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RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE
UPTAKE

A 'new life' story or 'delaying the inevitable'? Exploring older people's narratives
during exercise uptake.

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RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

Abstract

Objectives: The purpose of this study was to examine narratives of ageing in a clinical population embarking on a physical activity/exercise programme, exploring if and how their narratives changed throughout their experiences.

Method: Participants were six sedentary individuals aged between 78-89 years who were enrolled on an exercise programme for older adults. During the course of the 32-week programme participants took part in multiple interviews focused on their attitudes towards physical activity and their physical self-perceptions and identity. A structural narrative analysis was used to focus on the progression of the plot outlined in each participant's story.

Results: Our results suggested the emergence of two comparative narratives, with each demonstrated in the stories told by three participants. The first narrative is one of decelerated decline, in which the exercise programme is assimilated or fitted into the existing life narrative, but little is made of the personal meaning of being active. In the second narrative, participation in exercise prompted participants to re-story their ageing narratives, changing from initially accepting the decline they associated with an ageing body, to the prospect of gaining some control. While this increased sense of control may intuitively seem positive, participants initially described a number of existential challenges and dilemmas as well as their resolution of these.

Conclusion: Participants' emergent stories highlighted that while older adults may perceive exercise positively, their existing narratives of decline may be resistant to change. Where changes do occur, it is important for health professionals to recognize the associated difficulties with gaining increased responsibility for health.

1 The rapidly ageing population has been identified as a major global
2 phenomenon, with individuals over 60 years of age comprising 18% of the worldwide
3 population in 2012, and the total number of older people expected to surpass 1 billion
4 in the subsequent ten years (United Nations Population Fund [UNPF], 2012). This
5 dramatic change in the global population has focused attention on remaining healthy
6 throughout later life, including being physically active. Nevertheless, physical activity
7 levels typically decrease progressively with age, and many older adults perceive age
8 and/or poor health as barriers preventing them from being physically active (Whaley
9 & Ebbeck, 2002; Wurm, Tomasik, & Tesch-Römer, 2010). This has personal, social
10 and economic implications as the benefits of physical activity and exercise are well-
11 documented, for instance, improved quality of life, decreased likelihood of depression
12 and cardiovascular disease, and improved muscle strength and joint flexibility (e.g.,
13 Aoyagi, Park, Park, & Shephard, 2010; Barbour, Edenfield, & Blumenthal, 2007; de
14 Souto Barreto, 2009).

15 Perceptions of ageing in Western cultures are predominantly influenced by
16 medicalised discourse on ageing (Phoenix & Griffin, 2013). This discourse focuses on
17 ageing as a process of systematic decay and decline and as a result, the ageing
18 narrative that dominates Western culture is a negative one (Gullette, 1997). The
19 narrative stories that we tell, hear and retell to others are important as people can
20 become the stories that they tell (Frank, 1995) and, our affinity is to tell and retell the
21 dominant story, or narrative (Phoenix & Griffin). Thus we are exposed to pre-scripted
22 ageing narratives characterized by decline which can lead to narrative foreclosure
23 (Freeman, 2000). When this occurs, we accept the dominant narrative of ageing as a
24 negative process as an inevitability, which then limits our potential for self-renewal as
25 we grow older (Freeman, 2000).

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 Given our propensity to reaffirm the dominant narrative, we need to challenge
2 this narrative to prevent its unquestioned acceptance and the resultant impact of this
3 foreclosure on our perceptions and behaviour during old age (Phoenix & Griffin,
4 2013). Challenging this narrative can take the form of constructing and living out
5 counternarratives, as these authors have demonstrated in mainly case studies of older
6 exercisers. For instance, Phoenix and Sparkes (2009) present a case study of 70 year
7 old "Fred" to illustrate his narrative construction of a positive ageing identity that
8 conflicts with and rejects the ageing narrative of emptiness and deterioration. He does
9 this by adopting a "life is what you make it" approach, selectively ignoring any ill
10 health he experiences, making downward social comparisons, and being grateful for
11 what he does have. His behaviour also contributes to his positive ageing narrative; he
12 eats well, exercises and moves through life at a leisurely pace, allowing appreciation
13 of the simpler things in life and controlling, but not being controlled by, time.

14 Two further studies of Masters bodybuilders identified the counternarratives
15 presented by these older exercisers and revealed different ways in which they
16 constructed their counterstories (Phoenix, 2010; Phoenix & Smith, 2011). Using auto-
17 photography, two mature bodybuilders illustrated three distinct identities that
18 challenged the stereotype of the inactive or gently active older adult: healthy body-
19 self; performing body-self, and, relational body-self. The three Masters athletes used
20 to exemplify participants in Phoenix and Smith resisted the dominant ageing narrative
21 in three different ways: viewing themselves as separate from this narrative and those
22 who embody it, whilst not attempting to challenge it; presenting themselves as an
23 example of the counternarrative but still comparing themselves with peers who
24 embody the dominant narrative, and, openly challenging the dominant narrative.

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 More recent work by Phoenix and Orr (2014) revealed the dimensions of
2 pleasure related to being physically active in older adults who were physically active
3 but not typically without health problems. For them, pleasure came in four main
4 forms: sensual (connected with the world and with others); documenting the activity
5 (continuing the activity after it has finished and sharing documents with others);
6 habitual action (enjoying the purpose, discipline and routine of physical activity), and,
7 immersion (gaining perspective or escape and establishing a sense of well-being and
8 personal identity). This work not only presents a contradictory story to a socially
9 dominant narrative of 'the frail elderly who find physical activity a chore' but, as the
10 authors note, supports Gilleard and Higgs' (2013) notion of new ageing, with
11 possibilities for development and progression as evident as constraint and
12 vulnerability.

