends] (Elena, I2, p. 8).

4.4.2 Music

Music was mentioned frequently by the women. The women's stories transported me to their younger years. These were women born either before or toward the end of World War I or they were young children and adolescents during the Second World War or at the beginning of the Great Depression, a historical period of great significance. The sporadic fun times during those days were associated with dances and music. Being able to comprehend this period of time helped me understand why music was so important to the women. Rosario for example was a member of a band. She remembered those days saying, "I danced and I was in the pipe band. We danced when the war was on....[we] went out dancing for the troops" (Rosario, I1 p.5) (see Figure 4.11). Music of this era was particularly meaningful to the women. Cata spoke of the importance of music,

My teen years were during the war and I never really learned to dance....And this [the class] is almost like dancing. I have always enjoyed music and keeping time and doing the thing [the steps] to me is almost like dancing so that's one of the things that I see here that I rather enjoy" (Cata, I2 p. 1).

Music served several purposes in the class. It was used to indicate the rhythm to perform exercises and played a big role in making the class atmosphere enjoyable. To create that 'almost dancing' atmosphere the selection of songs and music's type were things women felt needed more attention. The selected melodies were not always serving the intended purposes. Martina and Cata revealed,

I would like more music....Certain activities [to be able to] try them to music, and although (instructor's name) plays music some of it is just kind of a background music. I used to go to fitness classes, we used to have them across the street, and we did everything to a music with a real strong beat....That really keeps me going, music (Martina, I1 p. 5).



Figure 4.11 Dancing for the Troops (Saskatoon Pipe Band) (Rosario)

One thing that (instructor's name) could improve is the music. When she gets a piece from the 70's instead of the 80's she thinks that's old. Well we need from the 40's and 50's not the 70's and 80's. She played music one day and I complimented or I said 'oh I liked your new music that's more our style.' But she only played [it] one day. The boom-boom-boom rock style music is not us. So that's only one improvement that I would make if I ever made a suggestion (Cata, I2 p. 15).

4.4.3 Instructor Education

To my surprise, the women were not knowledgeable about their instructor's certifications, however, they acknowledged that education was important. These women are from a generation that had a different concept of their educators. Teachers, were perceived as authoritative figures. Belen's generation did not question their educators and therefore, she will not ask her instructor about educational certifications. She explained,

To me (instructor A's name) may be is taking some training in exercises. This I don't know but just because of the way she can teach her class. I don't know I never ask her or anything. But I don't think (instructor B's name) has any training. I think she learned along the way. I don't know that, and at this stage I kind of hate to ask her. It may be insulting if I ask her if she had any training (Belen, I1 p. 9).

Some of the women firmly believed that continuing education was necessary for the safety of the group and for a better development of the class. Amparo, who has been in the program for a long time, spoke about her instructor's educational level and her concern desire for ongoing training,

I think that when (instructor A's name) first started she did [participate in courses and seminars] and then she let it go. She never renewed it. Actually the group did approach her several times to renew it. And we [the executive] would pay for it....and that's something that bothers me a little bit....Someone can get hurt (pause) (Amparo, I2 p. 7).

5. DISCUSSION

The present study has provided the meaning of group physical activity experiences from perspectives of nine single older women. A phenomenological tradition was used. The women were living independently and participating in a physical activity program in the community. The emergent themes highlighted the importance of the group physical activity program for the development of social networks for these women. Participation in the group physical activity program created a context for these single older women to positively experience their older years, despite their losses, changes in roles, and resultant reductions in their social networks. Group physical activity helped the women feel better, assisted their adjustment to living alone, and provided positive new roles in their retirement (Chodzko-Zajko, 2000).

The following discussion reviews the interplay of self and others on women's experiences in a group physical activity program. This study uncovered important social benefits underlying the exercise and health outcomes typically noted with these types of programs. Researchers and practitioners may tend to overlook the significance of the social context of exercise programs and its importance when planning, implementing, evaluating, and promoting physical activity programs for older adults. Potential

implications of data from this study and suggestions for future research are provided. Explanations and interpretations are intended to be suggestive rather than conclusive.

5.1 Trading Roles Theme

Although researchers have postulated that women that occupy multiple roles have difficulty investing time and energy in physical activity (Kluge, 2002), once the primary responsibilities for childcare, domestic chores, and work had ended the women of this study found time to participate in a group physical activity program. The sense of agency that these women showed when unbound from social responsibilities carries a significant message. When the women moved beyond caring for others as their primary sense of identity and self-worth they became free to choose and embody the experiences of being physically active. The women believed the group physical activity experiences were beneficial to their health, their body, mind, and spirit. These women demonstrated personal initiative in finding activities (i.e., group exercise) that embodied them in a meaningful context where traded and assumed (Kluge, 2002).

The data suggest that participation in the group physical activity program created a context for the women to experience emotional support and social integration. They were assured that they were not alone in their situation. They had someone to turn to, and could feel secure in their self-worth. Weiss (1973) highlights the importance of a network of social relationships that comes from a group of friends who share common interest and activities. Entry into a group physical activity network of friendships provided the women with a sense of social integration and bonding connection with peers. The group physical activity offered both social and emotional reinforcement.

In addition to revealing the importance of social integration and emotional support, this study provided a new perspective on the suitability of a group physical activity for understanding women's assumption of new roles as friends. The environment in which these women experienced group physical activity, the people with whom they were active and the activities in which they engaged were key in the participants' re-creation of their lives. It enabled them to maintain a healthy aging process. The experiences of these women highlighted their natural tendency to care for themselves throughout their lives, and, particularly, later in life. The women give themselves permission for participating in activities such as group physical activity, which might help the transition when critical losses and family-work roles end was not realized until later in life.

5.2 Happier Me

Participants of this study discussed a turning point of their lives, the loss of a partner. The participants reported their experiences of 'widowhood', 'family moving away', 'lost friends', 'friends disappearing', 'being alone' and 'death'. Evidently, these life's circumstances created potentially lonely environments for the women, denoting vulnerability to a decrease in social contacts. Fuller's (2001) lived experiences' study of living single found that never-married women are aware of the advantages and disadvantages of living as a single woman. The "single" experience has been reinforced. Single women experiences are both reflected on Fuller's work and this study. In spite of that, regardless of their desire to marry or remain single, Fuller's participants described their lives as very satisfying and meaningful. This study reinforces Fuller's findings

since the women, although they expressed concern for their losses (e.g., partner, children moved away), described their lives as enjoyable and significant. What has not been discussed in the literature, regarding older women living alone or those who have experienced losses, is the role of group physical activity programs as a potential intervention to help women overcome this vulnerable time of their lives. The results of this study would suggest that this potential has not been understood and is untapped.

