



LUND UNIVERSITY

# Beyond Being Physically Active

*Culturing the Ageing Body*

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## Abstract

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### Beyond Being Physically Active: Culturing the Ageing Body

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The aim of this thesis is to investigate how physical activity and social interaction assist in generating better performance of the ageing body. A multifaceted ethnographic material was collected from January to February 2018 at a health and training centre called Gerdahallen, located in Lund, Sweden. The main empirical material consists of recorded and transcribed semi-structured in-depth interviews of six people aged 71-81 years old. Participant observations, a series of go-along interviews, and a questionnaire were also applied as supplementary methods to people aged 65 and above. The analyses focused on the experiences on and interpretations of the ageing body within its cultural context. In order to shape the analyses and findings of this study, the theoretical model MoSIBA – **M**otivation, **S**ocial Interaction, **B**eing **A**ctive – was designed to investigate the three emerging cultural themes from the fieldwork. Several main theories were used to apprehend better understanding of the themes, such as Abraham H. Maslow's *human needs theory* (1943), Edward L. Deci and Richard M. Ryan's *Self-Determination Theory* (1991), Erving Goffman's *rules of conduct* (1956), and Robert J. Havighurst's *activity theory of ageing* (1961). By combining theories, methods, and materials, it generated broader, different, more comprehensive, and even new cultural analytical perspectives on the embodied ageing in Gerdahallen, how the embodiment of the ageing body is affected by social interactions, as well as the embodied performance of the ageing body. This research study revealed that (1) the ageing body and Gerdahallen culturally construct each other, (2) through its existence and characteristics, Gerdahallen provides a platform for the social interaction of the ageing body, (3) the quality of any kinds of activities holds the utmost significance to the ageing body, and (4) integrating certain 'accentuation points' with regular physical and social activity in more than just one place – not just in Gerdahallen – will ultimately affect the daily performance of the ageing body.

*Keywords:* ageing body; active ageing; exercise; social interaction; elderly; embodiment; applied cultural analysis; medical anthropology; qualitative research; ethnography

## Sammanfattning

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### Beyond Being Physically Active: Culturing the Ageing Body

Kei Nilsson

Syftet med denna masteruppsats är att undersöka hur fysisk aktivitet och social interaktion bidrar till bättre prestationsförmåga av den åldrande kroppen. Studien är baserad på etnografiskt material som samlades in från januari till februari 2018 på ett träningscenter som heter Gerdahallen, beläget i Lund, Sverige. Det huvudsakliga empiriska materialet består av inspelade och transkriberade semi-strukturerade intervjuer av sex personer i åldrarna 71-81 år. Deltagande observationer, en serie go-along intervjuer och ett frågeformulär användes också som tilläggsmetoder för personer i åldrarna 65 år och äldre. Analysen fokuserade på erfarenheterna och tolkningarna av den åldrande kroppen inom sitt kulturella sammanhang. För att forma analyserna och resultaten av denna studie så skapades den teoretiska modellen MoSIBA – **M**otivation, **S**ocial **I**nteraction, **B**eing **A**ctive – för att undersöka tre kulturella teman som uppstod från fältarbetet. Flera huvudteorier användes för att skapa bättre förståelse av dessa teman, med forskare såsom Abraham H. Maslows *mänskliga behovsteori* (1943), Edward L. Deci och Richard M. Ryans *självbestämmande teori* (1991), Erving Goffmans *uppföranderegler* (1956) och Robert J. Havighursts *aktivitetsteori om åldrande* (1961). Genom att kombinera teori, metod och material så genererade detta i bredare, mer olika, omfattande och till och med nya kulturella analytiska perspektiv på det förkroppsligande åldrandet i Gerdahallen, och hur den åldrande kroppen påverkas av sociala interaktioner, liksom den förkroppsligade prestationen hos den åldrande kroppen. Denna forskningsstudie visade att (1) den åldrande kroppen och Gerdahallen kulturellt bygger varandra, (2) Gerdahallen utgör genom sin existens och egenskaper en plattform för den åldrande kroppens sociala interaktion, (3) kvaliteten på alla typer av aktiviteter har den största betydelsen för den åldrande kroppen, och (4) att integrera vissa ‘accentueringspunkter’ med regelbunden fysisk och social aktivitet på mer än bara en plats – inte bara i Gerdahallen – kommer slutligen att påverka den åldrande kroppens dagliga prestationsförmåga.

*Nyckelord:* åldrande kropp; aktivt åldrande; träning; social interaktion; äldre; utföringsform; tillämpad kulturanalys; medicinsk antropologi; kvalitativ forskning; etnografi

## Abstrak

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### Beyond Being Physically Active: Culturing the Ageing Body

Kei Nilsson

Tujuan dari tesis ini adalah untuk menyelidiki bagaimana aktivitas fisik dan interaksi sosial membantu dalam menghasilkan kinerja yang lebih baik bagi tubuh yang menua. Beraneka ragam materi etnografi dikumpulkan dari Januari hingga Februari 2018 di pusat kesehatan dan pelatihan bernama Gerdahallen, yang terletak di Lund, Swedia. Materi empiris utama terdiri dari wawancara semi-terstruktur secara mendalam yang direkam dan ditranskripsikan dari enam orang yang berusia 71-81 tahun. Observasi peserta, serangkaian wawancara singkat sambil berolahraga, dan sebuah kuesioner juga diterapkan sebagai metode tambahan untuk orang yang berusia 65 tahun ke atas. Analisis berfokus pada pengalaman dan interpretasi dari tubuh yang menua dalam konteks budayanya. Untuk membentuk analisis dan temuan penelitian ini, model teoritis MoSIBA – **M**otivation, **S**ocial **I**nteraction, **B**eing **A**ctive – dirancang untuk menyelidiki tiga tema budaya yang muncul dari kerja lapangan. Beberapa teori utama digunakan untuk memperoleh pemahaman yang lebih baik tentang tema tersebut, seperti *teori hierarki kebutuhan* yang dikemukakan oleh Abraham H. Maslow (1943), *teori penentuan diri* oleh Edward L. Deci dan Richard M. Ryan (1991), *aturan-aturan perilaku/tindakan* oleh Erving Goffman (1956), dan *teori aktivitas penuaan* oleh Robert J. Havighurst (1961). Dengan menggabungkan teori, metodologi, dan data, ini menghasilkan perspektif analitis budaya yang lebih luas, berbeda, lebih komprehensif, dan bahkan baru terhadap penuaan yang diwujudkan di Gerdahallen, bagaimana perwujudan dari tubuh yang menua dipengaruhi oleh interaksi sosial, serta kinerja yang diwujudkan dari tubuh yang menua. Penelitian ini mengungkapkan bahwa (1) tubuh yang menua dan Gerdahallen secara kultural saling membangun satu sama lain, (2) melalui keberadaan dan karakteristiknya, Gerdahallen menyediakan sarana untuk interaksi sosial bagi tubuh yang menua, (3) kualitas segala macam kegiatan memiliki arti sangat penting bagi tubuh yang menua, dan (4) mengintegrasikan ‘titik-titik aksentuasi’ tertentu dengan aktivitas fisik dan aktivitas sosial secara teratur di lebih dari satu tempat – tidak hanya di Gerdahallen – pada akhirnya akan memengaruhi kinerja harian bagi tubuh yang menua.

*Kata kunci:* tubuh yang menua; penuaan aktif; olahraga; interaksi sosial; lansia; perwujudan; analisis budaya terapan; antropologi kedokteran; penelitian kualitatif; etnografi

## 논문 개요

### Beyond Being Physically Active: Culturing the Ageing Body

케이 닐손 (Kei Nilsson)

이 논문은 신체 활동과 사회적 상호 작용이 어떻게 노화된 신체가 더 나은 활동을 하도록 돕는지를 연구하는 데에 목적이 있다. 연구자는 2018년 1월부터 2월까지 스웨덴의 룬드(Lund)에 위치한 예르다할렌(Gerdahallen) 건강·교육 센터에서 여러 측면의 민족지학적인 자료를 수집하였다. 71-81세 노인 6명과의 반구조화 심층 면접을 녹취하고 전사한 내용이 이 연구의 주요 자료이다. 또한 65세 이상의 노인들을 대상으로 한 참여자 관찰과 지속적인 면접, 설문조사가 연구방법으로 보충하였다.

이 분석은 문화적 맥락에서 노화된 신체에 대한 경험과 해석에 초점을 두었다. 이 연구의 분석과 결과를 구체화하기 위하여 현장 조사에서 동기와 사회적 상호 작용, 활동성(Motivation, Social Interaction, Being Active)이라는 세 가지 주제와 관련된 MoSIBA 이론 모형을 고안하였다. 연구 주제에 대한 이해를 더 높이는 데에는 아브라함 매슬로(Abraham H. Maslow)의 <인간 욕구 단계 이론>(1943)과 에드워드 데시(Edward L. Deci)·리처드 라이언(Richard M. Ryan)의 <자기 결정론>(1991), 어빙 고프먼(Erving Goffman)의 <행동 규칙>(1956), 로버트 해빅허스트(Robert J. Havighurst)의 <노화에 대한 활동 이론>(1961)과 같은 주요 이론이 사용되었다. 이론, 방법론 및 자료를 결합함으로써, 예르다할렌에서 구체화된 노화에 대한 더욱 광범위하고 다양하며 포괄적이고 심지어는 새로운 문화 분석 연구를 수행함으로써, 노화된 신체를 위한 구체화된 활동뿐만 아니라 사회적 상호 작용이 노화된 신체의 구체화에 어떻게 영향을 미치는지에 대해서도 설명한다.

이 연구의 결과는 다음과 같이 정리할 수 있다.

- (1) 노화된 신체와 예르다할렌이 문화적으로 서로 구성한다.
- (2) 존재와 특성을 통해 예르다할렌이 노화된 신체의 사회적 상호 작용을 위한 기반을 제공해 준다.
- (3) 어떠한 종류의 활동이건 그 질이 노화된 신체에 가장 중요하다.
- (4) 예르다할렌 한 곳만이 아니라 다른 곳에서도 규칙적인 신체 및 사회 활동과 특정한 '강조점'을 결합하는 것이 궁극적으로는 노화된 신체의 일상적인 활동에 영향을 미친다.

**핵심어:** 노화된 신체; 활성 노화; 운동; 사회적 상호 작용; 노인; 구체화; 응용 문화 분석; 의료 인류학; 질적 연구; 민족지학

*Dedicated to the memory of*

*my maternal grandmother*

*emak Lidya Wulandari (Lie Sek Nio)*

*R.I.P. on the 16<sup>th</sup> of January 2017, aged 87,*

*my paternal grandmother*

*omah Nani Suryani*

*R.I.P. on the 13<sup>th</sup> of March 2017, aged 87,*

*and my maternal grandfather*

*engkong Wiryanto Suryo (Sie Wie Seng)*

*R.I.P. on the 18<sup>th</sup> of April 2017, aged 92;*

*may your beautiful souls rest in peace.*

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Kei Nilsson

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# List of Abbreviations

BMI	Body Mass Index
MoSIBA	Motivation, Social Interaction, Being Active
SALAR	Swedish Association of Local Authorities and Regions
SDT	Self-Determination Theory
SFS	Swedish Code of Statutes (in Swedish: <i>Svensk författningssamling</i> )
UN	United Nations
WHO	World Health Organization
WHO/Europe	WHO Regional Office for Europe

“Age is an issue of mind over matter. If you don’t mind, it doesn’t matter.”

– Mark Twain (writer and lecturer)

## Chapter 1. Introduction

The human body is ceaselessly growing older as an inevitable process that everyone has in common. The body is then resulting changes throughout the years which engendered everyone to adapt to the ageing body; everyone is, therefore, “living in the time of the body” (Lundin & Åkesson, 1996, p. 5).

Even so, the ageing body is not just a mere phase. It obviously has its particular challenges as it might be viewed as a form of fragility or even disability (Kelley-Moore, Schumacher, Kahana, & Kahana, 2006; Robbins, 2015) which notably associated with its susceptibility to physical inactivity (Shaw, Liang, Krause, Gallant, & McGeever, 2010). This predisposes to mostly negative representations of the bodily performance of the ageing body, which will indeed demean elderly people (Twigg, 2004).

Nevertheless, the ageing body possesses its cultural representation of one’s age and ageing process that is a substantial human characteristic of being. In order to obtain more positive representations of the ageing body, it is essential to analyse the ageing body with cultural analytical tools. By doing so, it will provide broader, different, more comprehensive, and even new perspectives for the readers (Ehn, Löfgren, & Wilk, 2016).

The embodiment of the ageing body as culture is inescapably steered by sociability. It is subjective as it is constantly interpreted and re-interpreted during social interactions (Gubrium & Holstein, 2003). It is entangled with the cultural practices surrounding its bodily performance, as well as shapes one’s cultural identity and ageing experiences through the psychological level. This, then, affects how the ageing self and the ageing body are built and apprehended.

### 1.1 Research Objectives

The main aims of this thesis are (1) to conduct a cultural analysis of the embodiment of the ageing body, and (2) to investigate how the physical, psychological, and social factors affect the health of the ageing body in Sweden.

By utilising interdisciplinary approaches, this study collected research data from the observed phenomena that occurred during the fieldwork which was conducted at Gerdahallen, a health and training centre in Sweden. From this, cultural practices and representation will be interpreted and analysed in order to fill a void in the academic literature and to support research by obtaining better understandings and acquiring new perspectives in the field of gerontology and medical anthropology.

By conducting fieldwork among the physically active elderly people aged 65 and above, this study will, firstly, analyse the cultural context of the fieldwork setting, as well as types of motivation which may induce the ageing body to be engaged in social interaction during the physical activities which are specifically designed for old people exercising at Gerdahallen. Secondly, with the knowledge of these, this study will investigate how the embodiment of the ageing body is, subsequently, shaped by the social factor. Thirdly, this study will examine how the culture of the active and ageing body leads to a better performance in the later life by discussing what being active should be.

These discussions are facilitated through analyses of the embodiment of the ageing body, whose individuals exercise regularly at Gerdahallen.

In this thesis, an elderly person has been defined as 65 years of age and above because of two considerations. Firstly, most developed countries, including Sweden, have used the chronological age of 65 years old as a definition of elderly persons (SALAR, 2007; Sweden.se, 2018; WHO, 2010). Secondly, all the participants in this study are at least aged 65 years old.

## 1.2 Research Questions

The main research question of this study is how the embodiment of the ageing body is influenced by its physical, psychological, and social factors. Using the insights which I have acquired from the fieldwork at Gerdahallen as a case study, I address what occurs to the embodiment of the ageing body when one is being physically active and is predisposed socially while staying even more active throughout various ways. In order to answer this, the following sub-questions will be discussed:

1. How does the cultural context of the physically active ageing body at Gerdahallen have its roles in facilitating the embodiment of the ageing body in relation to the social life?
2. How does that influence the embodiment of Gerdahallen?
3. How is the physically active ageing body at Gerdahallen embodied by social interaction?
4. Why does the role of the socially ageing body have its significance?

5. How can the physically active ageing body at Gerdahallen, that is embodied by social interaction, perform a better life?
6. How and why does the exercising body not exactly equate active ageing?

From these questions, several themes have been carved up and will be analysed in Chapter 4 of this thesis, including (1) the cultural context within Gerdahallen as a health and training centre in Sweden which affected the embodiment of the ageing body, (2) the construction of social interaction formed by the physically active ageing body at Gerdahallen, and (3) the embodied performance of the ageing body.

### 1.3 Background

The body, including the ageing body, is continuously shaped by culture throughout its lifetime. This creates new possible ways to view how the physically active ageing body influences, and is influenced by, social interaction. This ability that is performed by the ageing body changes the negative perceptions of the elderly people, particularly of those who are consciously and steadily being active.

I chose to conduct my fieldwork at Gerdahallen for three reasons. Firstly, it is located in the Skåne County, the southernmost county of Sweden. I aim to collect the materials for analysis from the elderly people who live in this area as the elderly population in this area is expected to increase the most in Sweden until 2025 by over thirty per cent (Region Skåne & the City of Helsingborg, 2017). This change in the elderly population will influence diverse sectors of the labour market, including elderly care (ibid.). Secondly, it is a health and training centre with one of the largest number of members that is located in the aforesaid county. As a foreigner who just recently migrated to Sweden, I believe this will help me to more easily find elderly people who would like to volunteer in assisting me to gather research data needed for this thesis. Thirdly, it has various physical activities specifically designed and recommended by physiotherapists for the elderly, such as SeniorGym, SeniorYoga1, SeniorYoga2, YinYangYoga, YinYoga, RyggYoga, Pilates, Gympa1, LättGympaCirkel, GympaStång1, GympaSenior, and FunktionellTräningSenior<sup>1</sup> (Gerdahallen, 2018); I will call all these as *senior exercises* and I will explain this in more detailed in Chapter 2.

As the research proceeded, the ageing body during the senior exercises that I observed also interlaced with the social factor, more precisely in the form of social interaction, both between the elderly participants with one another and between the participants with the instructor of each exercise. This is an important finding as this is in accordance with various



research studies which point out the impact of social interaction on health increases with age (Bayley, 2016). Social interaction, in consequence, acts as a significant cornerstone of social, physical, and mental well-being (Brody, 2017; Charles & Carstensen, 2010; Portero & Oliva, 2007). It is, then, regarded as a determinant of healthy ageing generating remarkably a better quality of life (Grundy, Fletcher, Smith, & Lamping, 2007). In the same time, the socially ageing body then has its own performativity as it is perceived as the learning body as well.

## 1.4 Cultural Analysis as the Point of Departure

Utilising cultural analytical tools means integrating ethnographic strategies and analytical approaches, that is qualitative, in order to gather research material on social setting through several fieldwork procedures where the researcher is present in the field of the study<sup>2</sup> (Ehn, Löfgren, & Wilk, 2016). The researcher experiences the field, as well as collects and learns from the experiences of the people s/he<sup>3</sup> studies. After all, “experience is central to cultural studies” (Pickering, 2008, p. 17).

What is ethnography then? Where is the field? According to sociologist John David Brewer (2000), ethnography is “the study of people in naturally occurring settings” (p. 10) which are often referred to as *the field*. Data collection methods are then used to collect research data, *the empirical material*, in order to understand the “social meanings and ordinary activities” of the people who are being studied (Brewer, 2000, p. 10). Persistent analysis and continuous interpretation are undoubtedly needed in ethnography as the researcher will need to analyse not only during the fieldwork process when s/he collects the information, but also after all the information have been collected (King-White, 2017). Thereafter, constructing rich explanations of the details of a culture, which is called as *thick description*, is necessary (Geertz, 1973). In sum, ethnography is an approach to experience, interpret, and represent a culture and its society (Pink, 2007) with its focal point on:

*the everyday life of ordinary people . . . . exploring what they are interested in and what they are valuing, but also things that are unconscious or forgotten . . . . seeing whole situations where others are seeing fragments . . . . put[ting] trends, patterns of behaviour, and changes in lifestyles in a new light. (Ehn & Löfgren, 2009, p. 36)*

With this as a point of departure, the field setting in this research study is where the physically active elderly exercising, which is during the senior exercises at Gerdahallen, and I, as the researcher, was present in the field of the study. In this thesis, I explore the local interpretations of bodily processes of the ageing body in Sweden, as well as the ongoing

interaction of physical, psychological, and social factors which affect the health of the ageing body both in the individual and the community as a whole. This study is, therefore, classified as the sub-discipline *medical anthropology*<sup>4</sup>, a discipline in cultural analysis, as this discusses health within its cultural context (Singer & Erickson, 2011). This is in accordance with previous ethnographic studies which have revealed that health is socially constructed according to the cultural context in which the people live in (Conrad & Barker, 2010; Fassin, 2004; Hopwood, 1997).