13 Such counterstories not only challenge the dominant narrative but may help us
14 to understand how the negative implications of ageing can be diluted by recognizing
15 positive aspects of ageing (Phoenix & Smith, 2011). Nevertheless, these
16 counterstories are told by older adults who are existing exercisers, drawn from a non-
17 clinical population. Thus they do not inform us about how, and indeed if, new
18 exercisers might develop such counternarratives or, if beginning exercise in later life
19 can contribute to challenging the dominant negative ageing narrative. A study by
20 Grant (2008) has examined perceptions of ageing in 70-83 year olds who sought
21 advice about starting an exercise programme. All suffered from psychological or
22 physical health ailments but still perceived themselves to be in good health. Interview
23 themes identified that all participants refused to succumb to age related decline and
24 were all actively seeking ways to age well. Regardless of these positive views only 7
25 of the 26 interviewees maintained consistent physical activity as little as 2 months

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 after seeking advice about physical activity and exercise. Although this study did not
2 explicitly examine narratives of ageing, the participants' comments suggested that
3 they at least partially maintained an affinity for the dominant ageing narrative.

4 No studies exist that have directly examined emergent narratives of ageing in a
5 clinical population embarking on a physical activity/exercise programme. A number
6 of authors have however, called for, and noted the potential value of, research that
7 employs a narrative approach to enhance our understanding of the experience of
8 ageing in relation to physical activity and exercise. For example, Grant (2008)
9 discusses the importance of understanding how the individual interacts with their
10 social and physical environment but advises that unless we give a voice to older
11 people there is a danger that this interplay of factors is overlooked in the active ageing
12 research agenda. Thus, research that examines older people's ageing experiences from
13 humanistic and subjective perspectives is needed.

14 The emerging field of narrative gerontology seeks to address this need by
15 viewing our lives as "storied" thus our narratives play a crucial role by shaping our
16 behaviour, suggesting potential futures and thus influencing our current and future
17 selves (Phoenix & Smith, 2011). However, the narrative mode of understanding a
18 phenomenon in gerontology has been neglected in favour of the logical-paradigmatic
19 mode (Phoenix & Smith). Whilst the former places experience and making meaning
20 of this experience as central to understanding the phenomenon, the latter approach
21 seeks to establish laws and causal relationships to explain phenomena (Bruner, 2002).
22 Neglecting a narrative approach therefore leaves us with clear deficiencies in our
23 understanding (Phoenix & Smith).

24 Current understanding of ageing narratives does, as we have discussed above,
25 include awareness of narratives that counteract the dominant Western narrative of

1 ageing as a process of decline and decay. Some insight is also offered from these
2 accounts of how individuals resist the dominant narrative, and how counternarratives
3 influence the individual's lifestyle and behaviours, including physical activity. These
4 counternarratives have however only been explored in existing exercisers who
5 represent a non-clinical population and therefore do not inform us what, how and if
6 counternarratives develop in clinical populations who are embarking on a physical
7 activity programme as an older individual. Hardcastle and Taylor (2005) note that
8 understanding the mechanisms involved in self-perceptions requires a prospective,
9 longitudinal approach. Thus in the present study we explored the changes in
10 narratives in older adults who attended a falls prevention postural stability and
11 balance training programme (a clinical population), drawing comparisons between
12 their personal narratives at the start, during and the conclusion of the programme. We
13 sought to explore both if and how their narratives changed (with particular reference
14 to the role of physical activity in their personal stories) and, if and how
15 counternarratives to the dominant ageing narrative emerged throughout their
16 experiences.

17 We chose to focus our exploration on this clinical group as falling is a major
18 health risk for elderly individuals that has substantial consequences at both personal
19 and societal levels (e.g., well-being and social isolation, financial and resource
20 implications of providing immediate and chronic care; Masud & Morris, 2001;
21 Department of Health, 2001). Falling is also likely to act as a further barrier to an
22 already largely physically inactive population, as falling often has a number of
23 psychological consequences (fear of falling, loss of confidence, and activity
24 avoidance; see Jørstad, Hauer, Becker, & Lamb, 2005).

25

Method

1 *Participants and Context*

2 This study uses stories generated from participants who were all involved in
3 an exercise programme for older adults. These stories have been used to form what is
4 termed a collective case (Thomas, 2011). Our collective case includes a variety of
5 participants, each with different background stories and motivations for joining the
6 exercise programme. This warrants the use of a collective case since the examination
7 of multiple cases may lead to a better understanding of a phenomenon or population
8 (Stake, 2005). In particular, Day, Bond, and Smith (2013) suggested that a collective
9 case can be used to demonstrate the complexities that may exist in a single context,
10 such as the rehabilitation or exercise environment.

11 The context of the collective case used in this study was an exercise
12 programme developed to improve physical function, specifically, balance and
13 stability, in order to prevent falls in older adults. This programme was based in a rural
14 location and lasted for 32 weeks. The exercise programme consisted of a one hour-
15 long session per week, and followed the principles of the Register of Exercise
16 Professionals accredited Postural Stability Instruction (PSI) programme. Two exercise
17 leaders trained in PSI, one of whom was also a Chartered Physiotherapist and one a
18 National Exercise Referral Scheme Instructor, delivered these sessions. Participants
19 were also provided with home based exercises that they were recommended to
20 complete once a week. In total 14 participants were registered on the programme. It
21 was recognised that as well as encouraging participants to engage in exercise, the
22 group context may also provide an important social opportunity and social support
23 network. Consequently, participants were encouraged to work together while
24 exercising and time was made available at the end of each session for informal
25 conversations over refreshments between participants and with the exercise leaders.