A decrease in social contacts was acknowledged by the women (e.g., family moving away, friends not longer being friends, death) as having the potential to negatively impact on their overall health and well-being (Litwin, 1998; World Health Organization, 1998). The women spoke of the ways participation in the group physical activity program expanded their social networks, helped them deal with anxiety, and, most important, helped bring pleasure back to their lives. These women revealed a great power of adaptation to their life circumstances. They expressed the desire to improve their social, emotional and physical well-being, and actively sought and benefited from the social network and physical activity program. Through contact with others, the participants learned to use humour when confronting difficulties and emphasized a need to engage in enjoyable activities. The women did not dwell on their losses, but found the means to rebuild social networks and nurture friendships. Their experiences were a reflection of women who were aging successfully perhaps due to their participation in a physical activity program (Dorfman & Walsh, 1996; McPherson, 1994).

Emotional loneliness tends to be initiated by the absence of a close connection to other person, usually a partner or spouse (Russell et al., 1984). Weiss' (1973) suggested that a possible remedy to emotional loneliness is the formation of a new close

relationship where the person feels a sense of emotional closeness and security. He calls this attachment. For these participants, new networks of friends appear to play a significant role in maintaining emotional health. Support, to promote health, must provide a sense of intimacy and emotional closeness (Everard, Lach, Fisher, & Baum, 2000). The women's bonds with their friends from the physical activity program could arguably be considered a source of emotional support and therefore a positive influence on health. The women felt security within the relationships developed and nurtured within the exercise network.

Although the women of this study recognized the need for human contact, none anticipated how beneficial their involvement in the physical activity program would be to their social (and emotional) lives. Some of the participants revealed that their only and most important contacts in the city were friends from the exercise program. The women told us that being physically active rendered a sense of wholeness, joy and happiness that was crucial to their well-being. Friends provided companionship, fellowship, and support. Providing and receiving support granted benefits such as enhanced feelings of self-worth.

McAuley et al.'s (2000) study of social relations, physical activity, and well-being in older adults found that exposure to physical activity programs leads to increased happiness and satisfaction with life, as well as decreased loneliness. Being physically active was an integral part of these women's lives. Findings parallel McAuley et al.'s study and adds to the literature which suggests that an environment of physical activity provides the necessary social resources to enable participants to take action against loneliness, or, as in the case of these participants, reduce the hours of solitude and

increase social contacts. The exercise environment (e.g., cafeteria, walking time before classes) played an important role in the increase of communication, bonding activities and reduction of feelings of solitude. The physical activity environment facilitated connections with new friends, favouring Weiss' (1973) provisions of social integration and attachment. Although the group physical activity may have a greater influence on the participant's physical health, their connections with friends can be equally important as it provided love, affection and companionship. The exercise setting provided context for connections to occur and this is something that has been associated with programs but perhaps not in a systematic way.

Although the social networking opportunities provided within the group physical activity may not be unique, what is unique to this context are the multiple benefits that occur simultaneously, be it health, social support, emotional well being, thereby highlighting the multiple benefits derived from participation in physical activity by older adults that may not be accrued in other social settings.

Although the value of social support and friendship was recognized by the women, those offering programs for seniors should also recognize the potential for valuable social network opportunities for the attendees. Recognizing the link between physical activity and social network contacts may help increase chances of receiving adequate social provisions at old age. This is a strong message for physical activity programmers. The potential physical activity programs have in promoting the social and emotional health of older women should not be overlooked.

5.3 Pride and Delight

Achieving a physically active lifestyle in their later years when many women in their circumstances are sedentary was a strength the participants demonstrated. Learning to endure ones' perceptions about the new 'on my own' and being innovative in the face of constraints appeared to be essential for undertaking group physical activity.

Although research has suggested that promoting health through lifestyle change is very difficult to do without positive past-mastery experiences (Cousins, 2003), the findings of this study suggested that those mastery experiences do not necessarily need to be accomplished within the 60 minutes of the class. Group physical activities offer a wide range of activities to increase social mastery. This group physical activity offered a variety of opportunities, before and after the class, during summer or winter activities, at the social or physical level, in which the women increased their social networks. The women assumed a sense of internal identity with the group which rendered a sense of freedom and control that went beyond mastering the physical component of the exercise program. The voices of the women told stories of mastering over their own lives, and the group physical activity program enhanced their experiences.

5.4 Limitations

The women who participated in this study were willing to share their life stories. The participants left me with the impression they were outgoing people who had control over their lives. Shy or introverted women may not be willing to share their personal lives. This fact makes me reflect on what would be the impact of extraverted vs.

introverted personality types on social networks, group physical activity contexts, and aging.

The sample was considered homogeneous. The women were Caucasian, urban, with similar living conditions, similar age, and similar interest for group physical activity. Future studies should look for a more diverse sample. Also this study did not collect demographic information on the larger group of seniors from which the participants came. Information on income, ethnic backgrounds, health status outside or requirements needed to participate in program was not collected.

Recruitment was done with the help of the program instructors. Both instructors might strengthen the selection of information rich cases (Patton, 2002). However, perhaps inadvertently they selected women who they knew were doing very well as women living alone.

5.5 Future Directions

This study has provided new understanding of women's experiences within a group physical activity program by using the phenomenological tradition to explicate the essence of the experiences. However, transferability of findings beyond this study relies upon identifiable resemblance to the women's ages, living conditions, ethnic background, education, group physical activity structure and particulars as the participants of this study. Few studies in the physical activity literature have relied upon the voices of participants as a primary source of data. Further studies are needed which value and acknowledge and wisdom of participants.

Questions that remain to be answered through research include: (a) To what extent are demographic variables, such as age, socio-economic status, or personality connected to the experiences in a group physical activity while experiencing age-related losses? (b) What is most meaningful about relationships gained in the physical activity programs? (c) What structural characteristics of the group physical activity program are more conducive to the development of meaningful social relations?

The role of group physical activity environment in providing social resources and helping, (not only to construct meaningful relationships), but also to buffer feelings of loneliness, needs further examination. The environment in which these women experienced physical activity should be explored.

Particular research questions that intrigued me along my research path, and merit well designed research efforts include:

- (1) How to encourage the adult population that remains sedentary responsive and knowledgeable of the social, mental, physical, and emotional benefits of group physical activity?
- (2) How strong are these findings with respect to age groups (e.g., oldest old) people with certain conditions (e.g., mentally or physically disabled), different exercise therapists, or different exercise settings?
- (3) How the work of exercise therapists impact physical activity experiences and the promotion of new friendships?
- (4) How does health influence relationships with friends and the potential for isolation?

(5) How would male participants experience the group physical activity structure and respond to the study research question?