## 1.5 Previous Research

In verging on the cultural representation of ageing, exploiting the body as a reference point is of the essence (Gilleard & Higgs, 2015). Unfortunately, it is only after sociologist Chris Shilling (1993, 2007) repeatedly emphasized that the body had been absent and long avoided in the social sciences, a “veritable explosion of interest” of the body has then been emerging (Williams & Bendelow, 1998, p. 1). Nonetheless, the scarcity of previous research in the exact matter of this thesis context does not mean an absence of previous research.

Studies show that the ageing body has been perceived as physical frailness (Kelley-Moore et al., 2006; Robbins, 2015) forming predominantly stereotypical and negative constructions, not to mention its brittleness towards loneliness as research on the health of the elderly have pointed out loneliness as an epidemic and alarming stage of life which can increase the risk of death of the elderly by forty-five per cent (Botek, n.d.). Studies reveal that loneliness and social isolation are correlated with increased mortality rate (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015; Holwerda et al., 2016; Pantell et al., 2013), increased risk of developing coronary heart disease, stroke (Valtorta, Kanaan, Gilbody, Ronzi, & Hanratty, 2016), high blood pressure (Hawkley, Thisted, Masi, & Cacioppo, 2010), and engagement with unhealthy behaviours, such as smoking and alcohol consumption (Lauder, Mummery, Jones, & Caperchione, 2006; Nieminen et al., 2013). It is also related to poor mental health outcomes (Heinrich & Gullone, 2006), such as depression (Cacioppo, Hawkley & Thisted, 2010; Teo, Choi & Valenstein, 2013), deliberate self-harm (Rönkä, Taanila, Koiranen, Sunnari, & Rautio, 2013), and increased risk of dementia (Holwerda et al., 2014) and Alzheimer’s disease (Wilson et al., 2007). It is as well associated with increased frequency of the elderly’s visits to their doctor (Ellaway, Wood, & Macintyre, 1999; Gerst-Emerson & Jayawardhana, 2015).

While the majority of literature in this field is on the elderly’s physical health, there have been limited studies on the elderly’s experiences of their ageing bodies (Arber & Ginn, 1991;

Calasanti & Slevin, 2001; Clarke, 2012; Tulle, 2008b; Twigg, 2004), as well as on their psychological and social health (Alidoust & Bosman, 2015). This implores the issue of the ageing body to be problematised (Tulle & Dorrer, 2012). Exercise is, then, regarded as a solution that is beneficial in preventing and curing age-related diseases, and also in establishing and preserving the well-being of the elderly people (Tulle, 2008a) as exercising in later life is highly potential in improving both the physical and psychological health of the elderly (Tulle, 2008b).

Research investigating the role of environment in maintaining a healthy life for elderly people has recently been a popular study as this population is the fastest growing age group worldwide (Tsang, 2012; UN, n.d.). This is also true in Sweden, where statistics show that this particular population has been persistently increasing from 2000 to 2017 (see Figure 1.1). The environment in this context is where social interaction takes place, along with psychological health, are designated to have prominent roles in sustaining the quality of life (Ono et al., 2011). The positive outcome of this influences the elderly people greater than it affects the younger adults (Carstensen, 1992). This still occurs even when the elderly people experience the diminution of their networks as they age since the size of their close networks tends to stay relatively steady (Fung, Carstensen, & Lang, 2001).

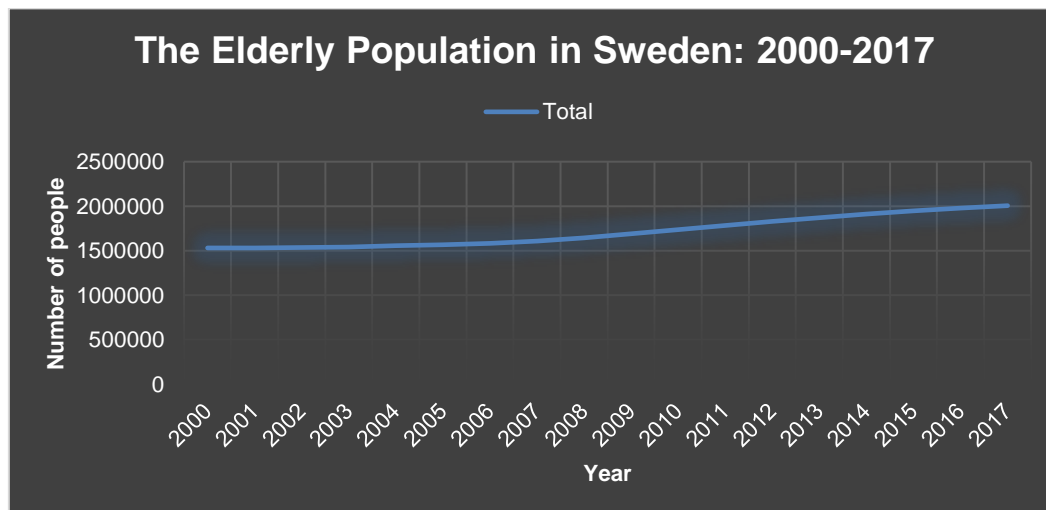


Figure 1.1 The elderly population in Sweden: 2000-2017.

Note: Adapted from <https://www.scb.se/en/> Copyright 2018 by Statistics Sweden. Reprinted with permission.

## 1.6 Limitation of the Study

The findings of this thesis cannot be generalised as the research sample for this study is only a small part of the Swedish population (Bryman, 2012). It is also impossible to replicate this research as a result of the impracticability of regenerating the exact same natural setting and

the behaviours of the population I was studying – although another researcher could interview the exact same people, these factors will not exactly be the same. Owing to the fact that all ethnographic studies are conducted in natural settings, it is also not possible to control external variables, called *intervening variables* (Kaur, 2013), which have an impact on the validity of this research.

The way the research data is processed is influenced by my position as an insider or outsider to the culture being studied – in this case is the Swedish cultural context, as well as whether this position offers me a favourable position on the research process (Hammersley, 1993). It is also anticipated that my cultural background, including my educational background, may have an impact on how I observe and view things (Bourke, 2014; Creswell, 2014). In addition, my emotional intelligence as an individual plays a part, particularly when I was in the field (Moser, 2008).

## 1.7 Disposition

Chapter two presents the empirical data from the ethnographic fieldwork I conducted at Gerdahallen. It delivers what happened before I went to the field, and it specifies what I did during and after the field.

Chapter three reveals the theoretical model I use for this study as a toolbox, as well as discusses the main concepts I use in this thesis.

Chapter four scrutinises the analyses of this study by combining the empirical data and the theories. It uses several main theories to discuss different aspects of the embodiment of the ageing body. In order to do so, it positions both *human needs theory* from psychologist Abraham Harold Maslow (1943) and *Self-Determination Theory* (henceforth SDT) developed by social psychologist Edward L. Deci and clinical psychologist Richard M. Ryan (1991), which serve as a foundation for understanding the embodied motivation among the ageing body, as well as the roles of Gerdahallen in contributing to embodied ageing within the Swedish cultural context. Through *the rules of conduct* from sociologist Erving Goffman (1956), this chapter also examines how the embodiment of the ageing body is affected by social interaction and why it is significant for this research. Furthermore, it explores the performance of the active ageing body, with the help of the *activity theory of ageing* developed by professor and expert on ageing Robert James Havighurst (1961).

Chapter five concludes this thesis by summarising the main findings of this research study and their correlation to the overarching aims of this research, as well as the practical

implications that could be applied. In doing so, it positions the research within medical anthropology and the ageing studies, and explains my contribution to both. It concludes the thesis by discussing reflexivity and future research.

“I don’t believe in age. I believe in energy. Don’t let age dictate what you can and cannot do.”

– Tao Porchon-Lynch (the world’s oldest Yoga teacher)

## Chapter 2. Methods and Materials

The research data of this thesis were collected from the ethnographic fieldwork I conducted at Gerdahallen, which is located in the city of Lund. This chapter outlines the practical procedures of this research by giving an account of how I gained access to Gerdahallen, which methods I used, who the participants of this study were, how the empirical materials were produced, and the measures I took to assure the ethical viability of the study.

Qualitative methods were used for this research as these methods are the most adequate for this study in order to examine the perceptions, the experiences, and the perspectives on the active ageing body. This thesis deals mainly with qualitative interviews, while participant observations, a series of go-along interviews, and a questionnaire were also applied as supplementary methods. Collecting data from multiple sources like this is a typical characteristic of qualitative research as this is needed for me, as the researcher, to review all the data afterwards, analyse them, before organising them into themes that interlinked with all the data I have collected (Creswell, 2014; Ehn, 2011).

### 2.1 Research Design

Through ethnographic procedures, this thesis is based on a *case study design* as it demands the exhaustive analysis of a single case (Bryman, 2012; Creswell, 2014). This research design may include research on a single school, a single family, a single organisation, a person, a single event, or, in the context of this study, a single community (Bryman, 2012) – that is the elderly people who participate in the senior exercises at Gerdahallen. This case study is what is called as an *exemplifying case type* (ibid.) as the objective of this research is to apprehend the surroundings and situations of an everyday situation (Yin, 2014) during the senior exercises at Gerdahallen.

## 2.2 Study Site

Gerdahallen was first opened in 1983, which entire construction cost was paid by Lund University – although it continues to stand separately from the university (Ivarsson, Ziegerer, & Agrell, 2015). It seems to be a well-known place amongst the Swedish society, especially for those who live in the south of Sweden. Nevertheless, as a foreigner who just migrated to Sweden recently and resides in another city from where Gerdahallen is located, I have never heard of the place prior to this research. The very first time I heard of Gerdahallen was through a casual discussion with Markus Idvall, a senior lecturer at my department who later on was appointed to be my thesis supervisor.

After careful considerations in choosing where to conduct my fieldwork as explained in Chapter 1, I then contacted Gerdahallen via e-mail, stated why I needed assistance from Gerdahallen, and requested a meeting with the person in charge of granting the permission to arrange the fieldwork there. A few weeks later, Gerdahallen CEO Rickard Benediktsson contacted me mentioning that he agreed to meet me after he discussed it in a meeting with the staff regarding my e-mail, and that he approved my request to conduct my fieldwork for two weeks – with a possibility to extend for another week should it be needed.

On the same day we first met, CEO Benediktsson also provided me with an access card (see Figure 2.1) which make it possible for me to attend any exercises, including the senior exercises, for three weeks from the 29<sup>th</sup> of January to the 18<sup>th</sup> of February 2018 (see Appendix A). This card is compulsory to have for everyone, including me, to check-in for an exercise (see Figure 2.2), as well as to pass a gate as illustrated in Figure 2.3.

It is also agreed<sup>5</sup> that all the gathered research materials belong to me as the researcher, and are allowed to be published for this thesis and related publications (e.g. scientific journals, articles, books) authored or co-authored by me.

CEO Benediktsson, consequently, is the *gatekeeper* of my study site as he was the individual at the site who made the access to Gerdahallen available for me, and authorised my research to be done there (Banks & Scheyvens, 2014; Chambliss & Schutt, 2013; Creswell, 2014). He thereunto gave the permission for me to take any photos inside Gerdahallen, including during the exercises, provided the participants gave their consent.



Figure 2.1 An access card to enter Gerdahallen. February 7, 2018.

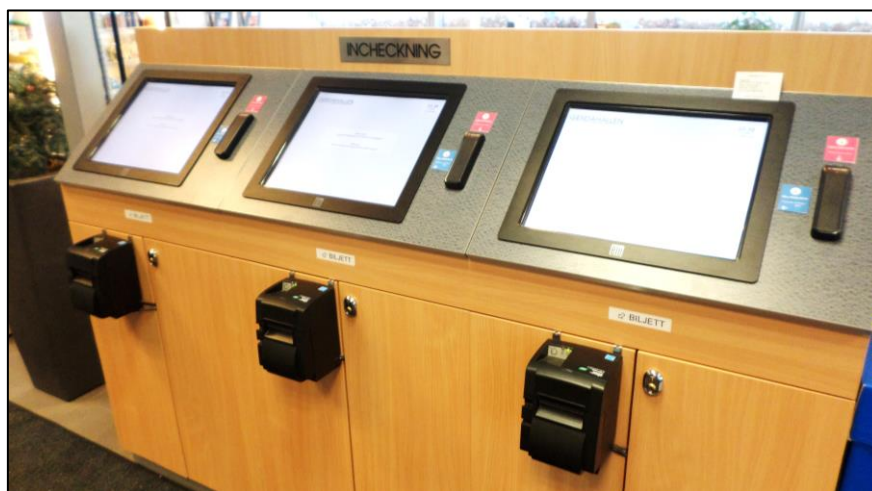


Figure 2.2 Check-in must be done before entering any exercise. February 7, 2018.

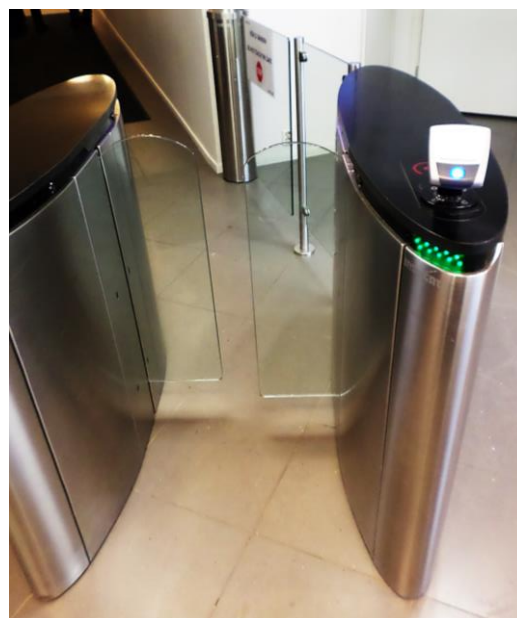


Figure 2.3 After checked-in, the access card is still needed to pass this gate inside. February 7, 2018.



CEO Benediktsson then referred me to Nadia Haffajee-Krysell, a physiotherapist who serves as the coordinator of all the instructors at Gerdahallen. With her help, all the instructors were informed about my research. Amongst all the exercises which are recommended for the elderly by physiotherapists working at Gerdahallen as mentioned in Chapter 1, I ended up participating in various senior exercises of the SeniorGym, SeniorYoga1, and SeniorYoga2 with different instructors<sup>6</sup>. This was also made possible with the cooperation from all the instructors of the eight senior exercises I participated in as they provided me with an assistance by introducing me before every exercise started – who I am, where I come from, what and where I am studying, why I am there, what I will be doing there – as well as asking the participants of the exercises if it is okay for me to take some photos during the exercise, and informing those who do not want to appear in the photos to raise their hands so that I will not include them in any photos.

### 2.2.1 SeniorGym

According to the website page of Gerdahallen (2018), the brief description of this exercise is “a group workout for senior citizens in the gym with an instructor”. The workout has different themes after every two weeks to focus on certain body parts – the theme was on *balance* when I did my fieldwork. The length of this exercise is sixty minutes per session, with a maximum number of participants of twenty-two people as there are twenty-two stations inside the gym. This means there are twenty-two different gym equipment being used, such as leg extension machine, rowing machine, exercise bike, cables and pulleys, dumbbells combined with an exercise ball, lat pulldown machine, and balance discs, boards, and cushions – each of these is accompanied with a brief-but-clear instruction paper created by coordinator Haffajee-Krysell used by all the instructors for all the SeniorGym exercises as demonstrated in Figure 2.4.



Figure 2.4 One of the equipment, accompanied by an instruction paper. January 30, 2018.

### 2.2.2 SeniorYoga

Both SeniorYoga1 and SeniorYoga2 have the same description in Gerdahallen webpage (2018), that is “a yoga class for beginners with a focus on balance and flexibility as well as strength and mental presence”. However, through my participant observations during both exercises, I have noticed that the movements during SeniorYoga1 is slightly slower and the atmosphere is somewhat calmer than during SeniorYoga2. The length of each exercise is seventy minutes per session, with a maximum number of participants of sixty people as there are sixty yoga equipment inside, such as yoga mats, yoga bolsters, and yoga blankets.

## 2.3 Study Participants

All the participants in this study were elderly people, who, at the time of the study, were checking-in for the senior exercises at Gerdahallen. In addition, I did go-along interviews with each instructor of whom led the senior exercises that I observed.

## 2.4 Data Collection Methods

This section elaborates on the data collection methods used during the fieldwork, as well as the empirical material these methods generated. Doing qualitative research means deliberately select not only the participants and the site of the study, but also the best methods used to collect the research material (Creswell, 2014).

In order to answer the research question, I did a series of participant observations and go-along interviews during eight senior exercises. By the end of each exercise, a two-page questionnaire was handed out directly to the elderly who participated in the activities, of whom were also informed that it is voluntary to fill in the questionnaire. After filled in, the questionnaire was handed back to me. It is used to help me narrow down whom to contact to be the participants for my interviews, as well as served as a sign-up sheet for those who are interested to be the interviewees. Hence, these methods are the most advantageous ones for me, as the researcher, to understand the research problem (ibid.).

### 2.4.1 Participant Observations

In order to grasp the routine of the perspectives from the ‘insiders’ of this study – the elderly participants, I did not just *observe* their exercises. I decided to also *actively participate* by learning what they do during the exercise. I was engaged in some of their social interactions

whenever it was applicable, and right after each exercise, I wrote field notes of observations and informal interactions and conversations that occurred during the exercises. In doing so, I aimed to keep a record of what happened in the field, to comprehend the behaviours of the elderly in connection to the cultural context (Creswell, 2014; DeWalt & DeWalt, 2010; Gravlee, 2011), as well as “to gain as complete an understanding as possible of the cultural meanings and social structures of the group and how those are interrelated” (Davies, 2008, p. 77). This is one of the methods typically used in medical anthropology (Gravlee, 2011).

#### **2.4.2 Go-Along Interviews**

Go-along, also referred to as the *informal interviewing in participant observation*, comes naturally for most researchers who utilise participant observation as a method (DeWalt & DeWalt, 2010). This method is usually similar to “a casual conversation among acquaintances” (ibid., p. 137) as the intention of this is for me, as the researcher, to be involved in the natural settings of the study, whilst still be able to objectively and scrupulously observe them (Kusenbach, 2003).

To listen actively is the most fundamental principle of this method (DeWalt & DeWalt, 2010). While listening to what the elderly said during the go-along, it is pivotal for me, as the researcher, to also be aware of the research setting conversations and to create “mental notes about what is said, who said it, and what it might mean” for the context of my research project (ibid., p. 142).

Furthermore, a skill of sensitive silence is also crucial for this method (ibid.) as this involves an attentiveness (Yow, 1994) from me, as the researcher, on dealing with a personal space which differs depending on the cultural settings of the study site (Hall, 1959, 1974). For those who reside, or had resided, in Sweden, it is a common knowledge not to ever intrude the personal space of the Swedes (Bourrelle, 2016; Dervanovic, 2016; Wilde, n.d.). As a foreigner conducting fieldwork in Sweden, I, as the researcher, might experience a culture shock during the fieldwork (McLennan, Storey, & Leslie, 2014) if only I have not been exposed to the example of Swedish cultural context prior to the study. Being married to a Swede has prepared me to have a better understanding and cultural sensitivity of the personal bubbles of the Swedes. This especially helped me when I applied the go-along method in the context of my research. If I had approached the field site with this method influenced only by my Asian cultural backgrounds which usually do not treat the personal space as stringent as the Swedish cultural context, I believe the response I get would have been different.