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 To recruit our sample, participants who were enrolled on the exercise
2 programme were provided with information about the study prior to their first
3 exercise session. There was no obligation to take part in this study and their
4 participation in the exercise programme was not dependent on participation in the
5 research. Potential participants were informed that the study would require them to
6 take part in semi-structured interviews throughout their participation in the exercise
7 programme. Thus the criteria for selection were that participants were willing to
8 engage in this process and had been enrolled onto the exercise programme. We aimed
9 for a variation sample, to capture a wide range of perspectives from participants on
10 the exercise programme. Our final sample included 6 participants (1 male and 5
11 females). These participants were aged between 78 and 89 years. From the initial
12 recruitment stage it became clear that our participants had different reasons for
13 enrolling on the exercise programme. Three participants had been recommended onto
14 the programme following falls (and resultant hospital visits) incurred in the previous
15 year. The remaining 3 participants had no history of falls in the previous year yet did
16 have a number of health concerns (e.g., heart problems) and were assessed to be at
17 risk of falling. To protect their identity pseudonyms have been used.

18 *Data Collection and Analysis*

19 All participants were involved in a series of semi-structured interviews that
20 took place either in person or on the telephone (at the request of the participant). Our
21 initial preference was to conduct all interviews in person but often this was not
22 possible. Our participants were all located in a remote, rural setting with limited
23 transport options. Further, they represented a sample of people who had concerns
24 about mobility and falling. While initial interviews were held face-to-face at the local
25 medical or leisure centre, the majority elected for follow-up interviews to be via

1 telephone. While we endeavoured to follow participant preferences for interviews, we
2 had some initial concerns regarding the use of telephone interviews. In particular,
3 researchers such as Hydén (2008) have suggested that the narration of topics which
4 are personal and meaningful will be relationally defined, thus Hydén highlights the
5 importance of the joint enterprise between interviewer and interviewee. As a
6 consequence we aimed to build a relationship interviewer and interviewee prior to
7 data collection. All interviewers met with the participants prior to telephone
8 interviews and attended at least one of their exercise classes, including the social
9 interaction sessions afterwards. This provided the opportunity to meet face-to-face
10 and allowed for informal discussions.

11 Participants were invited to reflect on their exercise experiences on either 3 or
12 4 occasions throughout and following their enrolment on the exercise programme.
13 The first interview took place within 2 weeks of beginning the programme. Three
14 subsequent interviews during the exercise programme were then spaced
15 approximately 10 weeks apart (to coincide with existing service-based monitoring of
16 participants' functional capacity), followed by a final interview 1 month after the end
17 of the programme. Interviews were undertaken by 2 of the 3 authors plus a research
18 assistant. These interviews invited participants to recount their experiences of the
19 exercise class and focused on the personal meaning of these classes.

20 In order to illuminate meaning this study used a narrative methodology. The
21 use of narratives as a means of inquiry has been advocated by a collection of authors
22 in sport and exercise psychology. While numerous strengths of this methodology have
23 been suggested, Smith and Sparkes (2009) highlighted that narratives have the
24 capacity to help us understand the meanings associated with personal and social
25 experiences. Further, Smith and Sparkes continued that the use of narratives can help

1 to illustrate how involvement in sport and exercise may bring meaning into people's
2 lives. Consequently, the use of a narrative methodology is proposed as a valuable
3 method to enhance our understanding of the exercise experiences of our participants.
4 Carless and Douglas (2009) further suggested that sharing personal stories will allow
5 participants to voice their previous experiences as well as considering new
6 possibilities. Thus rather than providing a static picture of lives, narrative methods
7 can allow researchers to consider how lives change over time (Carless & Douglas,
8 2013). This holds particular relevance for the present study which aimed to explore
9 the meaning of exercise over time. Thus, participants were asked to reflect on their
10 current exercise experience, as well as storying changes that reflected their continued
11 involvement in the class.

12 While interviews were relatively short in duration, averaging between 25-30
13 minutes, the strength of this method was founded in repeating the invitation and
14 discussion with each participant on multiple occasions over the course of almost a
15 year. This allowed the researcher to ask follow-up questions, to probe regarding topics
16 which arose, and to gain participant reflections on their previous answers and any
17 changes that may have occurred (Day, 2013). In accordance with Smith (2013),
18 multiple interviews may allow for a more credible and in depth understanding than
19 singular interactions, enhancing the development of trust and rapport between
20 researcher and participant. Where possible we ensured that the same interviewer
21 interviewed the same participant throughout, although there were some exceptions
22 when this was not possible because of participant availability. As noted previously, all
23 interviewers had met with all participants prior to conducting interviews, which
24 ensured they were known to participants. Further, interviewers met regularly as a
25 group over the data collection period. These meetings allowed them to remain

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 informed of participants' ongoing stories, as well as share notes and reflections with
2 each other. Thus while there were unavoidable exceptions when the regular
3 interviewer was not able to interview a participant, the alternative interviewer was
4 known to the participant and was familiar with the participant's story and previous
5 interviewer's reflections.

6 While the interview data served as the central focus of data collection there
7 were also a number of concurrent sources used which allowed us to build a more
8 complete picture of the exercise experience and gain understanding of our
9 participants. Reflective notes were used by each of the interviewers and by the
10 exercise leaders. These provided observations, thoughts and insights about the
11 interviews and the exercise sessions. This method was chosen to allow insight into
12 both the observable changes in participants (from the exercise leaders) and the
13 unobservable changes (from the interviewer reflections). In addition a 'comments
14 book' was available to participants at the end of a number of exercise sessions. This
15 allowed participants to engage in reflection about the exercise session and the
16 programme as a whole should they choose to do so. In using these multiple sources of
17 information we sought to compliment our interview data rather than to triangulate our
18 findings. Differences in reflections between participants, interviewers, and exercise
19 leaders were viewed as adding to the complexities of the collective story as opposed
20 to verifying one objective reality.