Being embedded in a social network enhanced a sense of self-worth and belonging in the women. The weekly rituals at the group physical activity facility provided a structure for existence as well as moral support. Attendance at meetings offered the opportunity for companionship. The feelings of gratification expressed illustrates that the relationship between physical activity and social support received are an important avenue to prevent disability and enhance the aging years.

Perhaps the greatest effect of the group physical activity program was bringing older women together in a way that enabled them to share experiences in friendship, and to discover what they have in common. The role of the friends and social support found in the physical activity program should be recognized as a significant outcome of their participation.

Exercise programs can enhance the well-being and quality of life of the older adults by providing supportive interventions. Physical activity programs with a strong social component can play an important role in mediating the effects of social isolation and loneliness for seniors. The efficacy of physical activity programs in the prevention of loneliness and isolation has been under researched and deserves further research attention.

In conclusion, many of the women of this study enriched their lives, avoiding isolation and loneliness through initiation of friendship and new connections prompted by the group physical activity. The essence of the experience revealed an intersection of physical, social, and emotional components. While the themes emerged from the data

have been presented alone, it was clear that they were related to one another and that there is a need for reflection and holistic attention to older adult situations while planning and implementing interventions.

The women helped me to appreciate and come to understand the power of self-determination and creativity in securing themselves quality of life and successful aging. Physical activity was fruitfully perceived and expressed in terms of gaining energy, increasing emotional well-being, living independently, a growing social network and striving for better aging years. As the population in this country ages, more research is needed to understand the lived experiences of women in a group physical activity, its relationship with loneliness and losses in later years.

6. REFERENCES

- ACE'S. (1998). Common health challenges faced by older adults. In R. T. Cotton, C. J. Ekeroth & H. Yancy (Eds.), *Exercise for older adults. ACE'S guide for fitness professionals* (pp. 72-98). San Diego, CA: American Council on Exercise.
- Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social Sciences Medicine*, *51*, 843-857.
- Bertera, E. M. (2003). Physical activity and social network contacts in community dwelling older adults. *Activities, Adaptation & Aging*, *27*, 113-127.
- Biggins, N. A. (2003). *Long-term caregiving of Aphasic stroke survivors: The lived experience*. Walden U., US.
- Bogdan, R. C., & Biklen, S. K. (1998). *Qualitative research for education. An introduction to theory and methods*. (3rd ed.). Needham Heights, MA: Allyn & Bacon.
- Bondevik, M., & Skogstad, A. (1998). The oldest old, ADL, social network, and loneliness. *Western Journal of Nursing Research*, *20*, 253-343.
- Bowling, A., Grundy, E., & Farquhar, M. (1995). Changes in network composition among the very old living in inner London. *Journal of Cross-Cultural Gerontology*, *10*, 331-347.
- Carstensen, L. L. (1991). Socioemotional selectivity theory: Social activity in life-span context. *Annual Review of Gerontology and Geriatrics*, *11*, 195-217.
- Chodzko-Zajko, W. (2000). Successful aging in the new millennium: The role of regular physical activity. *QUEST*, *52*, 333-343.

- Chogahara, M., O'Brien Cousins, S., & Wankel, L. M. (1998). Social influences on physical activity in older adults: A review. *Journal of Aging and Physical Activity, 6*, 1-17.
- Connidis, I. A., & McMullin, J. A. (1992). Getting out the house: The effect of childlessness on social participation and companionship in later life. *Canadian Journal on Aging, 11*, 370-386.
- Cousins, S. O. (2003). A self-referent thinking model: how older adults may talk themselves out of being physically active. *Health Promotion Practice, 4*(4), 439-448.
- Cousins, S. O., & Keating, N. (1995). Life cycle patterns of physical activity among sedentary and active older women. *Journal of Aging and Physical Activity, 3*, 340-359.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Denzin, N. K. (1994). The art and politics of interpretation. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 500-515). Thousand Oaks, CA: Sage Publications.
- Denzin, N. K., & Lincoln, Y. S. (1994). Introduction: Entering in the field of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 1-17). Thousand Oaks, CA: Sage Publications.
- Douglas, D. H. (2004). The Lived Experience of Loss: A Phenomenological Study. *Journal of the American Psychiatric Nurses Association, 10*, 24-32.

- Dunn, A. L., Andersen, R. E., & Jakicic, J. M. (1998). Lifestyle physical activity interventions. History, short- and long-term effects, and recommendations. *American Journal of Preventive Medicine, 15*, 398-412.
- Ekman, I., Skott, C., & Norberg, A. (2003). A place of one's own. The meaning of lived experience as narrated by an elderly woman with severe chronic heart failure. A case study. *Scandinavian Journal of Caring Sciences, 15*(1), 60-65.
- Everard, K. M., Lach, H. W., Fisher, E. B., & Baum, M. C. (2000). Relationship of activity and social support to the functional health of older adults. *Journals of Gerontology: Series B: Psychological Sciences and Social Sciences, 55B*, S208-S212.
- Federal Provincial and Territorial Advisory Committee. (1996). *Report on the health of Canadians*. Ottawa, ON: Technical Appendix.
- Fitzpatrick, D. A., & Watkinson, E. J. (2003). The lived experience of physical awkwardness: Adults' retrospective views. *Adapted Physical Activity Quarterly, 20*, 279-297.
- Flanders, J. P. (1982). A general systems approach to loneliness. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy* (pp. 166-182). New York: Wiley-Interscience.
- Flensner, G., Ek, A.-C., & Soderhamn, O. (2003). Lived experience of MS-related fatigue-A phenomenological interview study.
- Fuller, P. A. (2001). *Living single: A phenomenological study of the lived experience of never-married professional African American women*. Walden U., US.

- Geertz, C. (1973). Thick description: Toward an interpretative theory of culture. In C. Geertz (Ed.), *The interpretation of cultures* (pp. 3-30). New York: Basic Books.
- Getz, G. E. (2000). A novel social situation and loneliness. *Psychological Reports*, 86, 947-950.
- Gironda, M., & Lubben, J. (in press). Preventing loneliness and isolation in adulthood. In T. Gulotta & M. Bloom (Eds.), *Encyclopedia of primary prevention and health promotion*. New York: Kluwer Academic/Plenum Publisher.
- Glass, T. A., de Leon, C. M., Marottoli, R. A., & Berkman, L. F. (1999). Population based study of social and productive activities as predictors of survival among elderly Americans. *BMJ*, 319(7208), 478-483.
- Glesne, C., & Peshkin, A. (1992). *Becoming qualitative researchers: An introduction*. White Plains, NY: Longman.
- Grant, B., & O'Brien Cousins, S. (2001). Aging and physical activity: The promise of qualitative research. *Journal of Aging and Physical Activity*, 9, 237-244.
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology Journal*, 29, 75-91.
- Harsha, D. W. (1995). The benefits of physical activity in childhood. *The American Journal of the Medical Sciences*, 310 (Supplement 1), S109-S113.
- Hèbert, R. (2002). *Research on aging: Providing evidence for rescuing the Canadian Health Care System*. Retrieved December 7, 2004, from <http://www.cihr-irsc.gc.ca/e/10519.html>