I experienced no language barrier during the go-along interviews. I could not do the go-along interviews during SeniorYoga1 and SeniorYoga2 as both exercises require silence during the sessions – only the instructor gave instructions throughout the exercises. During SeniorGym, (1) most participants spoke to me in English, (2) those who spoke to me or to each other in Swedish used words that I could understand, and (3) when I could not understand what the instructions were, each instructor translated it into English.

### 2.4.3 Questionnaire

Another common qualitative method is open-ended questions in questionnaires (Payne, 2007). However, I designed a questionnaire with close-ended questions before the fieldwork started. This decision was taken due to several considerations. Firstly, as mentioned previously, I had never exercised at Gerdahallen, let alone knowing anyone who does any senior exercises there prior to this study. That is why I inserted a participation box at the end of the questionnaire, should anyone interested to be interviewed individually. Consequently, in this case, the questionnaire functioned as a sign-up sheet to find possible interviewees as well. This was how I established contacts with those who intended to help me with this project.

Secondly, even though I was not so sure there will be enough people who want to be individually interviewed, I did not want to just pick the interviewees randomly. Therefore, just in case there will be too many people who signed up for this, I made certain inquiries with close-ended questions in the questionnaire regarding their general health conditions that will help me to choose which ones to interview. I will elucidate this further in “2.4.4 Semi-Structured In-Depth Interviews”.

Thirdly, I was strongly advised by Gerdahallen to have the printed version of my questionnaire ready as I was informed that (1) many elderly people in Sweden are not familiar in filling out a questionnaire via a webpage link, and (2) many of the participants of the senior exercises usually have other things to do afterwards – which may result in them not having enough time for my questionnaire. The latter consideration is the utmost point that led me to pilot close-ended questions in the questionnaire, and this also dictates the length and the scope of the questionnaire.

Moreover, even though I knew I wanted to have ‘Active and Healthy Ageing in Sweden’ as a theme for this study, I did not precisely know what to look for in the beginning. In cultural analysis, sometimes the researcher may analyse things mainly on the basis of documents if, for example, s/he wants to conduct a research on the historical perspectives; some other times the researcher may be assigned to a project with a certain mission by a client, for instance when a

municipality gave a task for the researcher on how to figure out ways to make the city to attract more visitors; and from time to time, it is also possible that the researcher does not know what to examine since the onset of a project, causing the research to fully depend on what happened during the fieldwork (Ehn, Löfgren, & Wilk, 2016; L. Jönsson, personal communication, December 5, 2017). As the latter is what appeared in this study, the closed-questions in the questionnaire I asked were based on three kinds of categories – their general information, regarding their visit to Gerdahallen, and general information of their health (see Appendix B).

A crucial point I also need to clarify is that, though I initially created the questionnaire in English, the one I handed out to the participants of the senior exercises was already translated into the Swedish language by a native speaker (see Appendix C). Firstly, I was unsure if all of the elderly people at Gerdahallen understand fluent English. Based on my own experience migrating and residing in Sweden, I have been in situations where I encountered many elderly people who are not able to understand English. Accordingly, I decided to translate the questionnaire into Swedish in order to prevent language issue, such as if someone wants to fill in the questionnaire but s/he could not because s/he does not understand English.

Secondly, while I currently understand Swedish in a low-intermediate level, I asked a native speaker to assist me for the purpose to make sure the wording in the questionnaire is translated according to the Swedish cultural context. As a multilingual person (see Abstract in My Other Languages), I am aware of the fact that there are words that do not have an exact translation in another language, while there are also words in certain languages that can sum up certain situations in one word. For example, the Swedish word ‘lagom’. It roughly defines as ‘just enough’, ‘just right’, ‘in balance’, ‘in moderation’, ‘not too much and not too little’.

There was a total of eighty-eight responses I got back from the eight senior exercises I participated in – out of eighty-eight papers I gave out. I have mentioned earlier in Chapter 1 why I use 65 years of age and above as the general definition of an elderly person. Another reason was that there was no one who mentioned they are under 65 years old even in the questionnaire, as demonstrated in Figure 2.5 – although there is still a small chance there might be someone who is younger than sixty-five amongst the six people who chose not to give an answer regarding their age.

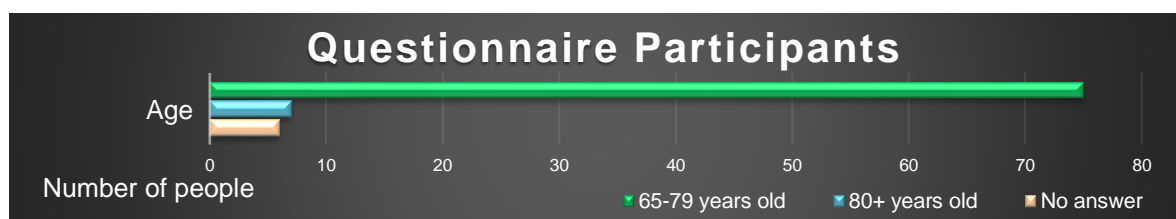


Figure 2.5 The number of people who filled out the questionnaire by age.

What I did next with the responses I received from the questionnaire is vital as it affects my discernment in selecting the interviewees – in which my analyses in Chapter 4 are mainly based on. There were thirty-two people who filled in their information – name, phone, e-mail address, and whether they are able to speak English. I was not expecting (1) such an enormous enthusiasm from the elderly participants to voluntarily sign up for the interview session, and (2) most mentioned their ability to communicate in English – only three people claimed unable to do so. I was, obviously, pleased by such enthusiasm as it is usually quite difficult to find interviewees based on my own experiences during previous qualitative research projects conducted in Sweden. In the same time, I needed to decide how to select a maximum of six people to be interviewed.

One of the considerations that was included to choose participants for the interviews was their overall health. As I have made up my mind to investigate something in the relation to ‘Active and Healthy Ageing in Sweden’ since the very beginning of this project, it is highly important to learn and get the information from the elderly who are already implementing an active and healthy lifestyle. In accordance with this, those who have a healthy BMI<sup>7</sup>, as well as are non-smokers, non-alcoholics, and involved in local communities or other activities outside Gerdahallen, were sorted out to be a priority. I have obtained these pieces of information from several questions regarding general health information in the questionnaire. My prior education in medical school has helped me to choose which questions should be asked in this section. This is also in line with how the WHO (1999) measured certain lifestyle choices associated with how Active Ageing should be. These lifestyle choices include the ability to maintain adequate physical activity, and to avoid smoking as well as excessive alcohol consumption, participation in family and community life, and the consumption of a balanced and healthy diet (WHO, 1999). Hence, it is more beneficial for this research study to examine those who are already implementing an active and healthy lifestyle<sup>8</sup>. Summarily, analysing the responses from general health information of the participants has helped me to narrow down the so-called *sampling process*.

However, there were still too many people to choose from, which is why I decided to apply *proportionate stratified sampling* as well. This sampling method is used to have a size sampling that is proportional, as well as to eradicate any probability of sampling error, in the sample’s distribution of gender (Chambliss & Schutt, 2013). By applying this sampling method, I selected two males and four females – a ratio of 1:2 – as this was the gender ratio of all the thirty-two elderly people who signed up to be interviewed individually (see Figure 2.6).

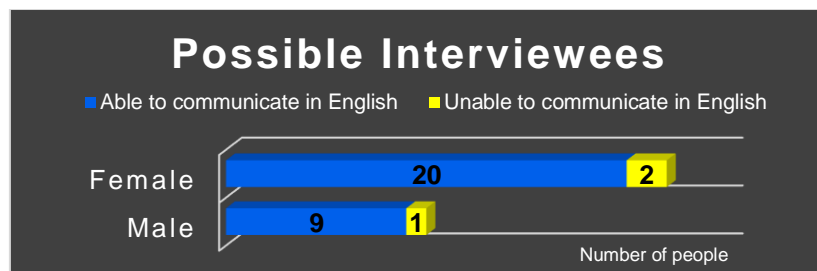


Figure 2.6 The number of people who voluntarily signed up to be interviewed.

#### 2.4.4 Semi-Structured In-Depth Interviews

I chose to conduct the individual interviews with the semi-structured method as it is the best type of interview to be conducted for one-time interviews (Gravlee, 2011). This is an advantageous choice as it ascertains complete and consistent information traversing all the interviews, intensifies juxtaposition across all the six interviewees, and constructs precursory hypotheses (Gravlee, 2011; May, 2011). Hence, I have developed a guide for the interviews (Bryman, 2012; Gravlee, 2011), containing several questions which assembled roughly in compliance with certain topics, such as ‘Active and Healthy Ageing’ and ‘social interaction’ – as these are what protruded during the participant observations (see Appendix D). By doing so, I was assuring all topics are covered, while still also allowing flexibility throughout the conversations (Bryman, 2012; Gravlee, 2011; May, 2011).

I conducted the in-depth interviews with who, at the time of the study, were participating in the senior exercises at Gerdahallen regularly – at least twice a week which I have asked in the questionnaire. The six interviews I carried out lasted between 37 minutes and 1 hour 27 minutes, with a mean of 44 minutes. Two elderly persons, Karl-Oskar and Agatha, ended up being interviewed together – after I asked their consent to do so – as I wanted to examine if there is anything fruitful for this study that I can discuss with them from their experiences exercising together as a married couple. As shown in Table 2.1, five out of six interviewees have been exercising regularly in their life for many years. One elderly, Ingegerd, has only started to join the senior exercises at Gerdahallen in the past three weeks; however, I decided to interview her in order to obtain perspectives from a ‘new insider’. Before, during, and after all the interviews were conducted, I have reassured all the interviewees that (1) all their responses are completely anonymous<sup>9</sup> and confidential, (2) they have the rights to withdraw their participation at any time, and that (3) they are allowed not to answer any questions they do not want to answer (Banks & Scheyvens, 2014).

Table 2.1 *List of semi-structured in-depth interviewees*

Gender	Altered Name	Age	Has been exercising regularly in the past...
Male	Åke	72	9 years
	Karl-Oskar	81	± 9-10 years
Female	Solveig	71	50 years
	Agatha	78	± 9-10 years
	Ylva	73	53 years
	Ingegerd	71	3 weeks

One of the potential problems in interviewing is that it might be difficult to record the conversation, especially when the topic is sensitive (Stewart-Withers, Banks, McGregor, & Meo-Sewabu, 2014), such as issues regarding criminals or health-related topic. I was, nevertheless, fortunate and grateful that all the interviewees gave me their permission to record our conversations. Having audio-recorded conversations – which I recorded with Sony ICD-PX312 IC Recorder – is truly beneficial for me, as the researcher, to be able to generate careful interpretations after reading the transcriptions carefully and repeatedly (Bryman, 2012).

NVivo, a computer software usually used to analyse qualitative data, was also used to assist me with coding and storing the interview transcriptions. For instance, while reading through the transcriptions, I found that a number of interviewees talked about the social interaction; therefore, each occurrence was coded at the node *Social Interaction*. Then, when I opened the node, I can easily see all the references in one place. This enables me to develop my ideas, reflect on the topic, compare across interviewees, and discover patterns (QSR International, n.d.).

Additionally, even though I, as the interviewer, can write notes during the in-depth interviews – especially if the interviewees are not allowing me to record the conversation, I personally prefer to not write anything while the interviewees are speaking as this might put them off (Stewart-Withers, Banks, McGregor, & Meo-Sewabu, 2014).

After the conversations were finished, I also did not switch off the recorder right away – I switched it off after the interviewees have left. This is important as, based on my prior experiences, sometimes interviewees reveal something relevant and insightful after the recording device has been switched off (Bryman, 2012).



## 2.5 Validity and Reliability

Thick description and reflexivity – where I reflect on my position as the researcher – will be discussed throughout this thesis to ensure the validity of this study (Creswell, 2014). A number of qualitative reliability procedures were also followed. These include creating a log of every step taken during the fieldwork and re-checking the transcripts to avoid errors made during the transcription process (Creswell, 2014; Gibbs, 2007; Yin, 2014).

## 2.6 Ethical Considerations

The study in this thesis was performed in compliance with the Swedish Act regarding the Ethical Review of Research Involving Humans (SFS, 2003:460) and the Swedish Personal Data Act (SFS, 1998:204).

In accordance with the stipulations of the ethical guidelines, a research performed by a student within the framework of a study programme at the Master's level, including this research project, does not need to be reviewed by the Swedish Ethical Review Boards (in Swedish: *Etikprövningsnämnderna*). However, ethics were still considered throughout the study.

Prior to any forms of the fieldwork was taken, every participant was well-informed that their participation is voluntary, and was under clear knowledge of the purpose of the project, how the data will be used, and that her/his responses are completely anonymous and confidential (Bryman, 2012; Stark & Hedgecoe, 2010). To ensure confidentiality and anonymity of the participants, all names are altered (Bryman, 2012; Chambliss & Schutt, 2013), including the names of the interviewees, the instructors, the staff, and the participants of the go-along interviews and questionnaire. Several rights have been informed repeatedly, including the rights to decline or withdraw from the study, to ask any questions about the study, as well as to refuse answering any questions (Banks & Scheyvens, 2014). Furthermore, all the participants have been informed before any photos were taken and about the use of the photos; consequently, only the participants who have given their consent included in the photos<sup>10</sup>.

“Ageing is an inevitable process. I surely wouldn’t want to grow younger.

The older you become, the more you know; your bank account of knowledge is much richer.”

– William Holden (actor and wildlife conservationist)

## Chapter 3. Theoretical Model and Concepts

Theories are of the importance of this qualitative health research as they shed attributes in shaping the findings of this study; the findings themselves are theoretically constructed by systems of concepts (Giacomini, 2010). Hence, the MoSIBA theoretical model – **Motivation, Social Interaction, Being Active** – was designed. The investigation of this study is divided into the three emerging cultural themes based on the fieldwork made intelligible in the previous chapter in order to generate findings which will be scrutinised in the next chapter.

Firstly, on *motivation*. The human needs theory asserted by American psychologist Abraham Harold Maslow (1943) and the SDT developed by social psychologist Edward L. Deci and clinical psychologist Richard M. Ryan (1991) are used to understand the reciprocity between the elderly people and Gerdahallen. Although it is rather uncommon to take motivation into consideration as a part of cultural analytical perspectives, I insist to count it in as a pivotal theme to begin with. The rationale is that any human activity, including the senior exercises in Gerdahallen, happens within social contexts as human behaviours and feelings are influenced by the quality of how we interact with each other, as well as by the quality of the others’ presence (Deci & Ryan, 1991). In combination, these theories allow cultural analytical perspectives on the embodiment of ageing in Gerdahallen. Nevertheless, note that the hierarchy of needs from Maslow does not apply to this research as that is not what arose from the fieldwork. Rather, I employ certain parts from his theory in order to better illustrate motivation – which will be discussed in “3.1.1 On Motivation”.

Secondly, on *social interaction*. Tersely discussed is Canadian-American sociologist Erving Goffman’s work (1956) concerning the rules of conduct. As human behaviour during social interactions is determined by these, the rules of conduct are used to grasp the elements that foster and nourish social interactions. These supply cultural analytical perspectives on how the embodiment of the ageing body is influenced by social interactions.

Thirdly, on *being active*. The activity theory of ageing, proposed by professor and expert on ageing Robert James Havighurst (1961), is used to fathom how physical and psychological

factors preserve the elderly to be healthier and happier, as well as to guide them to what is called as ‘successful ageing’. This theory points toward the cultural analytical perspectives on the embodied performance of the ageing body.

Nevertheless, these theories alone are not enough to explicate Chapter 4 as they have been applied to the more recent studies, criticised, and developed accordingly. In consequence, several more comprehensive theories will be added as well. The key concepts used in this thesis will also be elucidated in this chapter to avoid confusion during the analyses in Chapter 4.

## 3.1 Theoretical Model

### 3.1.1 On Motivation

Abraham Harold Maslow (1943) articulated a hierarchical pyramid of human needs starting from basic physical needs at the bottommost to transcendental needs at the topmost. According to this hierarchy, there are five different layers of needs behind human’s motivation (Maslow, 1943). First, *the physiological needs*, which are the physical requisites for the human to survive. These include the needs of the body to breathe, eat, drink water, and sleep. Second, *the safety needs*, which manifest as a security, including personal security (e.g. not being threatened, not being in a dangerous situation), financial security (e.g. have a job with stable income, have savings accounts), health and well-being, and safety needs against accidents/illness and their adverse impacts (e.g. not having an illness as it will develop fear and anxiety). Third, *the love needs*, which include a sense of acceptance and belonging from the social relations in a form of friendships, family, as well as sexual intimacy. Fourth, *the esteem needs*, which develop a need to attain (1) self-esteem or self-respect (e.g. by achieving something) which will yield in self-confidence, and (2) esteem or respect from others (e.g. by having a good reputation, by being appreciated by the others). Fifth, *the need for self-actualisation*, which allude to the realisation of the full potential of the person (e.g. one’s problem-solving skill). In his later years, Maslow (1996) then added the sixth layer, *self-transcendence*, which includes the need to reach the infinite (e.g. spirituality).

This hierarchy of Maslow cannot be applied to this thesis project as Maslow (1943) argued that each of this layer can be fulfilled after the previous one is gratified, where the fifth layer can be unlocked after the individual has mastered all the previous four layers; whereas during my fieldwork, some layers emerged, not as a part of a hierarchy, but as elements which intertwined to one another. Therefore, Maslow’s explanations concerning the second, third, and fourth layer will be used as they help to illuminate the motivation theme of this thesis.

Edward L. Deci and Richard M. Ryan (1991) evolved the SDT from earlier studies. SDT suggests that when an individual satisfied her/his basic needs to be competent, autonomous, and related to others, her/his autonomous motivation is then facilitated (Deci & Ryan, 2012). Deci and Ryan (2012) assert the meaning of being autonomous is “to behave with a sense of volition, willingness, and congruence” (p. 85). Deci and Ryan (2012) also affirm that self-awareness and habits as aspects associated with autonomous motivation.

All these models go together as motivation is influenced by behaviour that is calibrated by culture (Matsumoto & Wilson, 2008). In addition, while the ‘what’ of an activity is important, the ‘where’ of the activity is being held is significant as well (Katz, 2000) as a place has its own existence and characteristics which allow it to have its own cultural identity (Barasch, 1993).

### 3.1.2 On Social Interaction

Erving Goffman (1956) coined *the rules of conduct* as decisive factors of human behaviours in social interactions. Though typically followed thoughtlessly by the human beings during social interactions, these rules influence us both directly as they generate *obligations* for us to behave and to act, and indirectly as they let us have *expectations* on how others are morally obliged to act accordingly (Goffman, 1956).

Goffman (1956) also claimed that there are two rules, substantive and ceremonial, which distinguish the rules of conduct. A *substantive rule* regulates actions that are prominent in their own right with only incidental concerns about the presentation of selves of the people involved, whereas a *ceremonial rule* primarily concerns with presentation of selves of an individual revealing her/his character or communicating her/his appreciation of the others in the setting (Goffman, 1956). It is through either adhering or ignoring these rules that a distinctive image of ourselves is created to be perceived by the others (ibid.).

