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

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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.

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

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

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

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

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

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

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

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

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

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

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

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

Method

Participants and Context

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

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

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

Data Collection and Analysis

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

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

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

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

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

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

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

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

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

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

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

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

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

Results

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

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

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

Physical activity and decelerated decline

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

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

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

> *Phyllis:* I'd walked a bit, and done some gardening, but nothing else.
>
> *Interviewer:* Tell me about your garden.
>
> *Phyllis:* It's the sort that goes up, that's the problem. I'm exhausted by the time I get up there… I've had trouble with my knees, I had a heart flutter, I'm alright but I didn't feel too good. That was in June and I couldn't be bothered to do anything. I definitely don't recommend being eighty.

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

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

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

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

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

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

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

> *Joan:* The class is quite gentle. I know there are things I'm not allowed to do.
>
> *Interviewer:* What types of thing would that be?
>
> *Joan:* Like going swimming. So the class suits me from that perspective. I think we could do with a book on what to do and what not to do when we're old. It's good to have the leaders, they know what we're capable of. We've all pulled together to do our best I'm sure.

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

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

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

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

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

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

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

Physical activity and narratives of progress

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

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

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

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

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

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

Interviewer: Can you tell me about that comparison?

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

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

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

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

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

> It's not just physical, I've improved in my willpower, you know the will to do things. So rather than yes I can shower more easily and quickly, it's also actually DOING [emphasis participant's own] little jobs. Now I even notice when things in the house get dusty. I'm never totally unable to do anything. It's the real 'I've got me' incentive, it's egging me on. (Rosemary)

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

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

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

> *John:* It jolly well gets the circulation going which affects your outlook
>
> *Interviewer:* when you say it affects your outlook can you tell me a bit more about that?
>
> *John:* I'm a pretty positive person now. I can still have a dark day but I was getting to be a sit and watch the TV type. Now I want to walk and have a bit of exercise…I still get those days when I start telling myself I can't possibly manage it [exercise class]. But I always have a down spell at this time of year [winter] but now I override it. I mean we can see the proof and I feel as fit as a fiddle afterwards.

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

General Discussion and Conclusions/Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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