- Hedelin, B., & Jonsson, I. (2003). Mutuality as background music in women's lived experience of mental health and depression. *Journal of Psychiatric & Mental Health Nursing, 10*, 317-322.
- Hobbs, F. B., & Damon, B. L. (1996). *65+ in the United States*. Washington, DC: U.S. Government Printing Office.
- Holmen, K., & Furukawa, H. (2002). Loneliness, health and social network among elderly people--A follow-up study. *Archives of Gerontology and Geriatrics, 35*, 261-274.
- Infante, N. B. (2001). An existential-phenomenological investigation of the experience of old age in White, upper-middle class elderly women. *Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 62(2-B)*, 1084.
- Keller, K. B., & Lemberg, L. (2002). Retirement is no excuse for physical inactivity or isolation. *American Journal of Critical Care, Vol 11*, 270-272.
- Kirkwood, T. (1996). Mechanisms of Aging. In S. Ebrahim, A. Kalache & WHO (Eds.), *Epidemiology in Old Age* (pp. 3-11). London: BMJ Publishing Group.
- Kluge, M. A. (2002). Understanding the essence of a physically active lifestyle: A phenomenological study of women 65 and older. *Journal of Aging and Physical Activity, 10*, 4-27.
- Lazowski, D. A., Ecclestone, N. A., Myers, A. M., Paterson, D. H., Tudor Locke, C., Fitzgerald, C., et al. (1999). A randomized outcome evaluation of group exercise programs in long-term care institutions. *Journals of Gerontology. Series A Biological Science and Medical Sciences, 54*, M621-628.

- Lian, W. M., Gan, G. L., Pin, C. H., Wee, S., & Ye, H. C. (1999). Correlates of leisure-time physical activity in an elderly population in Singapore. *American Journal of Public Health, 89*, 1578-1580.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Litwak, E., & Szelenyi, I. (1969). Primary group structures and their functions: Kin, neighbours, and friends. *American Sociological Review, 34*, 465-481.
- Litwin, H. (1998). The provision of informal support by elderly people residing in assisted living facilities. *The Gerontologist, 38*, 239-246.
- Logan, J., & Spitze, G. (1994). Informal support and use of formal services by older Americans. *Journal of Gerontology, 49*, 25-34.
- Lubben, J. E. (1988). Assessing social networks among elderly population. *Family and Community Health, 11*, 42-52.
- Mahon, N. E., Yarcheski, A., & Yarcheski, T. J. (1998). Social support and positive health practices in young adults. *Clinical Nursing Research, 7*, 292-308.
- McAuley, E., Blissmer, B., Marquez, D. X., Jerome, G. J., Kramer, A. F., & Katula, J. (2000). Social relations, physical activity, and well being in older adults. *Preventive Medicine, 31*, 608-617.
- McAuley, E., & Rudolph, D. (1995). Physical activity, aging, and psychological well-being. *Journal of Aging and Physical Activity, 3*, 67-96.
- McInnis, G. J., & White, J. H. (2001). A phenomenological exploration of loneliness in the older adult. *Archives of Psychiatric Nursing, 15*, 128-139.

- McPherson, B. D. (1994). Sociocultural perspectives on aging and physical activity. *Journal of Aging and Physical Activity*, 2, 329-353.
- Michael, Y. L., Colditz, G. A., Coakley, E., & Kawachi, I. (1999). Health behaviors, social networks, and healthy aging: Cross-sectional evidence from the Nurses' Health Study. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation*, 8, 711-722.
- Montbriand, M. J. (2004). Seniors' life histories and perceptions of illness. *Western Journal of Nursing Research*, 26, 242-260.
- Morse, J. M. (1994). Designing funded qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies of qualitative inquiry* (pp. 56-85). Thousand Oaks, CA: Sage Publications.
- Morse, J. M., Barret, M., Mayan, M., Olson, K., & Spiers, J. (2003). *Verification strategies for establishing reliability and validity in qualitative research*. Retrieved December 7, 2004, 1, from <http://www.ualberta.ca/~ijqm>
- Mullins, L. C., & Mushel, M. (1992). The existence and emotional closeness for relationships with children, friends and spouses: The effect of loneliness among older persons. *Research on Aging*, 14, 448-470.
- Murphy, S. B., Risley-Curtiss, C., & Gerdes, K. (2003). American Indian Women and Domestic Violence: The Lived Experience. *Journal of Human Behavior in the Social Environment*, 7, 159-181.
- Mylander, M. (1979). Continuities and discontinuities. *Women and Health*, 4, 322.
- Oksoo, K. (1999). Predictors of loneliness in elderly Korean immigrant women living in the United States of America. *Journal of Advance Nursing*, 29, 1082-1088.

- Patterson, I. (1996). Participation in leisure activities by older adults after a stressful life event: the loss of a spouse. *International Journal of Aging and Human Development, 42*, 123-142.
- Patton, M. Q. (2002). *Qualitative methods and research evaluation* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Peplau, L. A., & Perlman, D. (1982). Perspectives on loneliness. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy* (pp. 351-378). New York: John Wiley & Sons.
- Phillips, J., Bernard, M., Phillipson, C., & Ogg, J. (2000). Social support in later life: A study of three areas. *British Journal of Social Work, 30*, 837-853.
- Pickles, B., Compton, A., Cott, C., Simpson, J., & Vandervoort, A. (1995). Background to Aging. In B. Pickles, A. Compton, C. Cott, J. Simpson & A. Vandervoort (Eds.), *Physiotherapy with older adults* (pp. 19-28). London, UK: WB Saunders Company Ltd.
- Pinquart, M., & Sorensen, S. (2001). Influences on loneliness in older adults: A meta-analysis. *Basic and Applied Social Psychology, 23*, 245-266.
- Potts, M. K., Hurwicz, M. L., Goldstein, M. S., & Berkanovic, E. (1992). Social support, health-promotive beliefs, and preventive health behaviors among the elderly. *Journal of Applied Gerontology, 11*, 425-440.
- Pruchno, R., & Rosenbaum, J. (2003). Social relationships in adulthood and old age. In R. M. Lerner & M. A. Easterbrooks (Eds.), *Handbook of Psychology: Developmental Psychology, 6* (pp. 487-509). New York: John Wiley & Sons, Inc.