Furthermore, Goffman (1956) delineated ceremonial activity with two main components, deference and demeanour. *Deference* has two types of rituals. Firstly, the avoidance rituals, which conveys appreciation to the others by respecting their privacy and their personal space, both physical and emotional space; or in short: it determines what is not to be done. Secondly, the presentational rituals, which conveys how the others should be treated (e.g. hug a close friend, handshake the boss); or in short: it determines what is to be done. *Demeanour* refers to the ceremonial behaviours expressed by how the individuals bring out themselves. It is constructed by how one wishes to be viewed by the others; it, therefore, is subjective (Goffman, 1956).

In his later work, Goffman (1967) uttered *line*, a pattern of spoken and unspoken conduct expressing the person's views of the interaction, and it emerges when the person is socially interacting. This pattern indicates the engagement of the person with the interaction, which might render the culture of inclusion (Hanson et al., 1998). Acquiring this means fulfilling a sense of acceptance and belonging towards each other as mentioned in "3.1.1 On Motivation" (Maslow, 1943).

### 3.1.3 On Being Active

Robert James Havighurst (1961) postulated *the activity theory of ageing* which proposes that successful ageing is accomplished when the elderly individuals remain active as well as maintain social interactions. He asserted when the elderly individuals stay active during the later life, the ageing process is then hampered, while the quality of life is enhanced (Havighurst, 1961). The theory emphasizes the significance of replacing roles that were lost as this population aged (e.g. due to retirement) by taking on productive roles in society, such as voluntary activities, membership in organisations, and participation in social groups (Havighurst, 1961).

While the elderly individuals may have a limited ability to do certain activities (e.g. due to disability, or physical or cognitive decline), further research of this theory have indicated that being active is associated with findings where active individuals are shown happier (Diggs, 2008). This is resulted by the conjectures of this theory that the activity engages the elderly individuals physically (e.g. by doing an activity), psychologically (e.g. by feeling happy or satisfy), as well as socially (e.g. by socialising with others) (Havighurst, 1961). Consequently, the activity is advantageous not only for the elderly individuals, but also for the community the individuals are involved with (ibid.).

However, recent studies opposing Havighurst's concept of successful ageing have pointed out that successful ageing is then not available for everyone (Calasanti & King, 2005; Holstein & Minkler, 2007; Stenner, McFarquhar, & Bowling, 2011) as "the promotional images of the "active elder" are bound by gender, race, class, and sexuality" (Calasanti & King, 2005, p. 6). For instance, a man from a certain race and social class will most likely have the ability to afford the 'active lifestyle' to be an 'active elder' (McHugh, 2000).

## 3.2 Concepts

### 3.2.1 Motivation

Motivation is the attribute that moves us to do or not to do something (Broussard & Garrison, 2004; Gredler, 2001). It is the reason that underlies behaviour that is characterised by willingness and volition (Guay et al., 2010). It differs between individuals as it requires a set collection of “closely related beliefs, perceptions, values, interests, and actions” (Hiriyappa, 2011, p. 3), and it is predisposed by culture (Matsumoto & Wilson, 2008).

### 3.2.2 Social Interaction

Social interaction can be defined as the dynamic and changing sequence of actions and reactions between individuals which generates the reciprocal influence (Chen, Caropreso, & Hsu, 2008; Gillin & Gillin, 1948).

### 3.2.3 Being Active

Being active signifies being engaged in an action or activity (Merriam-Webster’s Collegiate Dictionary, n.d.). This implies not only to be physically active (e.g. participating in a gym), but also to be socially active (e.g. joining in a conversation with a neighbour) (Havighurst, 1961).

### 3.2.4 The (Ageing) Body

It is very common to apprehend the human body as the physical contexture of the flesh, bones, and organs of an individual. Nonetheless, within cultural studies, the body is also constructed by culture, ergo persistently is “perform[ing] the ‘body work’” – which in the context of this thesis is in the form of exercise (Barker & Jane, 2016, p. 633). In other words, the body is not born; the body is constructed (Haraway, 1991) by “certain kinds of knowledge and discourses which are subject to change” (Lupton, 2012, p. 21).

When the definition of *the body* is centralised on *the ageing body*, most societies stigmatise it culturally and see only its ‘mask’, that is the external signs of old age, such as wrinkles, brown spots, and sagging flesh (Bordo, 1990; Featherstone & Hepworth, 1991). When an elderly is lack of mobility and functioning capacity (e.g. due to cognitive impairment, memory loss), the ageing body is even viewed as a prison (Featherstone & Wernick, 1995). Hence, the impression of *old age* itself has been conceived as a “negative cultural value” (Lupton, 2012, p. 39), which often induced the societies to depreciate the ageing body (Helman,

2007), as well as to dehumanise the elderly by viewing them as a separate species (Gadow, 1983).

“Health is correlated with quality of life. If you get regular physical activity, have social connections, control your cholesterol, keep your blood pressure at a normal level, don’t smoke – these things can make an enormous difference not only in how long you live, but how much you enjoy your life in those years.”

– Tom Frieden (expert on infectious disease and public health)

## Chapter 4. Analyses and Findings

To study the perceptions, the experiences, and the perspectives on the ageing body, qualitative methods, such as qualitative interviews and analyses of participant observations and go-along interviews, were used as the main methods of research. To facilitate constructing the analyses and generating findings of this study, it is of great significance to consider how the MoSIBA theoretical model was designed and which ways the ethnographic data were organised (Davies, 2008). Accordingly, three emerging cultural themes will be scrutinised in this chapter.

Firstly, it analyses cultural analytical perspectives on the embodied ageing in Gerdahallen by examining what move the ageing body to come and exercise at Gerdahallen, which will allow better comprehension of how the presence of the body gives cultural meanings to Gerdahallen.

Secondly, it presents the analysis of how the ageing body is affected by social interactions by investigating the forms of social interactions as well as the elements that foster and nourish social interactions in Gerdahallen.

Thirdly, it inspects the embodied performance of the ageing body by discussing what being active should be – and that is beyond being physically active.

### 4.1 Embodied Ageing in Gerdahallen

#### 4.1.1 Embodied Motivation

From the data I have gathered during the interviews and a series of go-along interviews, I have noted that there are four different types of motivation behind what motivates the elderly people to come and do the senior exercises at Gerdahallen. Three are in line with Maslow’s theories (1943, 1958), which are (1) the safety needs against accidents/illness and their adverse impacts, (2) the love needs in the context of belongingness, and (3) the esteem needs; while the last one,



(4) autonomous motivation, is in line with Deci and Ryan's *SDT* (1991, 2012). Also, as explained in the previous chapter, in the context of this study, I do not categorise these four types of motivation as a hierarchy, but rather as elements intertwined with each other.

#### **4.1.1.1 Safety Needs Against Accidents/Illness and Their Adverse Impacts**

Even though Maslow (1943, 1958) was focusing his explanation about the humans' safety needs by detailing examples for infants and children, one should not underestimate these needs on adults, particularly on the elderly as this is the context of this study. Elderly people become more susceptible to infections, diseases, and disabilities as when people age, the immune system does not function as vigorously as before (Shafer, 2011; WHO/Europe, n.d.). In accordance with this, elderly people are more in need of safety feeling against accidents/illness and their adverse impacts. This is in line with what has come up from the fieldwork.

Åke's motivation to start exercising at Gerdahallen was because he had a stroke some years ago, and the last part of his rehabilitation suggested by his doctor was to exercise at Gerdahallen (personal communication, February 13, 2018). He expressed how difficult it was for him to walk even for just such short distance before he started exercising at Gerdahallen. He continued, now with twice-a-week exercise in the past nine years, he can not only walk between two to three kilometres without any problem, but he can also do some trips on his bicycle. He is hoping, by doing senior exercises at Gerdahallen regularly, he could lessen the risk of getting a stroke again. From this example, one can see that Åke is motivated to start coming and keep exercising at Gerdahallen because he feels the need to exercise in order to keep fighting against his prior illness and its adverse impacts. One should not overlook this motivation as it may cure certain physical conditions, as well as prevent accidents/illness and their adverse impacts.

#### **4.1.1.2 Belongingness**

Maslow (1943, 1958) articulated belongingness as a major source of human motivation. It is the need to give and receive attention to and from others; there is, therefore, a need to be an accepted member of a group, which leads to feelings of acceptance (Maslow, 1958).

In one of the go-along interviews during the participant observations, someone was exercising next to me and told me, "I love coming here. We all talk to each other during this (exercise). It feels like our little group because many of us have been coming for so many years" (Vendela, personal communication, January 30, 2018). It was pretty often some people mentioned to me the importance of exercising as a group, just like the following example.

*My wife and I actually have the same machines and instruments at home, but to be honest, we never do it (exercise) at home. We love doing it here (in Gerdahallen) with the group and the instructor. It's funny, right? Same tools at home, but we just don't do it. But here with our group, most of us know each other for many years here. We just love doing it here, together with our group. (Arne, personal communication, January 31, 2018)*

There is a clear sense of belongingness when Vendela and Arne chose to say 'our' group. Two different people whom I met from two different groups, during two different exercises, with two different instructors. The groups themselves do not always contain the exact same participants, yet I kept being told the importance to exercise as a group by several participants during various exercises. This is in accordance with Maslow's belongingness theory (1943, 1958) on human motivation. Regardless of the size of the groups, human beings need to feel a sense of belonging and acceptance amongst social groups (Maslow, 1958). In this context, it is resulting in the fact that the people exercising together at the same exact session have become a social group, rather than just a bunch of random people exercising together; while at the same time, it is not the same as many other social groups, as in this case, the participants are physically exercising as well. This motivation is significant as it may overcome loneliness, social anxiety, and clinical depression which are more susceptible especially in the elderly population (Hawkey & Kocherginsky, 2017; Neto as cited in Azeredo & Afonso, 2016; Nicholson Jr., 2009).

#### **4.1.1.3 Self-Esteem**

Maslow (1943, 1958) differentiated the esteem needs into two versions. The first one refers to the need for receiving respect from others, and the second one reveals itself as the need for themselves – or self-esteem. In this context, I will focus on the latter version as it is what emerged from the fieldwork.

It was Ingegerd's first day ever to start exercising at Gerdahallen when I first met her in the last week of January. Almost three weeks later when I met her again during the individual interview, she revealed that she has just bought a one-year membership card at Gerdahallen as she feels a remarkable sense of confidence of herself after start exercising there (Ingegerd, personal communication, February 15, 2018). She added that she feels like she has achieved something. This is in compliance with Maslow's theory on self-esteem (1943, 1958) where he noted self-esteem as a satisfaction generator which induces feelings of self-confidence.

Even so, I would argue that Maslow's explanation on this is superfluously too simple as in reality, self-esteem is far more crucial than what he had given credit for. I argue that Maslow had not given enough emphasis on this, whilst this need is so central to all things we do in our lives as when one is confident and mentally strong, or in short: has a healthy self-esteem, s/he will be able to protect her- or himself better from threats to her/his personal security. For instance, in this context, a healthy self-esteem will give one an ability to find an activity that s/he likes, such as joining the senior exercises and being able to enjoy doing it. It is true that doing certain activities will affect one's self-esteem; nonetheless, a healthy self-esteem will help her/him find a better activity that s/he enjoys and be satisfied in doing it. Thwarting this need generates feelings of inferiority (Maslow, 1943, 1958), which may cause depression among the elderly. Accordingly, this need serves as an essential tool in one's weaponry of life.

#### **4.1.1.4 *Autonomous Motivation***

Both Solveig and Ylva are semi-centenarians when it comes to terms of exercising as they have been living a life with continuous physical activities since their younger age. Solveig started exercising since exactly fifty years ago this February, even since before Gerdahallen was built (personal communication, February 13, 2018). She then began to exercise twice a week, before she decided to exercise five times a week of the senior exercises at Gerdahallen soon after her retirement four years ago. Ylva has always been doing some sorts of physical exercises since she was just a little girl (personal communication, February 14, 2018). She started by choosing to do Ballet throughout her younger life, and then decided to start exercising at Gerdahallen in the 1990s and exercise even more often after she retired and joins the senior exercises. In total, she has been exercising for at least fifty-three years.

From what Solveig and Ylva have implicitly described to me, exercising has become a part of their routine (Solveig, personal communication, February 13, 2018; Ylva, personal communication, February 14, 2018). They expressed that they love doing it, and more importantly, they enjoy doing it. Of course, they have other reasons that motivate them to keep exercising at Gerdahallen, which are included in the previous motivations I have illustrated beforehand. However, what makes their case meaningful for this research is their autonomous motivation to decide not only to start exercising, but also to be able to keep doing it regularly in the past fifty years, even when they are away and not being able to come to Gerdahallen. Solveig, for instance, will still do some movements from the senior exercises that she can do by herself in her hotel room whenever she is travelling (personal communication, February 13, 2018).

No one is telling nor forcing Solveig and Ylva to keep exercising the past fifty years or to exercise even more often than before. Yet, they are doing it anyway as they have the autonomous motivation behind it, and they act correspondingly. Autonomy as a part of self-determination is essential as recent research studies reveal that individuals who exercise with autonomous motivation are more likely having lower level of stress, which respectively contributes to increased positive health perceptions and health behaviours (Edmunds, Ntoumanis, & Duda, 2006; Klain, de Matos, Leitão, Cid, & Moutão, 2015). By being persistent in positive acts, such as exercising, Solveig and Ylva have insistently shown endeavour and devotion in doing exercises, which is referred as “inherent growth tendencies” in the SDT (Ryan & Deci, 2000, p. 68). Solveig and Ylva alluded that their interest and enjoyment in doing the exercises have led them to the satisfactory feelings (Solveig, personal communication, February 13, 2018; Ylva, personal communication, February 14, 2018). These regulatory processes are what contribute to their autonomous motivation, which in succession actualise the development of their growth as human beings and thereby positively allow them to experience a more meaningful life.

#### **4.1.2 Embodied Gerdahallen**

In the previous discussions, it has been revealed how motivation is culturally constructed in the context of this research study. Culture calibrates the behaviours (Matsumoto & Wilson, 2008) of the elderly participants, which affects what motivate the participants to come and exercise at Gerdahallen. It is true that some participants started to exercise just very recently in their whole life, and they are still learning and trying to figure out how to be familiar with certain gym equipment and particular physical movements; while for some others, exercising has become a part of their routines throughout their life. Still and all, both groups exhibit how motivation embodied Gerdahallen – regardless of what motivates the elderly to exercise and when they started to exercise.

Driven by its motivation to be there, the ageing body has now arrived at Gerdahallen. The moment the body is there to exercise, the elderly people then experience what their body experiences. The way they experience and employ their body in Gerdahallen is, therefore, narrated by the body and self (Tulle & Dorrer, 2012). It is also enlightened by ingrained configurations, mediated by Gerdahallen as the habitus of the body (Bourdieu, 1990). As a result, all these then give cultural meanings to Gerdahallen as motivation is predisposed by culture (Matsumoto & Wilson, 2008), which thereby construct the embodiment of Gerdahallen. Gerdahallen is, then, not just a health and training centre anymore. It has become a place, and

as a place, Gerdahallen itself has its own existence and characteristics (Barasch, 1993), both of which are constructed by its local cultural identity. Its existence is designated by the presence of the participants; its characteristics, shown through the roles of Gerdahallen as a focal point and a sanctuary for the ageing body, produce the identity of Gerdahallen.

#### **4.1.2.1 Health and Training Centre as a Focal Point**

Gerdahallen clearly allows a focal point for the ageing body. In doing so, it offers several benefits for the ageing body. Not only for the physical body, but also for the social body. Before, during, and after the senior exercises, the elderly people have the opportunity to meet other people. The elderly participants, or the instructors, can even arrange certain activities outside the exercises – as briefly mentioned in Chapter 2. Take *fika*<sup>11</sup>, for example. By scheduling a fika together, the elderly people are not only engaging in the initiative, but also contributing to the community.

By having the opportunity to meet other people, the elderly people also have the opportunities for social interactions which enabling the elderly to meet people, make friends, and widen their social networks – not limited to people only within their age range as Gerdahallen has lots of many other exercises for everyone despite their age (see Appendix A). All of these could be developed through Gerdahallen as a significant source of social support in this context. In accordance to this, Gerdahallen then fosters a sense of community, as well as social participation and interactions – this will be explicated more in detailed in “4.2 Embodiment of the Ageing Body Affected by Social Interactions”.

Broadening social networks usually lead to knowledge enrichment. This is as well explicitly expressed during the interviews during the social interactions facilitated by Gerdahallen, the elderly people usually share health-related information with each other, especially when they have similar health conditions (Åke, personal communication, February 13, 2018). Obtaining new knowledge helps to improve self-confidence and self-worth, which eventually contributes to the elderly’s well-being.

#### **4.1.2.2 Health and Training Centre as a Sanctuary**

By serving its role as a focal point for the ageing body, Gerdahallen then offers its other role as a place which assists in preventing loneliness and social isolation, in which the ageing bodies are more prone to (Hawkley & Kocherginsky, 2017; Neto as cited in Azeredo & Afonso, 2016; Nicholson Jr., 2009). This helps to prevent and overcome loneliness and all the adverse impacts of social isolation, such as social anxiety and clinical depression.

In doing so, Gerdahallen promotes physical health as it helps the ageing bodies to stay healthy, and it brings out the exercise programs that help the bodies to recover from certain physical conditions. Furthermore, when the body has its regular attendance, Gerdahallen then helps to schedule the week. This allows the elderly people to have something to look forward to. In sum, Gerdahallen acts as a support towards active and healthy lifestyles for the ageing bodies.

## 4.2 Embodiment of the Ageing Body Affected by Social Interactions

In order to comprehend better understanding on how social interactions affect the ageing body, it is necessary to approach the study by discussing how social interaction is being performed as it helps to explicate how the elderly people are experiencing the effects of social interactions while exercising at Gerdahallen. I will first clarify the transmission of social interactions, that, in this context, is through spoken and unspoken conduct. This is the first fundamental step as both spoken and unspoken conduct not only shape social interactions towards one another, but also contribute to the physical and psychological well-being of the ageing body.

By applying the *rules of conduct* from Erving Goffman (1956) regarding expectations and obligations, this part also scrutinises the elements that foster and nourish social interaction, whilst analysing what are being expected and what are being obliged when doing social interactions. Whether the frequency of social interaction matters will as well be examined.

### 4.2.1 Transmission and Preservation of Social Interactions

#### 4.2.1.1 Spoken Conduct

When the term of ‘social interaction’ is being said, most people might find it easier to relate it to the spoken, or verbal, conduct. This is also disclosed repeatedly during the interviews, where it appears that most of the interviewees relate social interaction right away with the verbal conduct. Solveig, for instance, stated, “not to be scared to talk to people you do not know” as a part of social interaction for her (personal communication, February 13, 2018). Åke expressed how he feels very happy from doing social interaction during his exercises at Gerdahallen because the participants are usually joking with each other (personal communication, February 13, 2018). Ylva affirmed her preference of doing social interaction, that is by talking to someone she feels a bond with, including during the exercises (personal communication, February 14, 2018). Ingegerd mentioned that doing social interaction could mean that the interlocutor is being an open-minded person, which would be unveiled after talking to the

person (personal communication, February 15, 2018). It is, therefore, evident that social interaction is transmitted through spoken conduct. Accordingly, spoken conduct shapes social interaction with one another as it plays a role in establishing the relationship among the participants of the senior exercises – the elderly people, and also between the participants and the instructor.