21 A structural analysis was used to focus on the progression of the plot outlined
22 in each participant's narrative. As suggested by Lieblich, Tuval-Mashiach, and Zilber
23 (1998) analysing the structure of a story will "reveal the individual's personal
24 construction of his or her evolving life experience" (p. 88). In this case, a structural
25 analysis provided the particular advantage of illuminating potential narrative changes

1 while individuals embarked on a new life experience. It is therefore pertinent that a
2 structural narrative analysis will emphasise the storied nature of our lives, not as a
3 static tale but as a depiction of lived experiences as they unfold. Further, of particular
4 relevance to this study, such an analysis is suggested to reveal the types of narratives
5 that may constrain and/or empower individuals (Phoenix, Smith, & Sparkes, 2011).

6 The second author began by identifying the axis or thematic focus for the
7 development of the plot across each story. To do this, she began by reading and re-
8 reading each participant's story, immersing herself in the data and adopting the
9 qualitative posture of in-dwelling (Maykut & Morehouse, 1994). As part of this
10 process she attempted to understand each story from an empathetic position, using
11 each of the data sources and making notes to aid her understanding. At this stage,
12 interest was in the direction taken by the content over time. This process led to the
13 development of two different types of stories told by participants, one of decelerated
14 decline, the second of progress. As suggested by Lieblich et al. (1998) the analysis
15 then focused on identifying dynamics of the plot inferred from the transcripts,
16 eliciting reference points to potential changes in each story.

17 This process of data analysis was supported by a number of methods which
18 aimed to increase the quality and rigor of the research. This study does not aim to
19 present a realist tale and consequently the use of a criteriologist approach (Sparkes &
20 Smith, 2009) to judge the validity of the research did not fit with (and was not
21 appropriate for) what we aimed to achieve. Instead, we aimed to take a relativist
22 approach and ensure that our interpretations were plausible and reflected the
23 experiences of each of our participants. To do this, emerging findings were presented
24 by the second author to the remainder of the research team, who acted as a theoretical
25 sounding board. As Phoenix and Smith (2011) suggest, such a technique can

1 “encourage reflection upon and exploration of alternative explanations and
2 interpretations” (p. 631). The second author was the only member of the research
3 team who had not also acted as an interviewer. Thus while we accept that it is not
4 possible to approach analysis without pre-existing assumptions, it is suggested that
5 her differing role as an outsider in the research team would have given her an
6 alternative perspective. Yet it was also important to recognise that the insider
7 positions of the remainder of the research team contributed to their understanding of
8 particular stories from participants. Consequently, as a group of researchers we were
9 able to reflect on each plot that was developed, explore explanations and
10 interpretations for plot changes, as well as question each other and explore alternative
11 possibilities.

12 **Results**

13 Our results suggest that there are a number of positive findings regarding the
14 benefits of exercise that are in line with previous research in this area. Primarily, all
15 participants reported the positive psychological impacts of being involved in the
16 exercise programme. This is unsurprising, first, given that all participants completed
17 the year-long programme, and second, given that this is a frequently reported finding
18 in exercise research. Our findings here echo research such as Bidone, Goodwin, and
19 Drinkwater (2009) who suggested that older women who were involved in a fitness
20 programme reported feeling happier, having more social bonds, and more physical
21 health rewards. Yet, in addition to supporting such research we propose that the
22 narrative approach taken in this study also illuminates the complexities associated
23 with becoming physically active as an older adult.

24 The participants' stories followed the contours of two narrative types, each
25 demonstrated in the stories of three of our participants. The first narrative is one in

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 which the exercise programme is assimilated or fitted into the existing life narrative.
2 In this narrative the increased mobility and social support provided by exercise
3 participation is celebrated, but little consideration is made of the personal meaning of
4 being active. While improved health is noted, no further improvements are considered
5 and an uncertainty about the future remains. Without a comparison, this may indeed
6 appear to be a narrative that celebrates successful involvement in an exercise
7 programme. Yet our second narrative type provides us with an alternative story. In
8 this case participation in exercise has prompted our participants to re-story their
9 ageing narratives, but this process is not without some disruption. This narrative
10 demonstrates changes from initially accepting the inevitable decline associated with
11 an ageing body, to the prospect of gaining some control. While this increased sense of
12 control may intuitively seem positive, for our participants it brings with it a number of
13 existential challenges and dilemmas. With this increased sense of control comes an
14 increased responsibility for health and an increased awareness, not only of choices
15 and opportunities but also of personal limitations. Consequently, this re-storied
16 narrative focuses on the personal meaning of exercise, the changes that it brings, and
17 after managing those changes and dilemmas, a renewed and future focused progress.
18 Thus while the first narrative may celebrate the health benefits of physical activity,
19 the second re-storied narrative shows the more prominent theme of future hope and
20 positive personal change.

21 *Physical activity and decelerated decline*

22 The narrative of decelerated decline suggests that while change (e.g.,
23 increased fitness, mobility) has been possible during the exercise programme, this is
24 regarded in accordance with the a priori narrative of participants. Consequently, this

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 narrative type suggests that existing perspectives of decline have continued, despite
2 accepting the positive contributions of exercise.