- Rook, K. S. (1984). Research on social support, loneliness, and social isolation: Toward an integration. *Review of Personality and Social Psychology, No 5*, 239-264.
- Rook, K. S. (1991). Facilitating friendship formation in late life: Puzzles and challenges. *American Journal of Community Psychology, 19*, 103-110.
- Rook, K. S. (1995). Support, companionship, and control in older adults' social networks: Implications for well-being.
- Rook, K. S., & Ituarte, P. H. G. (1999). Social control, social support, and companionship in older adults' family relationships and friendships. *Personal Relationships, 6*, 199-211.
- Russell, C., Cutrona, C. E., Rose, J., & Yurko, K. (1984). Social and emotional loneliness: An examination of Weiss' typology of loneliness. *Journal of Personality and Social Psychology, 46*, 1313-1321.
- Ryan, M. C., & Patterson, J. (1987). Loneliness in the elderly. *Journal of Gerontological Nursing, 3*, 6-12.
- Salgado, A., & Guillen, F. (1994). *Manual de Geriatria* (2nd ed.). Barcelona, Spain: Ediciones Científicas y Técnicas.
- Scott, D., & Willits, F. K. (1989). Adolescent and adult leisure patterns: A 37-year follow-up study. *Leisure Sciences, 11*, 323-335.
- Sermat, V. (1978). Sources of loneliness. *Essence, 2*, 271-276.
- Shah, C. P. (1998). *Public health and preventive medicine in Canada* (4th ed.). Toronto, ON: University of Toronto Press.
- Shanas, E. (1979). The family as social support system in old age. *The Gerontologist, 19*, 169 -174.

- Simons, R. L. (1983-84). Specificity and substitution in the social network of the elderly. *International Journal of Aging and Human Development*, 18, 121-139.
- Sluzki, C. E. (1993). Le reseau social: Frontiere de la therapie systemique. Social network: Boundary of systemic therapy. *Therapie Familiale*, 14, 239-251.
- Sluzki, C. E. (2000). Social networks and the elderly: Conceptual and clinical issues, and a family consultation. *Family Process*, 39, 271-284.
- Smith, J., & Baltes, P. B. (1996). Aging from a psychological perspective: Trends and profiles in old age. In K. U. Mayer & P. B. Baltes (Eds.), *Die Berliner altersstudie* (pp. 221-250). Berlin, Germany: Akademie Verlag.
- Sorkin, D., Rook, K. S., & Lu, J. L. (2002). Loneliness, lack of emotional support, lack of companionship, and the likelihood of having a heart condition in an elderly sample. *Annals of Behavioral Medicine*, 24, 290-298.
- Statistics Canada. (1997). *Census Canada: Age and sex*. Ottawa, ON: The Daily.
- Stevens, N. (2001). Combating loneliness: A friendship enrichment programme for older women. *Aging and Society*, 21, 183-202.
- Steverink, N., Westerhof, G. J., Bode, C., & Dittmann Kohli, F. (2001). The personal experience of aging, individual resources, and subjective well-being. *Journal of Gerontology B Psychological Sci Soc Sci*, 56(6), P364-373.
- Stuck, A. E., Walthert, J. M., Nikolaus, T., Bula, C. J., Hohmann, C., & Beck, J. C. (1999). Risk factors for functional status decline in community-living elderly people: A systematic literature review. *Social Science Medicine*, 48, 445-469.
- Takkinen, S., Suutama, T., & Ruoppila, I. (2001). More meaning by exercising? Physical activity as a predictor of a sense of meaning in life and of self-rated

- health and functioning in old age. *Journal of Aging and Physical Activity*, 9(2), 128-141.
- The Merck. (1997). *Manual of Medical Information: Home edition*. New York: Simon & Schuster Inc.
- Toombs, S. (2004). Living and Dying With Dignity: Reflections on Lived Experience. *Journal of Palliative Care*, 20(3), 193-200.
- Trice, L. B. (1990). Meaningful life experience to the elderly. *Image - the Journal of Nursing Scholarship*, 22(4), 248-251.
- Umberson, D. (1987). Family status and health behaviours: Social control as a dimension of social integration. *Journal of Health and Social Behaviour*, 28, 306-319.
- Unger, J. B., Johnson, C. A., & Marks, G. (1997). Functional decline in the elderly: Evidence for direct and stress-buffering protective effects of social interactions and physical activity. *Annals of Behavioural Medicine*, 19, 152-160.
- Weiss, R. S. (1973). *Loneliness. The experience of emotional and social isolation*. Cambridge, MA: The MIT Press.
- Wilkinson, L., & Pierce, L. (2003). The lived experience of aloneness for older women currently being treated for depression. *Issues in Mental Health Nursing*, 18(2), 99-111.
- Wolcott, H. F. (2001). *Writing up qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- World Health Organization. (1996). *Guidelines series for healthy aging - 1. The Heidelberg guidelines for promoting physical activity among older persons*.

Retrieved January 20, 2003, from

http://www.who.int/hpr/ageing/heidelberg_eng.pdf

World Health Organization. (1998). *Women, aging and health. Achieving health across the life span*. Retrieved January, 27, 2003, from

<http://www.who.int/hpr/ageing/womenandageing.pdf>.

World Health Organization, A. a. H. P. (1998). *Growing older-staying well. Aging and physical activity in everyday life*. Retrieved January 20, 2003, from

<http://www.who.int/hpr/ageing/growingolderstayingwell.pdf>.

World Health Organization, N. D. a. M. H. C. (2002). *Active Aging: A policy framework*.

Retrieved January 24, 2003, from

<http://www.who.int/hpr/ageing/ActiveAgeingPolicyFrame.pdf>.

Wu, Z., & Pollard, M. S. (1998). Social support among unmarried childless elderly persons. *Journal of Gerontology: Social Sciences*, 53B, S324-S335.

Young, J. E. (1982). Loneliness, depression, and cognitive therapy: Theory and application. In A. Peplau & D. Perlman (Eds.), *Loneliness. A sourcebook of current theory, research and therapy* (pp. 379-405). New York: John Wiley & Sons, Inc.