As demonstrated in Figure 4.1 and Figure 4.2, it is necessary for the instructor to verbally announce specific instructions for the exercise. If the participants are not told what they should or should not do, they could hurt themselves and others. An instructor should not assume all participants know what to do during the exercise or how to properly use certain gym equipment. An instructor should also ask questions to confirm that the participants understand the instructions. Reiterating the instructions during the exercise is important as well, in case the participants have misunderstood or forgotten the instructions. For instance, before the senior exercise at the gym in Gerdahallen starts, the instructor always announces that each participant must move to the next gym equipment after one minute and forty seconds (see Figure 4.3), in which the instructor will give a certain signal so that every participant will notice that it is time to take the turn. In addition to this, from what I observed during the fieldwork, when the instructor is occupied by a participant (see Figure 4.4), the other participants could as well help each other in the meantime, such as by explaining how to use certain equipment without harming oneself. These all are where social interaction contributes to the imminent physical health.



*Figure 4.1* Elderly participants following instructions from the instructor during a senior exercise at Gerdahallen. January 30, 2018.





Figure 4.2 An instructor leading cool-down stretches during a senior exercise at Gerdahallen. January 31, 2018.



Figure 4.3 Elderly participants taking turns every one-minute-forty-second during a SeniorGym exercise at Gerdahallen. January 31, 2018.



Figure 4.4 An instructor assisting an elderly participant at Gerdahallen. January 31, 2018.



When all the aforesaid occurrences are attained, it is only natural that a healthy exercising environment is then created. This happens when the participants feel comfortable to talk to each other during the exercises, or when the participants feel as a part of the group exercising together, or when the participants are gratified to be able to book the exercise led by their preferred instructor in their preferred time, or when an instructor tells the participants that they did a great job during the exercise; all these surfaced in Gerdahallen as I observed from the participant observations, and as confirmed by all the interviewees during the interviews (Ingegerd, personal communication, February 15, 2018; Karl-Oskar and Agatha, personal communication, February 14, 2018; Solveig, personal communication, February 13, 2018; Ylva, personal communication, February 14, 2018; Åke, personal communication, February 13, 2018). By creating such healthy environment, social interaction during an exercise as shown in Figure 4.5 consequently has its contribution to the psychological well-being of the participants.



Figure 4.5 Elderly participants engaging in conversations with each other during a senior exercise at Gerdahallen. January 30, 2018.

As a result, spoken conduct holds important functions in relation to the ageing bodies of the elderly people who exercise at Gerdahallen. Firstly, it helps *performing actions*. These actions not only include when one is asking the common ‘How are you?’ question, but also when s/he is issuing invitations to the others to, for example, have a fika together at Gerdahallen café right after the exercise or right before a certain term has ended (e.g. before Christmas, before Summer). This is in line with what have been apprised to me by the interviewees. Most clearly mentioned how nice it is to have the gatherings as they feel included by the group they are exercising together with (Karl-Oskar and Agatha, personal communication, February 14, 2018; Solveig, personal communication, February 13, 2018; Åke, personal communication,

February 13, 2018). Åke added during the individual interview that he has been organising some fika once or twice in every term and even giving some short welcoming speeches although he is normally shy as a person (personal communication, February 13, 2018). All these exhibits the first function of spoken conduct where it generates the culture of inclusion, which led to the emergence of the peer culture (Hanson et al., 1998) amongst the elderly participants. Hence, belongingness towards the group has surfaced, which will motivate the elderly to interact with each other.

This leads to the second function of spoken conduct where it helps in *shaping thoughts*. One of the interviewees stated that when doing social interaction, both during the exercises and during the fika, the elderly people also share various kinds of information with each other (Åke, personal communication, February 13, 2018). Sometimes it could be just about what kind of movies that are recommended, but most of the times it is about health-related information, such as discussions about certain diseases and illnesses. This trains the cognitive skills of the elderly, and it contributes to enriching their knowledge.

Thirdly, spoken conduct helps in *managing relationships*. In practising the spoken conduct, one should keep in mind that it is not just about giving questions or saying something to someone else. It is also about listening to what the others have said, how they are doing, and then responding appropriately. From what I have noticed during the fieldwork, a participant of a senior exercise looked distinctly joyous. It seemed that everyone who participated in that particular exercise knew the reason as I saw he already told several other participants about what was going on. He then approached me and blurted out cheerfully, “I have a new hip now! I just had a hip replacement surgery seven weeks ago. Today I’m finally back to the gym!” (Leif, personal communication, January 30, 2018). From what I observed, everyone was responding appropriately as the others and I were listening to him, showing our excitement, and briefly mentioning that we all are happy for him. This indicates the practice of listening during spoken conduct is also of the importance of managing relationships among the elderly who exercise at Gerdahallen.

#### **4.2.1.2 Unspoken Conduct**

In the course of social interaction, the unspoken, or non-verbal, conduct has a greater leverage on the overall impression than the spoken conduct, especially during the first encounters. This happens as the messages being sent from the person who gives the unspoken conduct to the person who receives it are symbolic and being interpreted by the receiver. Hence, the unspoken conduct is exceedingly affected by one’s culture. During the participant observations, it is very

common to see the elderly people greet each other through unspoken conduct by smiling or giving a quick nod to one another. Should this fieldwork take place in South Korea where I previously resided, these actions might be considered very rude, or that an elderly person is flirting to the other; bowing to each other would be the appropriate gesture if this took place in Korea – and the degree of the bowing would be depending on each other's biological age.

From what I observed during the fieldwork, the greater leverage of unspoken conduct is manifested through its functions. Firstly, it *provides information*. As mentioned in the previous section, all the instructors of SeniorGym give a certain signal every one minute and forty seconds so that every participant moves to the next gym equipment. This unspoken signal is presented through various forms, depending on which instructor. It could be by hand clapping, phone alarms, and countdown via stopwatch – each provides the same information, that is for everyone to proceed to the next equipment.

Secondly, it *regulates interaction*. During SeniorYoga, for instance, when someone was laying down, closing her/his eyes, and showing focus to the exercise, then the others simply understood not to bother her/him. By not verbally interacting, s/he was interacting non-verbally. This is also shown during SeniorGym. Even when two or more people were verbally interacting with each other, it was very common to display the unspoken conduct via eye contact as a code of whose turn it was to speak and when the conversation was finished.

The first two functions of unspoken conduct then form its third and fourth functions, which are in *practising message interpretations* and *social control*. Take the example from SeniorYoga and SeniorGym above. Every participant of SeniorYoga had the same interpretation – when someone was focusing during this exercise, the others did not bother her/him. By not bothering her/him, the others practised social control during SeniorYoga. This goes as well during SeniorGym. The eye contact, for example, provided interpretations – of when to speak and when to stop the conversation.

#### **4.2.1.3 Nurturing Social Interactions**

By discussing how social interactions were transmitted during the fieldwork, it assists in grasping how to preserve social interactions. Several elements which foster and nourish both spoken and unspoken conduct during the senior exercises can be examined by applying Goffman's *rules of conduct* (1956) to the context.

Let me take the same example from Leif who just recovered from the hip replacement surgery (personal communication, January 30, 2018). The moment he conveyed what he just went through, he was being concise and clear of what he experienced – while at the same time

he was being open to the other participants. He generated certain *obligations* for the others to behave and to act, as well as certain *expectations* on how the others are morally obliged to act accordingly (e.g. to show that they are happy for him either by stating it clearly or by presenting certain body language that displays their happiness for him, such as smiling).

Another example is between the elderly participants and the instructor. When there is an exercise, the instructor has *obligations* to start the exercise on time and to guide the participants throughout the exercise. S/he then produces *expectations* that the participants will show up on time as well as follow her/his instructions. The same goes for me as the researcher observing the senior exercises. I had certain *obligations*, such as to let the participants and the instructors know who I am, why I was there, and what I will be doing. I also had certain *expectations*, such as that they allow me to conduct my investigations so that I can proceed with an efficient fieldwork to deliver fruitful results.

Obviously, it is distinctly possible to misinterpret certain acts and behaviours during social interactions. It is not limited only to the unspoken conduct. Misinterpretation is also prevalent during the spoken conduct. Therefore, keep practising the rules of conduct is requisite to have better performance in executing the skills in doing so. By performing better skills, it will improve the relationships with one another, which will contribute to the psychological well-being of the ageing body.

#### **4.2.2 When More Is Not Always Better**

Previous studies have shown that elderly people exposed to more quantity of social interactions have efficacious ramifications on health (Barnes, de Leon, Wilson, Bienias, & Evans, 2004; Berkman & Syme, 1979; Seeman et al., 2011; Seeman, Singer, Ryff, Love, & Levy-Storms, 2002). However, other studies have indicated that the quality of the social interactions also has robust effects as the elderly people cherish interactions which offer them certain satisfactory value (Conner, Powers, & Bultena, 1979; Dumitrache, Rubio, & Rubio-Herrera, 2017). The latter is what surfaced during this study where all the interviewees highlighted the quality of social interactions – during the senior exercises, during fika or gatherings in Gerdahallen, and during any interactions outside Gerdahallen – holds the utmost significance for them (Ingegerd, personal communication, February 15, 2018; Karl-Oskar and Agatha, personal communication, February 14, 2018; Solveig, personal communication, February 13, 2018; Ylva, personal communication, February 14, 2018; Åke, personal communication, February 13, 2018). This is specifically emphasized by Ylva and Agatha during the interviews. Ylva underlined how she venerates meaningful conversations and social relationships with others as

these make her feel the satisfaction in spending her times (personal communication, February 14, 2018). Agatha uttered her notion that there is no need to extend her social networks nor to have more social interactions than what she has been doing both in Gerdahallen and in her daily life in general as she feels not being overburdened by certain expectations if she had more; Karl-Oskar, her husband, immediately nodded agreeing with her (personal communication, February 14, 2018).

### 4.3 Embodied Performance of the Ageing Body

The bodily performance of an ageing body in later life clearly is not as good as in earlier life – even the healthiest elderly person will still notice certain small changes and accept the ‘well enough’ performance her/his ageing body does. Consequently, many people might find it more relatable to interpret the active body as the body that does training and exercises. Nonetheless, one should not underestimate the importance of the active body to also be socially active – not just during an exercise, but also outside of the exercise and its environment – as the combination of these will enhance the likelihood of better psychological well-being of the ageing body, which, in return, will improve its bodily performance. In order to inspect this, the performance outside Gerdahallen will be discussed.

From the interviews regarding activities outside Gerdahallen, I have found out that activities that aid the dynamics between physical, social, and cognitive of the elderly people affect the performance of the ageing bodies even better. Throughout previous discussions, it has been unveiled that doing these activities improves a sense of belonging and purpose, gives a boost for memory and cognitive functions, as well as enhances both physical and psychological health of the elderly. Nevertheless, it has been also disclosed in the interviews that while some of the interviewees are having just a few more extra activities outside Gerdahallen, the rest are even involved in so many more. This denotes that one’s performance in being active is determined by her- or himself, which implies the performance of one’s ageing body is subjective (Stenner, McFarquhar, & Bowling, 2011). S/he thereupon needs to be decisive on her/his own capacity (*ibid.*) in balancing the frequency and the quantity of her/his own activities. This signifies that s/he does not participate in an overly intense exercise. Rather, s/he needs to consider to choose the kinds of activities that accentuate pleasure, physical movements, participation, interaction, and inclusion. After all, everyone has various kinds of interests, and the body differs from one another; these influences how each body performs its performance.

This kind of companionship – in this context, with an emphasis on the ones outside of Gerdahallen – constructs the embodiment of the daily performance of the ageing body depending on the person's interests. Being active is not just the combination of physical movements and social interactions anymore; it also refers to “the pursuit of everyday interests” (Katz, 2000, p. 136). This is in accordance with Havighurst's (1961) *activity theory of ageing* as its principal theme is to remain active with activities which engage the individuals physically, psychologically, and socially; although in the same time, the term of ‘successful ageing’ cannot be accessible for everyone.

#### **4.3.1 Companionship with the Other Human Beings**

All the interviewee participants are involved in various kinds of activities outside Gerdahallen, and all uttered their satisfaction in both frequency of their activities, as well as the satisfaction they have obtained from being involved with the activities (Ingegerd, personal communication, February 15, 2018; Karl-Oskar and Agatha, personal communication, February 14, 2018; Solveig, personal communication, February 13, 2018; Ylva, personal communication, February 14, 2018; Åke, personal communication, February 13, 2018).

Apart from living together with his wife and having a close relationship with his brother, Åke partakes in recurrent gatherings with his four close friends as well as with a health-related association (personal communication, February 13, 2018). Ingegerd, who is being a cohabitant with her partner (in Swedish: *sambo*) and is spending lots of times together with her sister who lives nearby, takes part in a handmade course constantly creating handicrafts, meets close friends regularly, as well as founded a book club with nine other close friends (personal communication, February 15, 2018). Ylva loves to visit her sons and four grandchildren. She also attends a variety of seminars and exhibitions, keeps in contact with close friends who reside abroad, spends time with friends who share the same interests, as well as regards the community in her neighbourhood as “an extended family” (personal communication, February 14, 2018). In addition, both Ylva and Ingegerd also love to walk their dogs out of their residence regularly (Ingegerd, personal communication, February 15, 2018; Ylva, personal communication, February 14, 2018). In doing so, they are being physically active, while it also provides them with the opportunity to meet other people and their neighbours, which in turn lead to social interaction.

The rest of the interviewees are even much more active than Åke, Ingegerd, and Ylva. Having two children and six grandchildren is apparently not enough to keep both Karl-Oskar and Agatha busy enough. They both engage in at least a total of six local, national, and

international associations (Karl-Oskar and Agatha, personal communication, February 14, 2018). They also enjoy a thirty-minute walk together every single day, and they initiated a regular dinner group and lunch group with friends. Karl-Oskar added that he still does small businesses, while Agatha mentioned that she also participates in a choir group, as well as another group to help the underprivileged people.

Solveig appears to be the most active one, both inside and outside Gerdahallen. Exercising five times a week of the senior exercises at Gerdahallen is not enough for her (Solveig, personal communication, February 13, 2018). Along with five of her former colleagues, she normally goes to the cinema and sees opera. She joins two book clubs following her greatest interest in reading various kinds of books, and she participates in a cooking group that started twenty-five years ago. She swims in the sea once a week, takes a part-time job in an international organisation, and travels often to meet friends living abroad – while keeps in close contact with them via e-mail. She also spends lots of times with her two brothers, nieces, and nephews.

“Ageing is not lost youth but a new stage of opportunity and strength.”

– Betty Friedan (writer and women’s rights activist)

## Chapter 5. Concluding Remarks

This chapter recapitulates the findings of this thesis and their correlation to the overarching objectives of this study. It also signifies the practical implications that could be applied. By doing so, it situates this research within medical anthropology and the ageing studies, and it clarifies my contribution to both. By conversing reflexivity and future research, this chapter concludes the thesis.

### 5.1 Main Findings and Practical Implications

This research shows that the ageing body and Gerdahallen culturally construct each other. By calibrating the behaviour of the elderly participants, culture affects what motivates the participants to come and exercise at Gerdahallen. The ageing body that participates in the senior exercises at Gerdahallen then predisposes the embodiment of Gerdahallen. Gerdahallen is then culturally constructed to be a place with its own existence – by the presence of the participants, and its own characteristics – by its roles as a focal point and a sanctuary, in which then constructs the cultural identity of Gerdahallen. Thus, I would suggest everyone to start applying health behaviours since earlier life; after all, continuing a routine in later life is much easier than starting an activity. This disciplinary strategy will produce two things. Firstly, the health behaviours will be imprinted to the body, and, secondly, the health perceptions will be inscribed to the mind. I would also urge Gerdahallen to keep facilitating social interactions for the elderly participants, both during the senior exercises and after the exercises via various fika gatherings. This includes not only amongst the participants, but also amongst the instructors, as well as amongst the participants and the instructors. This does not mean adding social activities excessively. Rather, it means to spend more quality time with one another.

This project also reveals that through its existence and characteristics, Gerdahallen makes the social interaction of the ageing body possible. Transmitted via spoken and unspoken conduct during the senior exercises at Gerdahallen, social interaction constructs the ageing body. During the transmission, spoken conduct holds three important functions where it helps



performing actions, shaping thoughts, and managing relationships. Nonetheless, unspoken conduct is not less of the importance. Functioned as an information provider, social interaction regulator, a practitioner of message interpretations, and social controller, unspoken conduct has even a greater leverage, especially during the first encounters. Hence, fostering and nurturing social interaction are needed by applying Goffman's *rules of conduct* (1956). In accordance with these findings, I would recommend everyone to keep practising the rules of conduct. Try to be more aware of someone's cultural background. Try to be perceptive of someone's personal bubble. Try to be responsive to someone's stories. Try to be an active listener. By trying to perform all these skills, it will improve the relationships with one another. Additionally, try not to miss a chance to learn these skills from one another during social interactions.

This study also points out that the quality of any kinds of activities holds the utmost significance to the ageing body. This means everyone has their own individual capacity and interests, which influence her/his subjective decision for her- or himself. This reveals that the accentuation of pleasure, physical movements, participation, interaction, and inclusion is of the great significance in embodying the performance of the ageing body. In addition, it appears that the term of 'successful ageing' is overrated as it does not include, nor applicable, for everyone – although this project purposely did not take social class into a theme nor theoretical model. In consequence, I would propose to take the time to get to know yourself. Figure out what your interests are, while considering your capacity. Try not to do activities inordinately, so that it will not overburden the body. Go fishing – if that is what you like to do. Go picnicking in the park – if that is what you want to do. Should you be limited in financial situation, go to the beach – if that is what makes you feel good. Go to the library, then borrow and read a book with a topic of your interest – if that is what you love to do. More importantly, I would prompt to take it easy on the body. Take a nap – when your body needs it.

Last, this research project also postulates that integrating those 'accentuation points' with regular physical and social activity in more than just one place – even when it involves an inter-species companionship, such as with dogs – will ultimately be affecting the daily performance of the body, and this is what is beyond being physically active. Accordingly, I would advise to exercise sensibly, eat and drink sensibly, socialise sensibly, and rest sensibly.

In summary, constructed by its social and cultural normative subjectivities, the embodiment of the ageing body is not steady, nor constant, nor stable; so is not its performance.

## 5.2 Concluding Reflections and Future Research

I have expounded the empirical data from the fieldwork. Imbued by this, I have designed the MoSIBA theoretical model which was utilised as a toolbox to investigate this study. By analysing the cultural contexts from various theories on motivation, I have pointed out how the cultural context of the physically active ageing bodies at Gerdahallen has its roles in generating the embodiment of Gerdahallen. I have done so through with the analysis of social interaction by scrutinising how it is transmitted, how to nourish it, and why the role of the socially ageing body has its significance to the physically active ageing body. Last but not least, I have come to the point where I have obtained different cultural perspectives by propounding the idea of the accentuation points that are constructed by subjectivities, in which produce the characteristics of the embodiment of the ageing body. Ethical considerations and reflexivity have also been discussed throughout this thesis.

By performing the approaches I took, wide-ranging relevant questions have been raised for further analysis and discussion. Can this be applied to the other health and training centres nationwide? If yes, how so? If not, what does it take to make similar centres available and accessible to everyone nationwide, and who is empowered to do so? Can this be applied to the other health and training centres in other countries? What happens when this can never be applied to the other centres, both nationwide and internationally? What happens if the study is conducted by taking the historical perspectives of Gerdahallen and sports in Sweden? How wide is the study going to be if race, social class, sexuality, and gender perspective are taken into considerations? Answering these questions is intricated as there are many distinct points of views; discussing them, however, is pivotal should we intend to investigate further.