3 An example of this narrative type is demonstrated by Phyllis, whose story at
4 the start of the programme is dominated by comments about her low levels of activity
5 and declining health at this point. She suggested “I don’t do anything” and “it has
6 taken me a long time to get the confidence to go out”. Phyllis also described her
7 exercise prior to the exercise programme:

8 *Phyllis:* I’d walked a bit, and done some gardening, but nothing else.

9 *Interviewer:* Tell me about your garden.

10 *Phyllis:* It’s the sort that goes up, that’s the problem. I’m exhausted by the
11 time I get up there... I’ve had trouble with my knees, I had a heart flutter, I’m
12 alright but I didn’t feel too good. That was in June and I couldn’t be bothered
13 to do anything. I definitely don’t recommend being eighty.

14 Despite her health barriers, Phyllis consistently attends the exercise programme and
15 reports physical improvements. These improvements are recognised as a positive
16 outcome by Phyllis who describes that “the class has encouraged us, I do things at
17 home that I shouldn’t, but you learn from the class”. Yet her improved health and
18 enhanced knowledge from the class appear to have little impact on her existing
19 narrative as she emphasised that “we’ve been doing it for a year and we’re all getting
20 older”. She continues to joke that “if you can stop us ageing then that would be great”.
21 Thus Phyllis demonstrates that although she is aware of her increased physical fitness
22 this will not stop the ageing process, she will always continue to get older. Similarly,
23 as participants recognised they would continue to age, they also continued to
24 experience ongoing everyday struggles. Betty described:

1 *Betty:* They [physiotherapists] don't like the way I get out of the chair, she
2 thinks I'm going to fall on my head.

3 *Interviewer:* Is that something you have worked on, on the programme?

4 *Betty:* Yes, I do try to think about the things I've been taught but I go up and
5 down the stairs my way. I do also have quite a bit of trouble with the marching
6 that we do, it annoys me to death. I keep thinking I shall shuffle all the time if
7 I can't pick my feet up.

8 In essence, stories such as those told by Phyllis and Betty represent a closed
9 life-story, one which has been decided and which may consequently be resistant to
10 change. This 'narrative foreclosure', proposed by Freeman (2000), may be
11 particularly likely to occur in older adults given their increased awareness of their
12 own mortality. This type of narrative can act as a coping strategy, providing a strong
13 story that is resistant to change. In some cases this may serve to protect the individual
14 from ambiguity and uncertainty, but in this instance it also presents the acceptance of
15 decline. Indeed in the above quotations Phyllis mocks the suggestion of an alternative
16 narrative, basing her comments on the uncontrollable nature of ageing while Betty
17 struggles to transfer the skills she has learnt in the class to her everyday life. As
18 Freeman suggests, narrative foreclosure implies that the ending of life is already
19 known and consequently, as shown by our participants, no other alternative endings
20 are seen as realistic.

21 In addition to acknowledging the uncontrollable inevitability of ageing, Phyllis
22 also suggests "Oh I'd like to sit down [during class], left to ourselves we'd keep
23 having a sit down and we can't do that". She recognises that she would be inactive
24 without the programme and while she acknowledges that she should exercise, she
25 does not assume full responsibility for taking such actions. Similarly, Joan suggested

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 "I have just accepted that I have got to do it". For this group, exercise has become
2 something that is enforced and suggested by others. Even in their final interviews
3 these participants remained consistent in this thought, saying

4 *Joan:* The class is quite gentle. I know there are things I'm not allowed to do.

5 *Interviewer:* What types of thing would that be?

6 *Joan:* Like going swimming. So the class suits me from that perspective. I
7 think we could do with a book on what to do and what not to do when we're
8 old. It's good to have the leaders, they know what we're capable of. We've all
9 pulled together to do our best I'm sure.

10 Such statements echo Randall's (2013) suggestions that the foreclosed narrative of
11 decline can effectively de-story us, noting that while narratives will always occur in
12 co-authored relationships, decline may suggest that our lives have become storied for
13 us. These participants demonstrated that their decline has been decelerated through
14 exercise, but also recognised that this deceleration was reliant on others, emphasising
15 that without help their decline would continue.

16 In this group, participants sought to confirm their narrative by seeking out
17 comparisons to other older adults who adhered to the narrative of decline. All three
18 participants consistently made downward social comparisons, reinforcing who they
19 were more able than. In times of threat Carmack Taylor, Kulik, Badr et al. (2007)
20 proposed that such social comparisons can ameliorate the desire for self-enhancement
21 (using downward comparisons) or the desire for self-improvement (using upward
22 comparisons). Our three participants demonstrated the use of downward social
23 comparisons throughout their narratives. Betty provided an example of this,
24 discussing that despite her own age she was "relied on by many older friends for
25 assistance". While she had been concerned that her mobility was limited she gained

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 confidence when she perceived that some of her exercise 'class mates' were much
2 worse, describing:

3 Sometimes I'm tired by the walk there; I'm ready to sit down. But I do walk
4 better from the classes. I'm just very slow. Sometimes I feel like I'm holding
5 everybody back but some of my friends are older and I just think thank
6 goodness I'm not as bad as that.

7 Similarly, Phyllis gained confidence by noting, "others [elderly people], they
8 don't seem to want to move". Other individuals who were more able during exercise
9 (upward comparisons) were no threat, providing they were younger. As Joan states,
10 "there are some younger ones here, but I'm older so I will be slower". As Joan
11 demonstrates, rather than increasing her desire for self-improvement, this comparison
12 served to reinforce dominant perceptions of ageing. The importance of the narrative
13 environment is emphasised by Randall and McKim (2008) who suggested that the
14 people with whom we grow old may co-author the stories that are told. For all three
15 participants, age provided the basis for comparisons, further, the exercise group even
16 served to affirm the relationship between age and deterioration.