7. APPENDICES

7.1 Appendix A

7.1.1 Theoretical Framework

Weiss' (1973) *theoretical framework of social support* incorporates the major elements of most of the conceptualizations of social support previously discussed but also addresses loneliness. Weiss described six social functions or provisions that are obtained from relationships with others. He maintained that all six provisions are needed for individuals to feel adequately supported and to avoid loneliness, although different provisions may be most crucial at different stages of the life cycle. For example, for adult "attachment," a sense of security and commitment, most often comes from intimate relations with a romantic partner or spouse. Thus, emotional loneliness may result from the absence of a close intimate attachment such as a life partner or a spouse. Each provision is often obtained from a particular kind of relationship, but multiple provisions may be obtained from the same person. Therefore, when the individual loses a particular relationship, the deficit experienced by that person depends on the social provision that was provided by that relationship. Weiss' six social provisions are: (a) *attachment*, whereby one receives the sense of safety, security, and emotional closeness from a relationship commonly provided by a spouse or a partner; (b) *social integration*, whereby one has a sense of belonging to a group of people who share common interests and recreational activities (it is commonly provided by friendship); (c) *opportunity for nurturance*, whereby one is in a relationship in which a person feels responsible for others (children offer opportunity for nurturance); (d) *reassurance of worth*, whereby one's skills and knowledge are recognized (such as that obtained from co-workers); (e) *reliable alliance*, whereby one can count on assistance under any circumstances (for example the relationship with a close family member); and (f) *guidance*, whereby one has a trustworthy relationship with authoritative individuals who can provide advice and assistance (teachers, mentors or parental figures).

Although Weiss (1973) identified this set of social provisions. He hypothesized that lack of attachment and social integration contributed most to feelings of emotional or social loneliness. Getz (2000) suggested that group involvement is an important factor in reducing the feeling of loneliness. According to Weiss, the socially lonely person is driven to "find the kind of activities she or he can participate in, and the network or group that will accept him or her as a member...because integration in a social network provides them with information, advice, evaluation of their own behaviour, and help through the way of favourable exchange" (pp. 149-150).

7.2 Appendix B

7.2.1 Ethical Approval

**UNIVERSITY OF SASKATCHEWAN
BEHAVIOURAL RESEARCH ETHICS BOARD**

<http://www.usask.ca/research/ethics.shtml>

NAME: Donna Goodwin, Julia Bidonde
College of Kinesiology

BSC#: 02-754

DATE: January 15, 2003

The University Advisory Committee on Ethics in Behavioural Science Research has reviewed the Application for Ethics Approval for your study "The Meaning of Group Physical Activity Experiences to Older Women" (02-754).

Your study has been APPROVED subject to the following minor modifications:

- The committee noted that you will be using photographic images as a method of documenting field observations. You have sensitively described how you protect the anonymity and confidentiality of the participants. In addition, what should be included is a separate consent form for those individuals who are in the photographs but are not participating in the study.
- Please change the Office of Research Services, University of Saskatchewan telephone number to 966-2084.

Please send one copy of your revisions to the Office of Research Services for our records. Please highlight or underline any changes made when resubmitting.

The term of this approval is for 5 years.

This letter serves as your certificate of approval, effective as of the time that the requested modifications are received at the Office of Research Services. If you require a letter of unconditional approval, please so indicate on your reply, and one will be issued to you.

Any significant changes to your proposed study should be reported to the Chair for Committee consideration in advance of its implementation.

This approval is valid for five years on the condition that a status report form is submitted annually to the Chair of the Committee. This certificate will automatically be invalidated if a status report form is not received within one month of the anniversary date. Please refer to the website for further instructions: <http://www.usask.ca/research/behavrsc.shtml>

I wish you a successful and informative study.

Dr. Linda Wason-Ellam for
Dr. Valerie Thompson, Chair
Behavioural Research Ethics Board-VT/ck

7.3 Appendix C

7.3.1 Information Sheet

7.3.2 Brochure

Study Information Sheet

Title: The Meaning of Group Physical Activity Experiences to Older Women

The purpose of the study is to understand the experiences of older women who participate in group physical activity programs.

My name is Julia Bidonde, I am studying for a Master of Science degree in Kinesiology at the University of Saskatchewan. I am very interested in studying older adults and their health. Of special interest to me is what older women are experiencing when they participate in physical activity groups, what meaning they give to these experiences, and what role these experiences play in their lives.

If you agree to talk to me about this topic, your participation will involve two interviews, lasting about one hour in length each and a fun exercise with a 35mm camera. During the interview, you will be asked questions about physical activity and your involvement in the group.

If you are interested in taking part in the study please let your instructor know (giving her your name and phone number) or phone me, Julia Bidonde (306) 244 – 0240 to make an appointment for the interview. The interview will be arranged at your convenience.

Sincerely,

Julia Bidonde
College of Kinesiology
University of Saskatchewan
105 Gymnasium Place
Saskatoon, SK S7N 5C2
(306) 244 – 0240
E-mail: jbidonde@yahoo.com

For further information contact:

Julia Bidonde 244 – 0240
jbidonde@yahoo.com

or

Donna Goodwin 966 - 6513
donna.goodwin@usask.ca

Don Drinkwater 966 - 6468
don.drinkwater@usask.ca



This project has been approved by the
University Advisory Committee on Ethics
in Behavioural Science Research at the
University of Saskatchewan

**The meaning of group physical
activity experiences to older
women**



College of Kinesiology
University of Saskatchewan
105 Gymnasium Place
Saskatoon, SK S7N 5C2

A Research Project of the
College of Kinesiology
University of Saskatchewan

Purpose of the Study

The purpose of this study is to explore the meaning of group physical activity experiences to older women.



More specifically this study will focus on

- (1) gaining a better understanding of the meaning women ascribe to their experiences in a physical activity group,
- (2) comprehending the value these experiences hold, and (3) exploring the role physical activity group plays in their lives.

Who should participate?

You are eligible to participate if you:

- are a women aged 65 to 84 years
- have been involved in a physical activity program for at least six month
- live alone and independently in the community (not in congregate housing or home care)
- are not involved in a community program for social isolation (i.e., Young at Heart)
- are retired

Why your participation is important

Through interviews, you will provide a rich and in-depth look at your physical activity group experiences and what they mean to you as an older woman.

Your participation in this study will help others understand the importance of physical activity and will contribute to an expanding knowledge base from which to address issues of quality of life, group interventions, and health promotion.

Research Team

College of Kinesiology,
University of Saskatchewan

- Donna Goodwin, PhD
- Don Drinkwater, PhD
- Kent Kowalski, PhD
- Bob Faulkner, PhD
- Julia Bidonde, MSc candidate



7.4 Appendix D

7.4.1 Participant Information Form

Participant Information Form

Name: _____ Date: _____

Address: _____ Postal Code _____

Telephone #: _____ E-mail: _____

Age: _____ Date of Birth: _____

Personal information

Are You:

- Married
- Single
- Separated, when _____
- Divorced, when _____
- Widowed, when _____

For how long have you been living alone?

- 0 - 12 months
- 1 - 2 years
- 3 - 5 years
- More than 5 years
- Other _____

For how long have you been living in Saskatoon?

- Less than 1 year
- 1 - 4 years
- 5 - 10 years
- 11 years or more
- All my life

Are you living in a

- House
- Apartment
- Condominium
- Other (e.g., basement suite in someone else's home) _____

Are you happy with where you live?