## References

- Active. (n.d.). In *Merriam-Webster's online dictionary* (11th ed.). Retrieved February 19, 2018, from <https://www.merriam-webster.com/dictionary/active>
- Alidoust, S., & Bosman, C. (2015). Planning for an ageing population: Links between social health, neighbourhood environment and the elderly. *Australian Planner*, 52(3), 177-186.
- Arber, S., & Ginn, J. (1991). *Gender and later life: A sociological analysis of resources and constraints*. London, England: SAGE Publications Ltd.
- Azeredo, Z. A. S., & Afonso, M. A. N. (2016). Loneliness from the perspective of the elderly. *Revista Brasileira de Geriatria e Gerontologia*, 19(2), 313-324.
- Banks, G., & Scheyvens, R. (2014). Ethical issues. In: R. Scheyvens (Ed.), *Development fieldwork: A practical guide* (2nd ed.) (pp. 160-187). London, England: SAGE Publications Ltd.
- Barasch, M. (1993). *Icon: Studies in the history of an idea*. New York, NY: New York University Press.
- Barker, C., & Jane, E. A. (2016). *Cultural studies: Theory and practice* (5th ed.). London, England: SAGE Publications Ltd.
- Barnes, L. L., de Leon, C. F. M., Wilson, R. S., Bienias, J. L., & Evans, D. A. (2004). Social resources and cognitive decline in a population of older African Americans and whites. *Neurology*, 63(12), 2322-2326.
- Bayley, D. (2016, December 9). *Why social interaction improves your health as you age*. Retrieved February 19, 2018, from [www.wyza.com.au](http://www.wyza.com.au)
- Berkman, L. F., & Syme, S. L. (1979). Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents. *American Journal of Epidemiology*, 109(2), 186-204.
- Bordo, S. (1990). Reading the slender body. In: M. Jacobus, E. F. Keller, & S. Shuttleworth (Eds.), *Body/Politics: Women and the discourses of sciences* (pp. 83-112). New York, NY: Routledge.
- Botek, A. (n.d.). The elder loneliness epidemic. *Aging Care*. Retrieved February 19, 2018, from <https://www.agingcare.com/articles/loneliness-in-the-elderly-151549.htm>
- Bourdieu, P. (1990). *In other words: Essays towards a reflexive sociology* (M. Adamson, Trans.). Stanford, CA: Stanford University Press.

- Bourke, B. (2014). Positionality: Reflecting on the research process. *The Qualitative Report*, 19(33), 1-9.
- Bourrelle, J. S. (2016). *The social guidebook to Sweden: An illustrated introduction*. Oslo, Norway: Mondå Forlag.
- Brewer, J. D. (2000). *Ethnography*. Buckingham, England: Open University Press.
- Brody, J. E. (2017, June 12). *Social interaction is critical for mental and physical health*. Retrieved February 19, 2018, from <https://www.nytimes.com/>
- Broussard, S. C., & Garrison, M. E. B. (2004). The relationship between classroom motivation and academic achievement in elementary school-aged children. *Family and Consumer Sciences Research Journal*, 33(2), 106-120.
- Bryman, A. (2012). *Social research methods* (4th ed.). New York, NY: Oxford University Press.
- Cacioppo, J. T., Hawkley, L. C., & Thisted, R. A. (2010). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago health, aging, and social relations study. *Psychology and Aging*, 25(2), 453-463.
- Calasanti, T. M., & Slevin, K. F. (2001). *Gender, social inequalities and aging*. Walnut Creek, CA: AltaMira Press.
- Calasanti, T. M., & King, N. (2005). Firming the floppy penis: Age, class, and gender relations in the lives of old men. *Men and Masculinities*, 8(1), 3-23.
- Carstensen, L. L. (1992). Social and emotional patterns in adulthood: Support for socioemotional selectivity theory. *Psychology and Aging*, 7(3), 331-338.
- Chambliss, D. F., & Schutt, R. K. (2013). *Making sense of the social world: Methods of investigation* (4th ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Charles, S. T., & Carstensen, L. L. (2010). Social and emotional aging. *Annual Review of Psychology*, 61(1), 383-409.
- Chen, S., Caropreso, E., & Hsu, C. (2008). Designing cross-cultural collaborative online learning. In: T. T. Kidd, & H. Song (Eds.), *Handbook of research on instructional systems and technology* (Volume 2) (pp. 952-971). London, England: Information Science Reference.
- Clarke, L. H. (2012). Researching the body and embodiment in later life. In: M. Leontowitsch (Ed.), *Researching later life and ageing: Expanding qualitative research horizons* (pp. 24-40). Basingstoke, England: Palgrave Macmillan.
- Conner, K. A., Powers, E. A., & Bultena, G. L. (1979). Social interaction and life satisfaction: An empirical assessment of late-life patterns. *Journal of Gerontology*, 34(1), 116-121.

- Conrad, P., & Barker, K. K. (2010). The social construction of illness: Key insights and policy implications. *Journal of Health and Social Behavior*, 51(S), S67-S79.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Davies, C. A. (2008). *Reflexive ethnography: A guide to researching selves and others* (2nd ed.). Abingdon, England: Routledge.
- Deci, E. L., & Ryan, R. M. (1991). A motivational approach to self: Integration in personality. In: R. A. Dienstbier (Ed.), *Current theory and research in motivation, Vol. 38, Nebraska Symposium on Motivation, 1990: Perspectives on motivation* (pp. 237-288). Lincoln, NE: University of Nebraska Press.
- Deci, E. L., & Ryan, R. M. (2012). Motivation, personality, and development within embedded social contexts: An overview of self-determination theory. In: R. M. Ryan (Ed.), *The Oxford Handbook of Human Motivation* (pp. 85-107). New York, NY: Oxford University Press.
- Dervanovic, D. (2016, January 29). Weighing in on the Swedish personal space bubble [Blog post]. *Study in Sweden*. Retrieved February 19, 2018, from <https://blogs.studyinsweden.se>
- DeWalt, K., & DeWalt, B. R. (2010). *Participant observation: A guide for fieldworkers* (2nd ed.). Lanham, MD: AltaMira Press.
- Diggs, J. (2008). Activity theory of aging. In: S. Loue, & M. Sajatovic (Eds.), *Encyclopedia of aging and public health* (pp. 79-81). Boston, MA: Springer Science+Business Media, LLC.
- Dumitrache, C. G., Rubio, L. & Rubio-Herrera, R. (2017). Extroversion, social support and life satisfaction in old age: a mediation model. *Aging & Mental Health*, doi: 10.1080/13607863.2017.1330869
- Edmunds, J., Ntoumanis, N., & Duda, J. L. (2006). A test of self-determination theory in the exercise domain. *Journal of Applied Social Psychology*, 36(9), 2240-2265.
- Ehn, B. (2011). Doing-It-Yourself. Autoethnography of manual work. *Ethnologia Europaea*, 41(1), 53-64.
- Ehn, B., & Löfgren, O. (2009). Ethnography in the marketplace. *Culture Unbound*, 1, 31-49.
- Ehn, B., Löfgren, O., & Wilk, R. (2016). *Exploring everyday life: Strategies for ethnography and cultural analysis*. Lanham, MD: Rowman & Littlefield.

- Ellaway, A., Wood, S., & Macintyre, S. (1999). Someone to talk to? The role of loneliness as a factor in the frequency of GP consultations. *British Journal of General Practice*, 49(442), 363-367.
- Fassin, D. (2004). Public health as culture. The social construction of the childhood lead poisoning epidemic in France. *British Medical Bulletin*, 69(1), 167-177.
- Featherstone, M., & Hepworth, M. (1991). The mask of ageing and the postmodern life course. In: M. Featherstone, M. Hepworth, & B. S. Turner (Eds.), *The body: Social process and cultural theory* (pp. 371-389). London, England: SAGE Publications Ltd.
- Featherstone, M., & Wernick, A. (1995). Introduction. In: M. Featherstone & A. Wernick (Eds.), *Images of aging: Cultural representations of later life* (pp. 1-14). London, England: Routledge.
- Fung, H. H., Carstensen, L. L., & Lang, F. R. (2001). Age-related patterns in social networks among European Americans and African Americans: Implications for socioemotional selectivity across the life span. *International Journal of Aging and Human Development*, 52(3), 185-206.
- Gadow, S. (1983). Frailty and strength: The dialectic in aging. *The Gerontologist*, 23(2), 144-147.
- Geertz, C. (1973). *The interpretation of cultures: Selected Essays* (1st ed.). New York, NY: Basic Books.
- Gerdahallen. (2018). Retrieved February 19, 2018, from <https://www.gerdahallen.lu.se>
- Gerst-Emerson, K., & Jayawardhana, J. (2015). Loneliness as a public health issue: The impact of loneliness on health care utilization among older adults. *American Journal of Public Health*, 105(5), 1013-1019.
- Giacomini, M. (2010). Theory matters in qualitative health research. In: I. Bourgeault, R. Dingwall, & R. de Vries (Eds.), *The SAGE handbook of qualitative methods in health research* (pp. 125-156). London, England: SAGE Publications Ltd.
- Gibbs, G. R. (2007). *Analyzing qualitative data* (1st ed.) (Book 6 of *The SAGE Qualitative Research Kit*). London, England: SAGE Publications Ltd.
- Gilleard, C., & Higgs, P. (2015). Aging, embodiment, and the somatic turn. *Age, Culture, Humanities*, 2(2), 17-33.
- Gillin, J. L., & Gillin, J. P. (1948). *Cultural sociology: A revision of an introduction to sociology* (Rev. ed.). New York, NY: Macmillan Co.
- Goffman, E. (1956). The nature of deference and demeanor. *American Anthropologist*, 58(3), 473-502.

- Goffman, E. (1967). *Interaction ritual: Essays on face-to-face behaviour*. New York, NY: Anchor Books.
- Gravlee, C. C. (2011). Research design and methods in medical anthropology. In: M. Singer & P. I. Erickson (Eds.), *A companion to medical anthropology* (1st ed.) (pp. 69-91). Oxford, England: Wiley-Blackwell.
- Gredler, M. E. (2001). *Learning and instruction: Theory into practice* (4th ed.). New Jersey, NJ: Prentice Hall.
- Grundy, E., Fletcher, A., Smith, S., & Lamping, D. (2007). *Successful ageing and social interaction – A policy brief*. London, United Kingdom: International Longevity Centre – UK.
- Guay, F., Chanal, J., Ratelle, C. F., Marsh, H. W., Larose, S., & Boivin, M. (2010). Intrinsic, identified, and controlled types of motivation for school subjects in young elementary school children. *British Journal of Educational Psychology*, 80(4), 711-735.
- Gubrium, J. F., & Holstein, J. A. (2003). The everyday visibility of the aging body. In: C. A. Faircloth (Ed.), *Aging bodies: Images and everyday experience* (pp. 205-228). Walnut Creek, CA: AltaMira Press.
- Hagström, C. (2018). *TKAM02: Master's (Two Years) Thesis* [Class handout]. Department of Arts and Cultural Sciences, Lund University, Lund, Sweden.
- Hall, E. T. (1959). *The silent language*. Garden City, NY: Doubleday.
- Hall, E. T. (1974). *Handbook for proxemic research*. Washington, DC: Society for the Anthropology of Visual Communication.
- Hammersley, M. (1993). On the teacher as researcher. *Educational Action Research*, 1(3), 425-445.
- Hanson, M. J., Wolfberg, P., Zercher, C., Morgan, M., Gutierrez, S., Barnwell, D., & Beckman, P. (1998). The culture of inclusion: Recognizing diversity at multiple levels. *Early Childhood Research Quarterly*, 13(1), 185-209.
- Haraway, D. J. (1991). *Simians, cyborgs, and women: The reinvention of nature*. London, England: Free Association Books.
- Havighurst, R. J. (1961). Successful aging. *The Gerontologist*, 1(1), 8-13.
- Hawley, L. C., & Kocherginsky, M. (2017). Transitions in loneliness among older adults: A 5-year follow-up in the national social life, health, and aging project. *Research on Aging*, 40(4), 365-387.

- Hawkey, L. C., Thisted, R. A., Masi, C. M., & Cacioppo, J. T. (2010). Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. *Psychology and Aging, 25*(1), 132-141.
- Heinrich, L. M., & Gullone, E. (2006). The clinical significance of loneliness: A literature review. *Clinical Psychology Review, 26*(6), 695-718.
- Helman, C. G. (2007). *Culture, health and illness* (5th ed.). London, England: Hodder Arnold.
- Henderson, H. (2005). *The Swedish table*. Minneapolis, MN: University of Minnesota Press.
- Hiriyyappa, B. (2011). *Management of motivation and its theories*. Self-published. Printed by CreateSpace.
- Holstein, M. B., & Minkler, M. (2007). Critical gerontology: Reflections for the 21st century. In: M. Bernard, & T. Scharf (Eds.), *Critical perspectives on ageing societies* (pp. 13-26). Bristol, England: Policy Press.
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science, 10*(2), 227-237.
- Holwerda, T. J., Deeg, D. J. H., Beekman, A. T. F., van Tilburg, T. G., Stek, M. L., Jonker, C., & Schoevers, R. A. (2014). Feelings of loneliness, but not social isolation predict dementia onset: Results from the Amsterdam Study of the Elderly (AMSTEL). *Journal of Neurology, Neurosurgery, and Psychiatry, 85*, 135-142.
- Holwerda, T. J., van Tilburg, T. G., Deeg, D. J. H., Schutter, N., Van, R., Dekker, J., ... Schoevers, R. A. (2016). Impact of loneliness and depression on mortality: Results from the Longitudinal Ageing Study Amsterdam. *British Journal of Psychiatry, 209*(2), 127-134.
- Hopwood, A. L. (1997). The social construction of illness and its implications for complementary and alternative medicine. *Complementary Therapies in Medicine, 5*(3), 152-155.
- Ivarsson, D., Ziegerer, J., & Agrell, A. (2015, March 29). Så blev Gerda en motionsjätte [Then Gerda became a giant influence in exercising]. *Sydsvenskan*. Retrieved February 19, 2018, from <https://www.sydsvenskan.se/2015-03-28/sa-blev-gerda-en-motionsjatte>
- Katz, S. (2000). Busy bodies: Activity, aging, and the management of everyday life. *Journal of Aging Studies, 14*(2), 135-152.
- Kaur, S. P. (2013). Variables in research. *Indian Journal of Research and Reports in Medical Sciences, 3*(4), 36-38.



- Kelley-Moore, J. A., Schumacher, J. G., Kahana, E., & Kahana, B. (2006). When do older adults become “disabled”? Social and health antecedents of perceived disability in a panel study of the oldest old. *Journal of Health and Social Behavior*, 47(2), 126-141.
- King-White, R. (2017). Ethnographic approaches. In: M. L. Silk, D. L. Andrews, & H. Thorpe (Eds.), *Routledge handbook of physical cultural studies* (pp. 484-494). London, England: Routledge.
- Klain, I. P., de Matos, D. G., Leitão, J. C., Cid, L., & Moutão, J. (2015). Self-determination and physical exercise adherence in the contexts of fitness academies and personal training. *Journal of Human Kinetics*, 46(2), 241-249.
- Kusenbach, M. (2003). Street phenomenology: The go-along as ethnographic research tool. *Ethnography*, 4(3), 455-485.
- Lauder, W., Mummery, K., Jones, M., & Caperchione, C. (2006). A comparison of health behaviours in lonely and non-lonely populations. *Psychology, Health & Medicine*, 11(2), 233-245.
- Lundin, S., & Åkesson, L. (1996). Introduction. In: S. Lundin & L. Åkesson (Eds.), *Bodytime: On the interaction of body, identity, and society* (A. Crozier, Trans.) (pp. 5-12). Lund, Sweden: Lund University Press.
- Lupton, D. (2012). *Medicine as culture: Illness, disease and the body* (3rd ed.). London, England: SAGE Publications Ltd.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396.
- Maslow, A. H. (1996). Critique of self-actualization theory. In: E. Hoffman (Ed.), *Future visions: The unpublished papers of Abraham Maslow* (pp. 26-32). Thousand Oaks, CA: SAGE Publications, Inc.
- Matsumoto, D., & Wilson, J. (2008). Culture, emotion, and motivation. In: R. M. Sorrentino & S. Yamaguchi (Eds.), *Handbook of motivation and cognition across cultures* (pp. 541-563). Burlington, MA: Academic Press.
- May, T. (2011). *Social research: Issues, methods and process* (4th ed.). Maidenhead, England: Open University Press.
- McHugh, K. E. (2000). The ‘ageless self’? Emplacement of identities in Sun Belt retirement communities. *Journal of Aging Studies*, 14(1), 103-115.
- McLennan, S., Storey, D., & Leslie, H. (2014). Entering the field. In: R. Scheyvens (Ed.), *Development fieldwork: A practical guide* (2nd ed.) (pp. 143-159). London, England: SAGE Publications Ltd.
- Moser, S. (2008). Personality: A new positionality? *Area*, 40(3), 383-392.