17 To facilitate the assimilation of the exercise experience into their existing
18 narratives, participants' focus remained in the here and now when discussing their
19 exercise participation. All three participants reported the benefits associated with
20 exercise, but none discussed the future impact that these benefits would have. For
21 example, participants suggested "I'm more confident, if someone asks me I think yes,
22 I can probably do that" (Betty), "I'm much more agile and able to do more, especially
23 domestic chores. But I can also walk along the town and on the prom. I do go through
24 the booklet of exercises too but I don't do them every day. One is apt to forget these
25 things." (Joan), and "I walk around without any walking stick which I wasn't doing

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 before. I find it easier to clean the fire place in the morning, I jump about the garden
2 now” (Phyllis). Joan is the only participant to further her positive comments by also
3 suggesting the frustrations that still exist “I have made improvements but I can’t walk
4 well because of my heart and my knee” and “I can’t garden, which annoys me and I
5 can’t go out because of the ice”. Yet throughout these narratives a sense of future
6 improvement and mobility is notably absent. This re-iterates a story that is based on
7 temporary changes and wariness to accept an alternative to the narrative of ageing.
8 As Bohlmeijer, Westerhof, Randall, Tromp, and Kenyon (2011) suggested, this
9 provides a key indicator of narrative foreclosure, proposing that as long as the future
10 is foreclosed, so is the past. Thus narratives suggested that while change may have
11 decelerated decline, the potential for future change remains ambiguous.

12 *Physical activity and narratives of progress*

13 The narrative of progress suggests that new narrative perceptions gained
14 during the exercise class may have been used to challenge the dominant declining
15 narrative of ageing. Yet, for this group of participants, while narrative changes at the
16 end of the exercise programme presented a more positive narrative of ageing, the path
17 to achieving these changes was turbulent. Similar to the previous group of
18 participants, the initial stories and descriptions of the ageing self were inherently
19 negative and declining for these three participants. For example John described being:

20 Pure fat. I was only a skinny thing when I was young but now I have more
21 spare tyres than ATS [car tyre supplier]... people keep telling me I look very
22 young for my age but I don’t think anything like that. I feel like I’m twice my
23 age some days.

24 While Margaret further suggested “shop windows are dreadful as you get an
25 awful shock, I don’t consciously look at myself”. These negative self-perceptions

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 were framed in an acceptance of ageing and physical difficulties. Ageing was not
2 perceived as something that could or should be negotiated, but as something to accept
3 and avoid. As Rosemary described “my arms are a bit weak and my heart comes and
4 goes but I’m used to that...I’m fine”. Here Rosemary’s suggestion indicates that
5 decline is accepted as a natural consequence of age. Thus while ageing presented each
6 of these individuals with difficulties in completing everyday tasks, the narrative of
7 decline was accepted and normalised.

8 The declining narrative that was initially presented by participants reinforced
9 their limited sense of control over their ageing and mobility. Yet as these participants
10 began the exercise group they described an increased awareness of personal
11 responsibility and control. This control was manifest both in their ability to choose to
12 attend the exercise class and in the increasing perceptions of control over their own
13 bodies. The nature of such changes may be seen as intuitively positive, yet for the
14 individual with a previously foreclosed narrative of decline this presented a
15 dichotomy to their expected story of inevitable ageing. With an enhanced perception
16 of control participants were presented with choice and responsibility for health. As
17 participants began to accept this responsibility, frustrations began to emerge. As
18 Margaret described “my legs couldn’t control me, or I couldn’t control them” and,

19 *Margaret:* Others still see me as the same person, but I compare myself to
20 what I could do at one time.

21 *Interviewer:* Can you tell me about that comparison?

22 *Margaret:* It’s a silly thing to do. Your body tells you that you can’t do it now,
23 I can’t lift a chair, how ridiculous, I should be able to. I was a size 10 to 12 for
24 years, now I’m a 16. I feel much happier when I’m thinner and so I get angry,

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 I get angry when I can't do things physically. I persist and try to do things, I
2 push myself, I force myself which is silly as I've got a bad heart.

3 Here Margaret suggests a change to her previous narrative, from accepting her
4 limitations to becoming frustrated with what she was unable to do. While changes
5 occurred in the minds of participants, these were limited by the speed of their physical
6 progress. Thus during the initial stages of the exercise programme these three
7 participants struggled as they began to accept responsibility for their own health, and
8 their focus switched from what they *should not* be able to do to what they *should* be
9 able to do.

10 One of the key distinctions of this narrative change was that although the
11 enhanced sense of control and responsibility were initially incongruent with previous
12 beliefs, participants were able to use this new information to change their exercise and
13 health behaviours. Thus adopting a *should* be able to approach to activity, participants
14 motivated themselves to overcome barriers. For example, John suggested "I get cross
15 with myself deliberately" and "you have to make yourself do these things and then
16 you enjoy it...I start telling myself that I can't possibly manage it [exercise class] but
17 then I override it". Similarly, Rosemary described "my thoughts are perfectly positive,
18 except when we have to do the side steps, two right then two left. Usually I say 'oh
19 bugger' or 'oh sod it'; you have to use these phrases to pull yourself together".
20 Further, in addition to changing exercise behaviours, this approach was extended as
21 participants also described an enhanced ability to engage in other life tasks. Rosemary
22 described never having considered doing house chores as part of her role but after a
23 minor fall suggested "others have been very sympathetic [after recent fall] they have
24 let me off my chores".