- Yes
 - No
 - If no, why?
-

Which statement best describes your highest level of schooling?

- Attended primary school
- Attended high school
- Completed high school
- Attended university or college
- Completed university or college
- Working on advance degree
- Completed advance degree

Is your economical situation leading your social life or recreational activities?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

Social Network

How many members are there in your family?

Siblings _____ Children _____ Grandchildren _____ In laws
_____ Nephews _____ Nieces _____ Cousins _____ Other
(e.g., stepchildren) _____

Do your family live in Saskatoon?

- Yes
- No
- Some of them, how many? _____

How often do you see your family? (select all that apply by circling "S" if you see your family in Saskatoon or "O" if out of the city)

Once every two weeks,	S	O
Once a month,	S	O
Every two-three month,	S	O
Once a year,	S	O
Other _____		

Who do you see the most?

- Siblings
- Children
- Grandchildren
- Friends
- Neighbour
- Other (e.g., health professional)_____

How many "friends" would you say you have?

- One
- Three
- Four
- Five
- Six
- Seven
- Eight
- Ten
- Other_____

How frequently do you have visitors? (friends, relatives, etc.)

- All of the time
- Most of the time
- Sometimes
- Once in a while
- Almost never
- Every day
- Once a week
- Once a month
- Once every three month
- Once a year
-

How often do you have telephone contact (family and friends)

- Every day
- Every other day
- Once a week
- Once every two-three weeks
- Almost never
- How much time do you spend on the phone?
- 5' – 10'
- 15' – 20'
- 25' – 45'
- More than one hour

Who would you contact to (son, daughter, neighbour):

take care of your home if your were out of town_____

talk about personal worries_____

do a social activity with_____

advise you on something important_____

help you out with your finances_____

Health

In general, would you say your health is

- Excellent
- Good
- Fair
- Very Good
- Poor

How much does your physical or emotional health get in the way of your social activities (like visiting friends, relatives, going to the exercise classes etc.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

Have you been told to have

- Arthritis
- Osteoporosis
- Depression
- Diabetes
- Thyroid
- Heart disease
- High blood pressure
- High blood cholesterol
- Asthma
- Bronchitis
- Cancer
- Bladder or Kidney trouble
- Stomach or bowel trouble
- Other _____

Physical Activity

For how long have you been participating in the physical activity class?

- 6 months
- 1 year
- 2 years
- 3 or more years
- Other _____

How do you get to the program?

- Bus
- Car
- Ride
- Taxi
- Other _____

7.5 Appendix E

7.5.1 Interview Guide

Interview Guide

Knowing Questions

- ✓ How did you find out about the physical activity program?
 - ...a friend invite you? ...your physician suggest you go?
- ✓ Tell me about your attendance at the program. Do you come through all year?
 - What kept you motivated after so many years in the program?
 - What would keep you from attending?
- ✓ If you have a picture of the program in front of you what would you see on it?
 - How would you describe the program to a potential participant?
- ✓ What other group experiences do you have?
 - What is different between this group and the other group?
- ✓ Has this program facilitated/impeded other social contact with the people in the program at other times during the week? In what way?

Thinking Questions

- ✓ What would your week be like if you didn't have the physical activity program?
- ✓ If you needed to write a proposal asking for funding to continue the program, what would you include in the proposal?
- ✓ What value, if any, does having a physical activity experience in your life have
- ✓ What I "get" from this program is.....
 - Physical benefits (mobility, strength),
 - friendship?
- ✓ What I DO NOT get from this program is.....
- ✓ How would you rate, on a scale of 1-10, the importance of the program?
- ✓ What would you do if you had to pay more money to come to the program?

Feeling Questions

- ✓ What meaning do you assign to your physical activity experience?
- ✓ If someone told you there would be no more program next year, how would you feel?
- ✓ What does it means to meet people in the group
 - you know
 - of your age
 - same/different gender
 - better/worse physical condition that you are

Is there anything else you would like to tell me ?

7.6 Appendix F

7.6.1 Consent Form

7.6.2 Transcript Release From

The meaning of group physical activity experiences to older women

Consent Form

Please read this form carefully and feel free to ask questions you might have.

Researcher: Julia Bidonde

College of Kinesiology, University of Saskatchewan
Contact number (306) 244 – 0240

Purpose and objectives of the study:

I understand the objectives of this study are to explore the meaning of group physical activity experiences to older women. More specifically this study will focus on

- gaining a better understanding of the meaning women ascribe to their experiences in a physical activity group,
- comprehending the value these experiences hold, and
- exploring the role physical activity group plays in their lives

Procedure:

I am being asked to participate in several meetings, which will take an approximately total of 6 hours of my time (2 hours for the interviews, 1.5 hour for reading the transcripts and providing feedback, and 1.5 hour for the picture-taken exercise):

- Participant information form: that will be filled by the researcher,
- Two one-on-one interviews: I have the option to break the interview if that is more convenient for me. The interviews will be audio taped and transcribed (written out) verbatim. I will be asked to provide feedback on the accuracy of the transcripts and the interpretation of what was said at the end of the writing process.
- Take pictures of the meaning I assigned to a physical activity program. The photographs will be taken with a camera provided by the researcher and also it will be developed at no cost to me. I will explain the significance of the photographs in the form of an audio-tape interview. Under no circumstances will the photographs be used for financial gain.

Potential Risks:

I will not be subjected to any physical or psychological risk. I have the right to refuse to answer any question, at which time the discussion will be redirected. Should the researcher feel that my continuation in the project is placing undue pressure on me (e.g. establishing mutual times for interview sessions), she can choose to discontinue my involvement in the study at which time any data that has been collected will be deleted from the study and destroyed.

Potential Benefits:

My voice as an older woman will be heard. Although the impact of my message cannot be guaranteed, the information gained from my participation in this study may assist in developing better health promotion strategies for older adults. I understand that there are no direct benefits to me.

Right to Withdraw:

I understand that my involvement in the study is entirely voluntary and participation may be declined or withdrawn at any time without penalty of any sort (and without entitlements, without losing access to relevant services, etc). If I chose to withdraw from the study at any time, any data will be destroyed.

Questions:

If I have any questions concerning the study, I may contact Julia Bidonde (244-0240), Donna Goodwin (966 – 6513) or Don Drinkwater (966 – 6468) at any time. If I wish to clarify my rights as a research participant I may be contact the Office of Research Services, University of Saskatchewan (966 – 4053).

Feedback:

I will receive a copy of the transcript of my interviews and will have the opportunity to confirm that it reflects what I said or intended to say. I will also have the opportunity to respond to the themes that emerged from the data analysis. I can request a copy of the final manuscript.