- Nicholson Jr., N. R. (2009). Social isolation in older adults: An evolutionary concept analysis. *Journal of Advanced Nursing*, 65(6), 1342-1352.
- Nieminen, T., Prättälä, R., Martelin, T., Härkänen, T., Hyypä, M. T., Alanen, E., & Koskinen, S. (2013). Social capital, health behaviours and health: A population-based associational study. *BMC Public Health*, 13:613.
- Ono, E., Nozawa, T., Ogata, T., Motohashi, M., Higo, N., Kobayashi, T., ... Miyake, Y. (2011). Relationship between social interaction and mental health. *IEEE/SICE International Symposium on System Integration*, 246-249. Retrieved from <https://ieeexplore-ieee.org/ludwig.lub.lu.se/stamp/stamp.jsp?tp=&arnumber=6147454>
- Pantell, M., Rehkopf, D., Jutte, D., Syme, S. L., Balmes, J., & Adler, N. (2013). Social isolation: A predictor of mortality comparable to traditional clinical risk factors. *American Journal of Public Health*, 103(11), 2056-2062.
- Payne, S. (2007). Qualitative methods of data collection and analysis. In: J. M. Addington-Hall, E. Bruera, I. J. Higginson, & S. Payne (Eds.), *Research methods in palliative care* (1st ed.) (pp. 139-162). New York, NY: Oxford University Press.
- Pickering, M. (2008). Experience and the social world. In: M. Pickering (Ed.), *Research methods for cultural studies* (pp. 17-31). Edinburgh, England: Edinburgh University Press.
- Pink, S. (2007). *Doing visual ethnography: Images, media and representation in research* (2nd ed.). London, England: SAGE Publications Ltd.
- Portero, C. F., & Oliva, A. (2007). Social support, psychological well-being, and health among the elderly. *Educational Gerontology*, 33(12), 1053-1068.
- QSR International. (n.d.). *NVivo 11 for Windows*. Retrieved February 19, 2018, from <https://www.qsrinternational.com>
- Region Skåne & the City of Helsingborg. (2017). *Skåne: Facts and key trends*. Helsingborg, Sweden: Author.
- Robbins, L. A. (2015). Gauging aging: How does the American public truly perceive older age—and older people? *Generations – Journal of the American Society on Aging*, 39(3), 17-21.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68-78.
- Rönkä, A. R., Taanila, A., Koironen, M., Sunnari, V., & Rautio, A. (2013). Associations of deliberate self-harm with loneliness, self-rated health and life satisfaction in adolescence:

- Northern Finland Birth Cohort 1986 Study. *International Journal of Circumpolar Health*, 72:21085.
- SALAR. (2007). *Care of the elderly in Sweden today*. Stockholm, Sweden: Ordförrådet AB.
- Seeman, T. E., Miller-Martinez, D. M., Merkin, S. S., Lachman, M.E., Tun, P.A., & Karlamangla, A. S. (2011). Histories of social engagement and adult cognition: Midlife in the U.S. study. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 66B(S1), i141-i152.
- Seeman, T. E., Singer, B.H., Ryff, C.D., Love, G. D., & Levy-Storms, L. (2002). Social relationships, gender, and allostatic load across two age cohorts. *Psychosomatic Medicine*, 64(3), 395-406.
- Shafer, E. (2011, September). *Comorbidities, metabolic changes make elderly more susceptible to infection*. Retrieved February 19, 2018, from <https://www.healio.com/>
- Shaw, B. A., Liang, J., Krause, N., Gallant, M., & McGeever, K. (2010). Age differences and social stratification in the long-term trajectories of leisure-time physical activity. *Journal of Gerontology: Social Sciences*, 65B(6), 756-766.
- Shilling, C. (1993). *The body and social theory* (1st ed.). London, England: SAGE Publications Ltd.
- Shilling, C. (2007). Sociology and the body: Classical traditions and new agendas. *The Sociological Review*, 55(1), 1-18.
- Singer, M., & Erickson, P. I. (2011). Introduction. In: M. Singer & P. I. Erickson (Eds.), *A companion to medical anthropology* (1st ed.) (pp. 1-5). Oxford, England: Wiley-Blackwell.
- Stark, L., & Hedgecoe, A. (2010). A practical guide to research ethics. In: I. Bourgeault, R. Dingwall, & R. de Vries (Eds.), *The SAGE handbook of qualitative methods in health research* (pp. 589-607). London, England: SAGE Publications Ltd.
- Statistics Sweden. (2018). *Population in Sweden age 65 and over, 2000-2017* [Statistical database]. Available from Statistics Sweden website: <https://www.scb.se/en/>
- Stenner, P., McFarquhar, T., & Bowling, A. (2011). Older people and 'active ageing': Subjective aspects of ageing actively. *Journal of Health Psychology*, 16(3), 467-477.
- Stewart-Withers, R., Banks, G., McGregor, A., & Meo-Sewabu, L. (2014). Qualitative research. In: R. Scheyvens (Ed.), *Development fieldwork: A practical guide* (2nd ed.) (pp. 59-80). London, England: SAGE Publications Ltd.
- Sweden.se. (2018). *Elderly care in Sweden*. Retrieved February 19, 2018, from: <https://sweden.se/>

- Teo, A. R., Choi, H., & Valenstein, M. (2013). Social relationships and depression: Ten-year follow-up from a nationally representative study. *PLoS ONE*, 8(4):e62396.
- Tsang, M. (2012). Connecting and caring: Innovations for healthy ageing. *Bulletin of the World Health Organization*, 90(3), 157-244.
- Tulle, E. (2008a). Acting your age? Sports science and the ageing body. *Journal of Aging Studies*, 22(4), 340-347.
- Tulle, E. (2008b). *Ageing, the body and social change: Running in later life*. Basingstoke, England: Palgrave Macmillan.
- Tulle, E., & Dorrer, N. (2012). Back from the brink: Ageing, exercise and health in a small gym. *Ageing and Society*, 32(7), 1106-1127.
- Twigg, J. (2004). The body, gender, and age: Feminist insights in social gerontology. *Journal of Aging Studies*, 18(1), 59-73.
- UN. (n.d.). *Ageing*. Retrieved February 19, 2018, from <https://www.un.org/>
- Valtorta, N. K., Kanaan, M., Gilbody, S., Ronzi, S., & Hanratty, B. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: Systematic review and meta-analysis of longitudinal observational studies. *Heart*, 102(13), 1009-1016.
- WHO. (1999). *Ageing: Exploding the myths*. Geneva, Switzerland: Author. Retrieved February 19, 2018, from <https://www.who.int/>
- WHO. (2010). *Definition of an older or elderly person*. Geneva, Switzerland: Author.
- WHO/Europe. (n.d.). Risk factors of ill health among older people. *WHO/Europe*. Retrieved February 19, 2018, from <https://www.euro.who.int/>
- Wilde, A. (n.d.). Swedish etiquette on personal space. *Synonym*. Retrieved February 19, 2018, from <https://classroom.synonym.com/swedish-etiquette-personal-space-8771.html>
- Williams, S. J., & Bendelow, G. (1998). *The lived body: Sociological themes, embodied issues*. London, England: Routledge.
- Wilson, R. S., Krueger, K. R., Arnold, S. E., Schneider, J. A., Kelly, J. F., Barnes, L. L., ... Bennett, D. A. (2007). Loneliness and risk of Alzheimer disease. *Archives of General Psychiatry*, 64(2), 234-240.
- Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Yow, V. R. (1994). *Recording oral history: A practical guide for social scientists*. Thousand Oaks, CA: SAGE Publications, Inc.

## Software

NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 11, 2017.

## Unpublished References in the Ownership of the Author<sup>12</sup>

### Go-Along Interviews

01- Informal talk with Vendela. (2018, January 30). Lund, Sweden.

02- Informal talk with Leif. (2018, January 30). Lund, Sweden.

03- Informal talk with Arne. (2018, January 31). Lund, Sweden.

### Semi-Structured In-Depth Interviews

01- Interview with Åke. (2018, February 13). Lund, Sweden. *Performed and transcribed by Kei Nilsson.*

02- Interview with Solveig. (2018, February 13). Lund, Sweden. *Performed and transcribed by Kei Nilsson.*

03- Interview with Karl-Oskar and Agatha. (2018, February 14). Lund, Sweden. *Performed and transcribed by Kei Nilsson.*

04- Interview with Ylva. (2018, February 14). Lund, Sweden. *Performed and transcribed by Kei Nilsson.*

05- Interview with Ingegerd. (2018, February 15). Lund, Sweden. *Performed and transcribed by Kei Nilsson.*

### Observations and Field Notes

01- Observation during a senior exercise at Gerdahallen (Senior Exercise 1 with instructor Berit), Lund, Sweden. (2018, January 29).

02- Observation during a senior exercise at Gerdahallen (Senior Exercise 2 with instructor Sigrid), Lund, Sweden. (2018, January 29).

03- Observation during a senior exercise at Gerdahallen (Senior Exercise 1 with instructor Berit), Lund, Sweden. (2018, January 30).

04- Observation during a senior exercise at Gerdahallen (Senior Exercise 3 with instructor Berit), Lund, Sweden. (2018, January 30).

05- Observation during a senior exercise at Gerdahallen (Senior Exercise 1 with instructor Dagmar), Lund, Sweden. (2018, January 31).

- 06- Observation during a senior exercise at Gerdahallen (Senior Exercise 1 with instructor Bodil), Lund, Sweden. (2018, January 31).
- 07- Observation during a senior exercise at Gerdahallen (Senior Exercise 1 with instructor Elsie), Lund, Sweden. (2018, February 1).
- 08- Observation during a senior exercise at Gerdahallen (Senior Exercise 1 with instructor Torbjörn), Lund, Sweden. (2018, February 1).

## Notes

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- 1 SeniorGym, SeniorYoga1, and SeniorYoga2 are explained in “2.2.1 SeniorGym” and “2.2.2 SeniorYoga”. According to the website of Gerdahallen (2018), the definitions of the rest of the senior exercises are as shown below:
  - a. YinYoga is defined as “a slow-paced yoga class with poses that are held up three-five minutes. This class gives a more meditative approach to yoga”;
  - b. RyggYoga is defined as “a yoga class with focus on the back, neck and shoulders with careful movements to train your strength and stability”;
  - c. Pilates is defined as “group workout with focus on strength and flexibility of your core muscles”;
  - d. Gympa1 is defined as “a low-intensity gymna class where the movements are safe and controlled with moderate demands on strength”;
  - e. LättGympaCirkel is defined as “a very low-intensity gymna class with focus on rehabilitation associated with injury or illness”;
  - f. GympaStång1 is defined as “a low-intensity gymna class where the movements are safe and controlled with moderate demands on strength”;
  - g. GympaSenior/SeniorGympa is defined as “a low intensity gymna class with power bars which is followed by circuit training”;
  - h. YinYangYoga is defined only in Swedish language as “på det här passet kombineras dynamiska, aktiva och flödande yogarörelser (yang) med de stillsamma, passiva grundande (yin) positionerna”, which means “in this class, the session combines dynamic, active, and flowing yoga movements (yang) with the calming, passive founding (yin) positions”;
  - i. FunktionellTräningSenior is also defined only in Swedish language as “funktionell träning där styrka, rörlighet, balans, stabilitet och pulshöjande moment ingår. Förutom kroppen som redskap används stepbräda och en viktplatta. Passet vänder sig till seniorer, men passar även för nybörjare i denna träningsform”, which means “functional training where strength, mobility, balance, stability, and pulse-boosting torques are included. In addition to the body as a tool, a step board and a weight plate are used. The session is aimed at seniors, but is also suitable for beginners in this form of training”.
- 2 It is only until recently, a debatable *virtual ethnography* has emerged, enabling the researcher not to be physically present in the field, rather through technology, such as video camera, digital camera, and the internet (King-White, 2017).
- 3 Most academic writings written in English use either ‘he’ or ‘she’ as the subject when explaining examples, while most academic writings written in Swedish use a gender-neutral pronoun ‘hen’. Consequently, I decided to use ‘s/he’ throughout this thesis as the field setting of this research study was in Sweden and within the Swedish society.
- 4 In the Department of Arts and Cultural Sciences at Lund University, this sub-discipline is called *medical humanities*.

- 5 The fieldwork/collaboration agreement was signed on the 24<sup>th</sup> of January 2018 by me as the researcher, CEO Rickard Benediktsson as the representative of Gerdahallen, and professor Charlotte Hagström as the programme coordinator of MACA as well as TKAM02/thesis course coordinator. Each party received a signed copy of the agreement.
- 6 Gerdahallen has as well started a new project for the elderly, called *Aktiv senior*, which combines different physical activities focusing on improving strength, balance, coordination, fitness, and mobility. I was, unfortunately, unable to attend this as my fieldwork has ended by the time this new project started, which was from the 12<sup>th</sup> of March until the 31<sup>st</sup> of May 2018.
- 7 I was able to calculate the BMI as I have asked their body height and weight in the questionnaire (see Appendix B/C). This was done to measure their body fat.
- 8 A control group was not considered for this study due to the limited time to conduct the fieldwork for this research study.
- 9 The names of the interviewees, the instructors, the staff, and the participants of the go-along interviews are altered.
- 10 It is true that the ethics regarding anonymity would be in question due to the participants who appeared in the photos. Nevertheless, this should not be an issue as the participants have been informed about the use of the photos including how and where the photos will be used, and they have given their consent.
- 11 Commonly accompanied with pastries, cookies, or pie, *fika* is a Swedish tradition with the cardinal denotation 'to have coffee' (Henderson, 2005).
- 12 According to the sixth edition of the American Psychological Association (APA) citing style – which is used for this thesis, interviews are not to be included on the References as they are not recoverable information. However, the Department of Arts and Cultural Sciences at Lund University has chosen to modify this, with the consideration that “ethnology lives and breathes its empirical materials” (Hagström, 2018). Several other APA guidelines (e.g. double spacing, word limit of Abstract) were not followed as the department has modified these as well.



# Appendix A: Exercises During the Fieldwork

Jan 2018	29 MÅNDAG	30 TISDAG	31 ONSDAG	1 TORSDAG	2 FREDAG	3 LÖRDAG	4 SÖNDAG
	<b>Yinyoga</b> 07.00 - 07.55 Emma M Gerdahallen	<b>BODYCOMBAT*</b> 07.00 - 07.50 Rebecca A Gerdahallen	<b>GympaStång 2</b> 06.45 - 07.40 Jonathan J Gerdahallen	<b>SpinningHIT</b> 06.45 - 07.30 Lisa Lå Gerdahallen	<b>GympaStång 2</b> 06.45 - 07.40 Marie N Gerdahallen	<b>Styrkeinstruktion</b> 09.30 - 11.00 Eva H Gerdahallen	<b>GympaStång 2</b> 09.30 - 10.25 Ann-Charlotte R Gerdahallen
	<b>HIT</b> 07.15 - 08.00 Martin H Gerdahallen	<b>PowerYoga 2</b> 07.00 - 07.55 Nadia H Gerdahallen	<b>Pilates</b> 07.00 - 07.45 Susanna P Gerdahallen	<b>Toughest</b> 07.30 - 08.30 Josefina J Gerdahallen	<b>PowerYoga 2</b> 07.30 - 08.25 Aniko W Gerdahallen	<b>RyggYoga</b> 09.15 - 10.10 Annika J Gerdahallen	<b>PowerYoga 2</b> 09.45 - 10.55 Susanna P Gerdahallen
	<b>GympaStång 1</b> 09.00 - 09.55 Görel V Gerdahallen	<b>Toughest</b> 08.00 - 09.00 Mikael E Gerdahallen	<b>RyggYoga</b> 09.30 - 10.25 Carina G Gerdahallen	<b>SeniorGym</b> 08.30 - 09.30 Carina G Gerdahallen	<b>Spinning 2</b> 09.00 - 09.55 Ann-Charlotte R Gerdahallen	<b>GympaStång 2</b> 09.15 - 10.10 Klara L Gerdahallen	<b>Gympa 1</b> 10.30 - 11.25 Lotta W Gerdahallen
	<b>SeniorYoga 1</b> 09.30 - 10.40 Carina G Gerdahallen	<b>SeniorGym</b> 08.30 - 09.30 Carina G Gerdahallen	<b>Funktionell Träning Senior</b> 09.45 - 10.30 Görel V Gerdahallen	<b>SeniorGym</b> 09.30 - 10.30 Nadia H Gerdahallen	<b>GympaStång 1</b> 09.30 - 10.15 Nadia H Gerdahallen	<b>FamiljeGympa (2-5 år)</b> 09.15 - 10.10 Pedra W Gerdahallen	<b>Spinning 2</b> 11.00 - 11.55 Lotta B Gerdahallen
	<b>SeniorGym</b> 10.00 - 11.00 Jimmy K Gerdahallen	<b>SeniorGym</b> 09.30 - 10.30 Sara E Gerdahallen	<b>SeniorGym</b> 10.00 - 11.00 Anuska A Gerdahallen	<b>MammaBabyTräning</b> 09.45 - 10.40 Carina G Gerdahallen	<b>RyggYoga</b> 10.25 - 11.20 Nadia H Gerdahallen	<b>SpinningHIT</b> 09.30 - 10.15 Lisa Lå Gerdahallen	<b>Yinyoga</b> 11.00 - 11.55 Susanna P Gerdahallen
	<b>LättGympaCirkel</b> 10.50 - 11.45 Carina G Gerdahallen	<b>SeniorYoga 2</b> 10.00 - 11.10 Carina G Gerdahallen	<b>LättGympaCirkel</b> 10.50 - 11.45 Asa R Gerdahallen	<b>SeniorYoga 1</b> 10.00 - 11.10 Sara E Gerdahallen	<b>TRX</b> 11.00 - 11.45 Helene T Gerdahallen	<b>PowerYoga 1 (T)</b> 10.15 - 11.10 Annika J Gerdahallen	<b>Spinning 2</b> 12.15 - 13.10 Sofia E Gerdahallen
	<b>SeniorGym</b> 11.00 - 12.00 Görel V Gerdahallen	<b>Spinning 2</b> 10.45 - 11.40 Ann-Charlotte R Gerdahallen	<b>SeniorGym</b> 11.00 - 12.00 Sara E Gerdahallen	<b>Pilates</b> 11.00 - 11.45 Nadia H Gerdahallen	<b>PowerYoga 3</b> 11.15 - 12.25 Anna L Gerdahallen	<b>Step 2</b> 10.15 - 11.10 Nadja S Gerdahallen	<b>GympaStång 2 (T)</b> 14.00 - 14.55 Malin L Gerdahallen
	<b>GympaStång 2</b> 11.00 - 11.55 Marie N Gerdahallen	<b>Gympa 1</b> 11.00 - 11.45 Helene T Gerdahallen	<b>Spinning 2</b> 11.00 - 11.55 Moa L Gerdahallen	<b>Gympa 1</b> 11.00 - 11.45 Carina G Gerdahallen	<b>HIT</b> 11.20 - 12.05 Ann-Charlotte R Gerdahallen	<b>FamiljeGympa (2-5 år)</b> 10.15 - 11.10 Pedra W Gerdahallen	<b>Toughest</b> 14.00 - 15.00 Jonathan J Gerdahallen
	<b>Step 2</b> 11.15 - 12.10 Anna L Gerdahallen	<b>SomaMove*</b> 11.15 - 12.00 Anna L Gerdahallen	<b>GympaStång 2</b> 11.00 - 11.55 Froja H Gerdahallen	<b>SeniorGym</b> 11.00 - 12.00 Jimmy K Gerdahallen	<b>Functional Moves*</b> 11.30 - 12.15 Sara Sc Gerdahallen	<b>Spinning 2</b> 10.30 - 11.25 Martin H Gerdahallen	<b>Core</b> 14.40 - 15.10 Sara Sc Gerdahallen
	<b>PowerYoga 3</b> 12.00 - 13.00 Madeleine S Gerdahallen	<b>Pilates</b> 11.20 - 12.05 Carina G Gerdahallen	<b>Zumba*</b> 11.15 - 12.00 Anna-Maria P Gerdahallen	<b>GympaStång 2</b> 11.15 - 12.10 Ann-Charlotte R Gerdahallen	<b>GympaStång 2</b> 12.15 - 13.10 Caroline M Gerdahallen	<b>Styrkeinstruktion</b> 11.00 - 13.00 Eva H Gerdahallen	<b>Styrkeinstruktion</b> 15.00 - 19.00 Jonathan J Gerdahallen
	<b>BODYPUMP*</b> 12.00 - 13.00 Ann-Charlotte R Gerdahallen	<b>LUA</b> 11.30 - 12.15 Nadia H Gerdahallen	<b>PowerYoga 1</b> 12.00 - 12.55 Cheryl S Gerdahallen	<b>AfroPowerDance*</b> 11.15 - 12.00 Anna L Gerdahallen	<b>SpinningStyrka</b> 12.15 - 13.10 Helene T Gerdahallen	<b>GympaStång 1</b> 11.15 - 12.10 Lotta W Gerdahallen	<b>AerobicDance 1-2 (T)</b> 15.15 - 16.00 Sara Sc Gerdahallen
	<b>Core</b> 12.15 - 12.45 Nadia H Gerdahallen	<b>HIT</b> 12.00 - 12.45 Ann-Charlotte R Gerdahallen	<b>Core</b> 12.00 - 12.45 Sara Sc Gerdahallen	<b>LUA</b> 12.15 - 13.00 Nadia H Gerdahallen	<b>GympaStång 2</b> 15.15 - 16.10 Frida O Gerdahallen	<b>BarreMove</b> 11.15 - 12.00 Caroline H Gerdahallen	<b>TRX</b> 16.00 - 16.55 Maria M Gerdahallen