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 Participants using the narrative of progress were able to recognise changes in
2 both their physical abilities and in their self-perceptions by the end of the exercise
3 programme. Rather than making social comparisons (as made by the declining
4 narrative group) this group of participants tended to focus on comparisons between
5 their old self and new self, reinforcing perceived narrative changes and supporting
6 their perceptions of progress. For example, Margaret suggested “I’m doing things
7 again that I had stopped, I’ve even booked a holiday” and “I’ve got more get up and
8 go, I was slipping into a couch potato”. In recognising the changes that had been
9 made, participants suggested feeling increasingly motivated:

10 It’s not just physical, I’ve improved in my willpower, you know the will to do
11 things. So rather than yes I can shower more easily and quickly, it’s also
12 actually DOING [emphasis participant’s own] little jobs. Now I even notice
13 when things in the house get dusty. I’m never totally unable to do anything.

14 It’s the real ‘I’ve got me’ incentive, it’s egging me on. (Rosemary)

15 Alongside this enhanced motivation came an increased responsibility for health “I
16 was content to sit but I now know I need to be responsible for myself.” (John). Thus
17 participants show an awareness of the damaging nature of the narrative of decline,
18 demonstrating their polarity with this approach not only in their exercise behaviours
19 but also in the value that they now place on the self. This contrasts dominant
20 biologically driven narratives of ageing which see ageing as “an ill body that needs to
21 be treated” (Phoenix & Smith, 2011, p. 628) and instead suggests the value associated
22 with caring for the self.

23 While the form of expected ageing narratives may mirror the associated
24 physical decline of age, these participants described a counterstory of anticipated
25 future improvement. Such stories fit an emerging body of research that suggests

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 negative depictions of ageing can be resisted, telling an alternative picture of the
2 ageing process (Phoenix & Sparkes, 2011). Participants acknowledged that at the end
3 of the exercise programme they had not yet achieved their goals, recognising that
4 further improvements could be made. For example, Margaret suggested “my aim is to
5 get in a position where I’m not likely to do something silly like fall” and “I realise it’s
6 a gradual process...I’ve got a long way to go but I can do this, I’m no longer bored,
7 I’m planning ahead and I shall keep improving”. Further, Rosemary demonstrated that
8 while others have commented on the positive progress that she has made, she is able
9 to envisage further positive changes “My daughter commented that I walked well, but
10 I still need to get better at longer distances...I’m making progress”. While progress
11 was made this did not negate some of the difficulties of ageing, but exercise made
12 these easier to overcome:

13 *John:* It jolly well gets the circulation going which affects your outlook

14 *Interviewer:* when you say it affects your outlook can you tell me a bit more
15 about that?

16 *John:* I’m a pretty positive person now. I can still have a dark day but I was
17 getting to be a sit and watch the TV type. Now I want to walk and have a bit of
18 exercise...I still get those days when I start telling myself I can’t possibly
19 manage it [exercise class]. But I always have a down spell at this time of year
20 [winter] but now I override it. I mean we can see the proof and I feel as fit as a
21 fiddle afterwards.

22 Such comments reflect a shift from the previous acceptance of decline to creating the
23 possibility of ageing in a more positive way. Thus the future orientated focus of
24 improvement suggests that far from accepting narrative foreclosure, for these
25 participants the future is accepted as a positively orientated challenge.

1 **General Discussion and Conclusions/Recommendations**

2 As shown in the narratives above, older adults embarking on a novel
3 behaviour present both the socially-dominant expectation of age-related decline
4 (initially a collective perspective) and an empowering counternarrative. This lesser-
5 heard story of empowerment conveys patients' enhanced sense of personal
6 responsibility and their anticipations of future growth. With dynamic complexities
7 characterizing the empowerment narrative's evolution throughout the exercise
8 programme, the emergent stories highlighted both the importance of recognizing that
9 patient experiences are heterogeneous, and of studying the development of patients'
10 stories over time. This work therefore adds to existing literature identifying a range of
11 ageing narratives (e.g., Phoenix & Smith, 2011), and enhances our understanding of
12 how older adults experience one particular stimulus for lifestyle change (in this case,
13 an exercise programme).

14 With respect to both emergent stories, appreciation must be shown for the
15 importance of not only obtaining, but also responding to, patient narratives. Recording
16 narratives is just one part of the journey towards understanding and practice, with
17 Plummer (1995) describing how personal stories become public, then collective, then
18 political. Extrapolating the political message from the current narratives is beyond the
19 scope of the present piece, however, the potential individual-level impacts of these,
20 and subsequent implications for improving both programme effectiveness and future
21 patient experiences, are briefly considered.

22 Whilst participants' appreciation of their decelerated decline initially implies
23 positivity, the subtleties of this collective narrative clearly highlighted areas of
24 concern. For these participants, an external locus of control or perceived
25 'helplessness' concerning ageing pervades, with the attribution of improvements to

1 external drivers at once absolving the individual of personal responsibility but also
2 emasculating them in terms of their ability to influence their own future paths. This
3 somewhat deterministic perspective may in the short-term convey ego-protective
4 benefits to the individual by preventing dissonance, with selective inter-personal
5 comparisons providing ongoing reassurance in the sense that things could be worse.
6 However, such a perspective reduces the likelihood of self-sufficient behaviour
7 maintenance in the longer term, an aim of the current treatment pathways, directing
8 the patients towards a less effortful pathway of a reliance on care and health services
9 to mitigate the effects of age. By expecting decline, its occurrence is less distressing
10 and there is less impetus to attempt to change it.