Presentation of Material:

I understand that the research project will result in a presentation of a Master's Thesis defense. It may also be presented at a professional or research symposium and a final manuscript may be submitted for publication in a scholarly journal. The data will be presented as themes that emerge from the transcripts. In some instances my words may appear as an authentic illustration of the theme. In these instances, pseudonyms will be substituted for all names and every effort will be made to disguise my identity.

Confidentiality:

The following steps will be taken to protect the anonymity and confidentiality of the verbatim interview transcripts:

- names or other identifying particulars will not be discussed or made public outside of the research team (researcher and student committee members),
- pseudonyms will be substituted for all names that appear on the data ,
- transcripts and material for publication, and the audio tapes will be identified by code number only,
- the audiotapes, transcripts, and photographs will be stored separately from the master sheet identifying my name, pseudonym, and any code number.
- the College of Kinesiology, University of Saskatchewan will securely store all research materials for five years post investigation.

I give my permission to use photographs under the following conditions only:

_____ as raw data only, not to be viewed outside of the research team (researcher, student supervisors, and student committee members).

_____ only those photographs that do not reveal my identity to be used for educational purposes (professional and research presentations) and research publications.

_____ all photographs can be used for educational purposes (professional and research presentations) and research publications.

Consent to participate

I have read (or the content of the consent form was read to me) and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. A copy of this consent form has been given to me for my records.

I agree to participate in the study The Meaning of Group Physical Activity to Older Women.

Name:

Signature:

Date:

Address:

Research/Witness:

Signature:

Date:

College of Kinesiology
University of Saskatchewan

Transcript Release Form

Title of the study: The meaning of a group physical activity experiences to older women

Researcher: Julia Bidonde
College of Kinesiology
University of Saskatchewan
(306) 244 – 0240
E-mail: jbidonde@yahoo.com

I, _____ (name printed), have reviewed the complete transcript of my personal interviews in this study, and have been provided with the opportunity to add, alter, and delete information from the transcripts as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interviews with Julia Bidonde. I hereby authorize the release of this transcript to Julia Bidonde to be used in the manner described in the consent form. I have received a copy of this Data/Transcript Release Form for my own records.

Participant	Date

Researcher	Date

7.7 Appendix G

7.7.1 Research Photograph Form

7.7.2 Photographic Artifact

UNIVERSITY OF SASKATCHEWAN

College of Kinesiology

RESEARCH STUDY PHOTOGRAPHS

The Meaning of Group Physical Activity Experiences to Older Women

Please read this form carefully and feel free to ask questions

I understand that a research study will be conducted in the Senior Action exercise group during the months of February and March 2003. The title of the study is “The meaning of group physical activity experiences to older women.” I have been informed that the participants and the researcher may be taking photographs of the program.

I do not give permission to be photographed or for photographs that inadvertently contain my image to be used for educational purposes (professional and research presentations) and/or research publications.

I understand that this study was approved by the University of Saskatchewan Behavioural Sciences Research Ethics Board on January 17, 2003.

Researcher: Julia Bidonde (244-0240) MSc candidate,
under the supervision of
Drs. Goodwin (966-6513) and Drinkwater (966-6468)

Participant’s Name Participant’s Signature Phone number

Julia Bidonde _____
Researcher’s Name Researcher’s Signature

Date

The Meaning of Group Physical Activity to Older Women

To complement my journal entries and our talk time together I would like you to capture photographic images that represent your experiences as a women and a member of the physical activity program.

The images can be taken within the program or elsewhere. You may find, for example, that there is an image at home that captures a certain dimension of your experience. I also encourage you bring previously taken photos or other artifacts that are meaningful to you.

You will have the opportunity to explain the significance of the images during our second interview. I may also ask you to respond to the images that you have taken or selected. I have provided one-time-use cameras. Please remember that these cameras have limited range and should be used primarily for close up shots. You are welcome to use your own camera. You will be reimbursed for the price of the film and processing (please keep your receipts). I would like you to think about the meaning of the physical activity program to you. What does it mean for you as a senior, and what has it meant as a women, what is its value for you, and what role physical activity plays in your life. Your journal entries, our talk time together, and your photographs will help us understand more fully how important this program can be to others, for issues of quality of life, and health promotion.

7.8 Appendix H

7.8.1 Members Check

March 19, 2004

Dear _____,

Thank you for your participation in the research study titled **The Meaning of Physical Activity to Older Women**. Your involvement in the study has made a significant contribution to our understanding of the meaning of physical activity to older adults. My supervisor and myself have analyzed the transcribed interviews and accompanying photographs. We looked for common themes and images that describe your experiences in the context of physical activity. Your feedback about its accuracy will be most welcomed!

Summary of results

Three main themes emerged from the data analysis, I call them a) trading roles, b) a happier me, and c) pride and delight

a) *Trading roles*: explain a transitional period when becoming widowed or divorced. Findings revealed that all the things considered stable were changing. Friends and family moved away, a wives' role was no longer fulfilled, as well as the grandmothering period was coming to an end. Experiences changed, life changed, which led to a change of roles. This transition brought a new 'you' with a different attitude towards life and responsibilities to face in the future.

b) *A happier me*: Living as widowed or single increased opportunities to stay within the confines of your own home. Although being able to stayed home separate from human contact, there was a strong need to be involved in activities and about other people. This involvement was perceived to benefit health in general, social life and well-being. Engagement in a physical activity program, among other activities, provided a context where expansion of social network was possible. New friends of the network brought emotional and social comfort, 'help to fill your days'. The social interaction with friends and acquaintances helped bring back the sense of happiness and well-being.

c) *Pride and delight* captures why the group physical activity program was special. Often programs are based on the assumption that more knowledgeable others must plan, implement and evaluate the programs to meet the needs of older adults. In contrast this particular exercise group challenged the stereotype of senior's programs. Seniors had become responsible for the planning and development of today's group physical activity program. Sense of program's ownership and freedom within the group was clearly evident.

I also have included a section call "*room for improvements*" where areas the program could get better were addressed. The main things discussed under this section are a) being able to get to the program without a car, b) music played at the program, and c) instructors teaching styles, and training education

I am happy to make **any** changes or include anything you would like to add (labels, wording, etc.). To do so, you can either a) write them out on a separate page and send those pages back to me on the enclosed envelop, or b) call me and let me know what changes or additions you would like to make or c) e-mail me the changes if you are an internet user.

Thank you again for participating and please don't hesitate to contact me if you have any questions about the study or if there is anything I can do for you.

Thank you for your ongoing commitment to my work. All the best and have a great winter!!

Sincerely, Julia Bidonde

Phone: (306) 374-1817. E-mail: jbidonde@yahoo.com