11 Further, the narrative foreclosure evident in the decelerated decline narrative is
12 also concerning given its potential implications for the individual's view of the future
13 and likelihood of committing to future plans. Notably, this group was not optimistic
14 about their future, and spoke of it little. Possessing hope about one's future is related
15 to superior coping and reduced depression in patient populations (Elliot, Witty,
16 Herrick, & Hoffman, 1991), suggesting that individuals with a foreclosed narrative
17 may be vulnerable to negative outcomes.

18 Conversely, the second re-storied narrative presented a theme of positive
19 personal change, of progress in terms of capability but in addition hope for the future.
20 For these individuals, it was apparent that the initial recognition of their ability to
21 improve their own circumstance was both empowering and disconcerting. By
22 accepting they had control over their health, an obligation to act was experienced.
23 Engaging in the exercise programme functioned to reduce this dissonance, and the
24 improvements observed in functioning reinforced the growing empowerment they
25 felt. Intra-personal rather than inter-personal comparisons echoed and reinforced this

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 perception of personal change. As a result of these positive changes and increased
2 sense of control, efforts are likely to continue to be applied by this group to maintain
3 exercise behaviour (Menec & Chipperfield, 1997). This narrative is previously
4 unreported in ageing and health-based literature, and gives voice to individuals not
5 represented by either the dominant narrative of decline or the stories of existing
6 athletes or exercisers. Importantly, it suggests that a counternarrative to age-related
7 decline can be developed in a previously sedentary population.

8 It is relevant to note that both emergent narratives reflected an appreciation of
9 the programme, but that this may be heavily influenced by the setting and group
10 examined. Specifically, given that all participants were classified at risk of falling, it
11 is possible that the improvements in functioning were more noticeable for this group.
12 In addition, having experienced either a fall or being labelled 'at risk', participants
13 potentially had a heightened awareness of their own frailty and vulnerability as an
14 older person, and as such might have been primed for, or more open to, challenges to
15 pre-existing views. As Joseph and Linley (2008) suggest, traumatic events that shatter
16 our existing assumptions about the self and the world can also serve as a catalyst for
17 change. For our participants, falling or being labelled by medical professionals as 'at
18 risk' of falling may have prompted them to question their previous assumptions,
19 presenting a window of opportunity for narrative change. Given this, we need to
20 recognise that the current work is not a comprehensive review of potential narratives
21 of older exercisers. Further, it is not even a comprehensive review of older exercisers
22 in the sampled programme, given that the group interviewed all completed the
23 programme and were self-selected and therefore perhaps more confident story-tellers.
24 Whilst the present manuscript raises awareness of two types of patient narrative, the

RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

1 stories of those who disengaged from the programme or failed are of additional
2 importance and future work should seek to obtain and learn from these.

3 Seeking to develop awareness of the range of narratives older adults possess
4 will provide challenges to the dominant narrative of decline and the 'extreme'
5 counternarratives currently in public discourse. This is important given that by their
6 very nature these counternarratives are atypical, visible in terms of their deviation
7 from the perceived norm, and glorified as such. To encourage older adults to engage
8 in an active lifestyle more realistic stories of the personal conflicts, problems, and
9 potential benefits of engaging in exercise need to be presented. The narratives
10 presented by Phoenix and Orr (2014), recounting the pleasure that older adults
11 experience from physical activity, could offer some direction in this regard. Unlike
12 most health promotion messages, stories such as these do not focus on health gains as
13 an external driver to be physically active. Instead, as did the stories told by some of
14 our participants, they focus on the different pleasures derived from being active, such
15 as self and identity development. These personal, controllable outcomes are
16 potentially universally achievable and so could well motivate individuals to be
17 physically active. In addition, presenting stories of journeys experienced by similar
18 others as involving conflicts, dissonance and unexpected transitions, is important in
19 promoting these narratives as aspirational and achievable. In contrast, unfavourable
20 comparisons between the self and the visible exceptional individuals (e.g., Masters
21 athletes) may serve only to demoralise. Thus we endorse the suggestion by Randall
22 and McKim (2008), amongst others, that enhancing awareness of multiple later life
23 narratives is likely to facilitate positive ageing.

24 For our participants, it is important to note that both narratives could be
25 viewed as 'success' stories, outlining the positive response to exercise. As Mattingly

1 (1998) suggests, such stories provide the ending that many health professionals would
2 hope for. Yet the differences in plot between the two narratives indicate that a
3 deceleration in decline is not synonymous with future success. This may be an
4 important consideration when thinking about outcomes for health interventions. Those
5 engaging older adults in behaviour change should acknowledge the potential
6 discomfort arising from an enhanced sense of personal responsibility, promote and
7 explore this dissonance, and continue to emphasise successful growth stories to
8 challenge the dominant narrative. Given that the social environments created by group
9 service delivery facilitate the sharing of lived experiences and telling of patient
10 narratives, with subsequent benefits of resolving distress and uncertainty and reducing
11 social isolation (Hawkins & Lindsay, 2006), programmes may want to consider a
12 more directive approach to further encourage this. This may be instructor or
13 participant led; in the present programme encouragement to contribute to the written
14 journal is one such method of stimulating storytelling.

15 In sum, this piece of work has attempted to adopt the ethos of Shapiro (2011),
16 in that the presented narratives, whether conventional or transgressive, respect the
17 voices of the patients we spoke to, and the importance of their stories and experiences.
18 Participants' emergent tales highlighted that while older adults may perceive exercise
19 positively, existing narratives of decline may be resistant to change, but that change is
20 possible. Where these changes do occur, it is important for health professionals to
21 recognize the associated difficulties with gaining increased responsibility for health.

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RUNNING HEAD: OLDER ADULTS' NARRATIVES DURING EXERCISE UPTAKE

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