	29 MÅNDAG	30 TISDAG	31 ONSDAG	1 TORSDAG	2 FREDAG	3 LÖRDAG	4 SÖNDAG
<b>Toughest</b> 14.00 - 15.00 Tova T Gerdahallen	<b>PowerYoga 2</b> 12.15 - 13.10 Anna L Gerdahallen	<b>PowerYoga 3</b> 15.15 - 16.25 Madeline S Gerdahallen	<b>PowerYoga 2</b> 12.15 - 13.10 Sara E Gerdahallen	<b>PowerYoga 2</b> 12.15 - 13.10 Sara E Gerdahallen	<b>Zumba* (T)</b> 15.15 - 16.10 Linnea W Gerdahallen	<b>Hinderbana (6-11 år)</b> 11.15 - 12.10 Pedra W Gerdahallen	<b>HIT</b> 16.00 - 16.45 Caroline H Gerdahallen
<b>GympaStång 2</b> 15.15 - 16.10 Marie N Gerdahallen	<b>SeniorGym</b> 14.30 - 15.30 Bertil A Gerdahallen	<b>Styrkeinstruktion</b> 16.00 - 18.00 Jörgen V Gerdahallen	<b>BODYPUMP*</b> 12.15 - 13.15 Sara Sc Gerdahallen	<b>BODYPUMP*</b> 12.15 - 13.15 Sara Sc Gerdahallen	<b>Kettlebells</b> 15.25 - 16.10 Jonathan J Gerdahallen	<b>Pilates</b> 12.05 - 12.50 Sara Sc Gerdahallen	<b>PowerYoga 1</b> 16.00 - 16.55 Aisha M Gerdahallen
<b>Spinning 2</b> 16.00 - 16.55 Lotta B Gerdahallen	<b>RyggYoga</b> 15.45 - 16.40 Cheryl S Gerdahallen	<b>TRX</b> 16.00 - 16.55 Marie N Gerdahallen	<b>GympaSenior</b> 15.30 - 16.25 Carl S Gerdahallen	<b>Styrkeinstruktion</b> 16.00 - 18.30 Gustav L Gerdahallen	<b>Styrkeinstruktion</b> 16.00 - 18.30 Gustav L Gerdahallen	<b>BODYCOMBAT*</b> 12.15 - 13.10 Rebecca A Gerdahallen	<b>PilatesCirkel (T)</b> 16.05 - 16.50 Sara Sc Gerdahallen
<b>PilatesCirkel</b> 16.10 - 16.55 Marianne E Gerdahallen	<b>Styrkeinstruktion</b> 16.00 - 18.30 Ulrika A Gerdahallen	<b>BODYPUMP*</b> 16.15 - 17.15 Ulrika A Gerdahallen	<b>Styrkeinstruktion</b> 16.15 - 18.30 Fredrik R Gerdahallen	<b>Styrkeinstruktion</b> 16.15 - 18.30 Fredrik R Gerdahallen	<b>Core (T)</b> 16.15 - 16.45 Linnea W Gerdahallen	<b>BODYPUMP*</b> 14.00 - 15.00 Ann-Charlotte R Gerdahallen	<b>Functional Moves*</b> 16.50 - 17.45 Johan L Gerdahallen
<b>HIT</b> 16.15 - 17.00 Emilia E Gerdahallen	<b>Spinning 2</b> 16.00 - 16.55 Moal Gerdahallen	<b>GravidTräning/MammaTräning</b> 16.45 - 17.40 Caroline M Gerdahallen	<b>HIT</b> 16.00 - 16.45 Martin H Gerdahallen	<b>HIT</b> 16.15 - 17.40 Martin H Gerdahallen	<b>StyrkeGympa 3</b> 16.15 - 17.40 Michael C Gerdahallen	<b>Kettlebells</b> 15.15 - 16.10 Josefina J Gerdahallen	<b>Step 2</b> 16.55 - 17.50 Alexandra F Gerdahallen
<b>Zumba*</b> 16.15 - 17.10 Ellin B Gerdahallen	<b>GympaStång 2</b> 16.15 - 17.10 Marie N Gerdahallen	<b>AfroPowerDance*</b> 16.45 - 17.30 Anna G Gerdahallen	<b>GympaStång 2 (T)</b> 16.30 - 17.25 Helene T Gerdahallen	<b>GympaStång 2 (T)</b> 16.30 - 17.25 Helene T Gerdahallen	<b>Step 2</b> 16.15 - 17.10 Pernilla B Gerdahallen	<b>GympaStång 2 (T)</b> 15.30 - 16.25 Pernilla B Gerdahallen	<b>GympaStång 2</b> 17.00 - 17.55 Marie N Gerdahallen
<b>Styrkeinstruktion</b> 17.00 - 20.00 Oskar B Gerdahallen	<b>Functional Moves*</b> 16.30 - 17.25 Nadja S Gerdahallen	<b>GympaStång 2</b> 17.00 - 17.55 Joachim E Gerdahallen	<b>Core</b> 16.30 - 17.10 Pernilla B Gerdahallen	<b>Core</b> 16.30 - 17.10 Pernilla B Gerdahallen	<b>Spinning 2</b> 16.30 - 17.25 Asa D Gerdahallen	<b>Zumba* (T)</b> 16.00 - 16.55 Joakim V Gerdahallen	<b>PowerYoga 3</b> 17.15 - 18.25 Maria J Gerdahallen
<b>Step 2</b> 17.00 - 17.55 Pernilla B Gerdahallen	<b>BODYCOMBAT*</b> 16.45 - 17.40 Ulrika A Gerdahallen	<b>Spinning 2</b> 17.15 - 18.10 Ids M Gerdahallen	<b>SomaMove* (T)</b> 16.50 - 17.35 Anna-Maria P Gerdahallen	<b>SomaMove* (T)</b> 16.50 - 17.35 Anna-Maria P Gerdahallen	<b>YinYoga</b> 17.00 - 17.55 Silva E Gerdahallen	<b>HIT</b> 16.15 - 17.00 Josefina J Gerdahallen	<b>Spinning 2</b> 17.15 - 18.10 Lina R Gerdahallen
<b>GympaStång 2</b> 17.05 - 18.00 Anna Sk Gerdahallen	<b>SpinningHIT</b> 17.15 - 18.00 Nicklas D Gerdahallen	<b>Step 3</b> 17.20 - 18.15 Emma H Gerdahallen	<b>RyggYoga</b> 17.00 - 17.55 Carina G Gerdahallen	<b>RyggYoga</b> 17.00 - 17.55 Carina G Gerdahallen	<b>AerobicDance 3</b> 17.00 - 17.55 Alexandra F Gerdahallen	<b>BODYPUMP*</b> 17.50 - 18.50 Emilia E Gerdahallen	<b>BODYPUMP*</b> 17.50 - 18.50 Emilia E Gerdahallen
<b>Spinning 2</b> 17.15 - 18.10 Mikael E Gerdahallen	<b>Pilates</b> 17.15 - 18.10 Annett S Gerdahallen	<b>Core</b> 17.35 - 18.05 Martin H Gerdahallen	<b>AerobicDance 3</b> 17.15 - 18.10 Jenny M Gerdahallen	<b>AerobicDance 3</b> 17.15 - 18.10 Jenny M Gerdahallen	<b>GympaStång 2</b> 17.15 - 18.10 Martin H Gerdahallen	<b>Street</b> 17.55 - 18.50 Joakim V Gerdahallen	<b>Street</b> 17.55 - 18.50 Joakim V Gerdahallen
<b>PowerYoga 2 Eng</b> 17.15 - 18.10 Anna-Maria P Gerdahallen	<b>BODYPUMP*(Eng)</b> 17.20 - 18.20 Anna-Maria P Gerdahallen	<b>YinYangYoga</b> 17.50 - 18.45 Elvira G Gerdahallen	<b>Spinning 2</b> 17.45 - 18.10 Johan L Gerdahallen	<b>Spinning 2</b> 17.45 - 18.10 Johan L Gerdahallen	<b>BODYPUMP*</b> 17.45 - 18.45 Elisabeth S Gerdahallen	<b>AlpinGympa 3</b> 18.00 - 18.55 Andreas O Gerdahallen	<b>AlpinGympa 3</b> 18.00 - 18.55 Andreas O Gerdahallen
<b>RyggYoga</b> 17.30 - 18.25 Tove B Gerdahallen	<b>Step 1</b> 17.30 - 18.25 Pernilla B Gerdahallen	<b>Styrkeinstruktion</b> 18.00 - 21.00 Tova T Gerdahallen	<b>AlpinGympa 3</b> 18.00 - 18.25 Ann-Charlotte R Gerdahallen	<b>AlpinGympa 3</b> 18.00 - 18.25 Ann-Charlotte R Gerdahallen	<b>PowerYoga 2</b> 18.00 - 18.55 Klara L Gerdahallen		

# Appendix B: Questionnaire in English



in collaboration with



Hi. My name is Y. Budiman (also known as Kei Nilsson). I come from both South Korea and Indonesia. I am writing a Master's thesis in *Applied Cultural Analysis* with specialisation in *Medical Anthropology* at Lund University.

This is a questionnaire designed to gather research material with a theme of "Active and Healthy Ageing in Sweden". The questions are asked to understand and, therefore, improve your stay at Gerdahallen. When you are done, please return this questionnaire to me.

Notes:

- It takes approximately 5-10 minutes to complete this questionnaire.
- Select only one answer that applies, unless specified otherwise.
- Your responses are completely anonymous and confidential.
- Please answer as honestly and accurately as possible.

## General Information

Which age group are you in?  18-35  36-54  55-64  65-79  80+

Which gender identifying you in your ID card?  Male  Female

Note: I am fully aware that a "third gender" exists in Sweden. But please choose between these two categories to help limit this study, as these two options are those recognised internationally.

What is your current marital status?

- Single and/or never married  Divorced  Widowed with children  
 Married without children  Separated  Living with partner (Sambo)  
 Married with children  Widowed without children

## Your Visit to Gerdahallen

Which Gerdahallen's card do you usually purchase?

- 10-card  
 Annual card  
 Autogiro  
 Autogiro Flex  
 Six-month card  
 Three-month card

Do you also purchase GerdaMedlem?

- Yes  No

How would you rate the staffs' response?

- Friendly, professional, and helpful  
 Average  
 Varies on each visit  
 Poor service

Which activities do you usually take? (select all that apply)

- Senior Yoga 1 and/or 2  
 Senior Gym  
 Lätt Gympa Cirkel  
 Gympa 1 and/or 2  
 Rygg Yoga  
 Funktionell Träning Senior  
 Functional Moves  
 Others: \_\_\_\_\_

Which activities do you usually do the most?

- Senior Yoga 1 and/or 2  
 Senior Gym  
 Lätt Gympa Cirkel  
 Gympa 1 and/or 2  
 Rygg Yoga  
 Funktionell Träning Senior  
 Functional Moves  
 Others: \_\_\_\_\_

How often do you come to and do any physical activities in Gerdahallen?

- Every day or almost every day  
 2 or 5 times a week  
 A few times in two weeks  
 A few times in a month or fewer

How would you rate the activities you have done?

- Consistent high quality  
 Generally good  
 Quality varies daily  
 Poor quality



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GERDAHALLEN

■ ■ ■ ■ Det är här du vill träna

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### General Health Information

How tall are you without shoes on? \_\_\_\_\_ cm

How much do you weigh? \_\_\_\_\_ kg

What do you consider yourself as?

- Overweight  
 Underweight  
 Neither

How often do you attend other activities? (e.g. training outside Gerdahallen, choir or singing in a group, card games, etc.)

- Every day or almost every day  
 4 or 5 times a week  
 3 or fewer times a week  
 (Almost) not at all

Do you drink alcohol?  Yes  No

If yes,

How many glasses do you drink alcohol per week?

- More than 14 standard glasses (if you are a man) and more than 9 standard glasses (if you are a woman)  
 Less than that

How much alcohol do you drink per occasion?

- 5 or more standard glasses (if you are a man) and 4 or more standard glasses (if you are a woman)  
 Less than that

Note:

A standard glass of alcohol contains 12 grams of pure alcohol corresponding to:

- 1 glass of table wine (12-15 cl)
- 1 bottle of strong beer (33 cl, 5 percent)
- 1 small glass of dessert wine (8 cl) or
- 1 grogg (barely 4 cl spirits).

Do you smoke and/or snort snus?  Yes  No

Are you currently taking any medications?  Yes  No

Are you currently taking any narcotics?  Yes  No

How would you describe your health?

- Excellent  
 Very good  
 Good  
 Fair  
 Bad

Do you have trouble sleeping or other sleep problems?

- Not at all  
 Sometimes  
 Varied  
 Often  
 All the time

How would you describe your mental health?

- Excellent  
 Very good  
 Good  
 Fair  
 Bad

Are you in any kind of association or club? (e.g. 55+ tenancy association, bridge club, etc.)

How would you describe the sense of belonging in your local community (association or club)?

- Very strong  
 Somewhat strong  
 Somewhat weak  
 Very weak

### Additional Comment

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### Optional:

If you are interested to do a one-hour interview session, please fill in your information below. The location will be somewhere close by Gerdahallen, or interview via video call is possible as well. The exact time will be discussed further. **Please note:** There is no specific funding/grants that I received to conduct this study. Therefore, I am not able to provide any fee for this session. Nevertheless, Swedish fika (coffee and cake) will be provided for a face-to-face interview.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Is it possible to communicate with you in English?  Yes  No

**Thank you for your participation!**



# Appendix C: Questionnaire in Swedish



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GERDAHALLEN

■ ■ ■ ■ ■ Det är här du vill träna

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http://gerdahallen.lu.se/

Hej. Jag heter Y. Budiman (kallas för Kei Nilsson). Jag kommer från både Sydkorea och Indonesien. Jag skriver en masteruppsats i *Tillämpad kulturanalys* med specialisering inom *medicinsk antropologi* vid Lunds universitet.

Detta är ett frågeformulär som är utformat för att samla in forskningsmaterial med temat "Aktivt och hälsosamt åldrande i Sverige". Frågorna är ställda för att kunna förstå och därmed förbättra din vistelse på Gerdahallen. När du är klar, vänligen ge mig det här frågeformuläret tillbaka.

#### Anvisningar

- Det tar ungefär 5-10 minuter att slutföra detta frågeformulär.
- Välj endast ett svarsalternativ, om inte annat särskilt skäl anges.
- Dina svar är helt anonyma och konfidentiella.
- Vänligen svara så ärligt och korrekt som möjligt.

## Allmän information

Vilken åldersgrupp placerar du dig själv i?  18-35  36-54  55-64  65-79  80+

Vilket kön står i ditt ID-kort?  Man  Kvinna

OBS! Jag är fullt medveten om att ett "tredje kön" finns i Sverige. Men vänligen välj mellan dessa två kategorier för att hjälpa till att begränsa denna studie, eftersom dessa två alternativ är de som erkänts internationellt.

Vilket är ditt nuvarande civilstånd?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Singel och/eller aldrig gift | <input type="checkbox"/> Skild                  | <input type="checkbox"/> Änka/änkling med barn   |
| <input type="checkbox"/> Gift utan barn               | <input type="checkbox"/> Separerad              | <input type="checkbox"/> Bor med partner (Sambo) |
| <input type="checkbox"/> Gift med barn                | <input type="checkbox"/> Änka/änkling utan barn |  |

## Ditt besök på Gerdahallen

Vilket av Gerdahallens kort köper du oftast?

- 10-kort  
 Årskort  
 Autogiro  
 Autogiro Flex  
 Sexmånaderskort  
 Tremånaderskort

Köper du även GerdaMedlems-kortet?

- Ja  Nej

Hur skulle du betygsätta personalens bemötande?

- Vänlig, professionell och hjälpsam  
 Medel  
 Varierar vid varje besök  
 Dålig service

Vilka aktiviteter brukar du oftast boka in dig på?  
(ett eller flera alternativ)

- Senior Yoga 1 och/eller 2  
 Senior Gym  
 Lätt Gympa Cirkel  
 Gympa 1 och/eller 2  
 Rygg Yoga  
 Funktionell Träning Senior  
 Functional Moves  
 Övriga: \_\_\_\_\_

Vilken aktivitet brukar du oftast boka in dig på?  
(endast ett alternativ)

- Senior Yoga 1 och/eller 2  
 Senior Gym  
 Lätt Gympa Cirkel  
 Gympa 1 och/eller 2  
 Rygg Yoga  
 Funktionell Träning Senior  
 Functional Moves  
 Övriga: \_\_\_\_\_

Hur ofta kommer du till Gerdahallen?

- Varje dag eller nästan varje dag  
 2 till 5 gånger i veckan  
 Några gånger under två veckor  
 Ett par gånger i månaden eller färre

Hur skulle du betygsätta aktiviteterna?

- Hög kvalitet  
 Medel  
 Kvaliteten varierar dagligen  
 Dålig kvalitet



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## Allmän hälsoinformation

Hur lång är du? \_\_\_\_\_ cm  
Hur mycket väger du? \_\_\_\_\_ kg  
Vad anser du dig själv som?

- Överviktig  
 Underviktig  
 Varken eller

Hur ofta ägnar du dig åt andra aktiviteter? (t.ex. träning utanför Gerdahallen, kör eller sång, kortspel osv.)

- Varje dag eller nästan varje dag  
 4 eller 5 gånger i veckan  
 3 eller färre gånger i veckan  
 (Nästan) inte alls

Dricker du alkohol?  Ja  Nej

Om ja, hur många glas dricker du alkohol per vecka?

- Mer än 14 standardglas (om du är man) och mer än 9 standardglas (om du är kvinna)  
 Mindre än det

hur mycket alkohol dricker du per tillfälle?

- Mer än 4 standardglas (om du är man) och mer än 3 standardglas (om du är kvinna)  
 Mindre än det

**OBS!**

Ett standardglas alkohol innehåller 12 gram ren alkohol som motsvarar:

- 1 glas bordsvin (12-15 cl),
- 1 flaska starköl (33 cl, 5 procent),
- 1 litet glas dessertvin (8 cl) eller
- 1 grogg (knappt 4 cl sprit).

Röker och/eller snusar du?  Ja  Nej

Tar du för närvarande några läkemedel?  Ja  Nej

Är något av läkemedlen narkotikaklassade?  Ja  Nej

Hur skulle du beskriva din hälsa?

- Utmärkt  
 Väldigt bra  
 Bra  
 Måttlig  
 Dålig

Hur skulle du beskriva din psykiska hälsa?

- Utmärkt  
 Väldigt bra  
 Bra  
 Måttlig  
 Dålig

Har du svårt att sova eller har du andra sömnproblem?

- Inte alls  
 Ibland  
 Varierande  
 Ofta  
 Hela tiden

Är du med i någon typ av förening eller klubb? (t.ex. 55+ bostadsrättsförening, bridgeklubb osv.)  Ja  Nej

Om ja, hur skulle du beskriva känslan av tillhörighet i din förening eller klubb?

- Mycket stark  
 Stark  
 Svag  
 Mycket svag

## Ytterligare kommentarer

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### Frivilligt:

Om du är intresserad av att genomföra en intervju med mig (ca 1 timme), fyll i dina uppgifter nedan. Platsen för intervjun kommer att vara någonstans i närheten av Gerdahallen, eller om möjligt via videosamtal. Den exakta tiden kommer att diskuteras vid ett senare tillfälle.

**OBS!** Det finns inga särskilda medel/bidrag som jag har fått för att genomföra denna studie. Därför kan jag inte ge någon form av kompensation för denna session. Jag kommer däremot bjuda på fika (kaffe och kaka) i utbyte mot en *face-to-face* intervju.

Namn \_\_\_\_\_

Telefon \_\_\_\_\_

E-post \_\_\_\_\_

Kan du kommunicera på engelska?  Ja  Nej

**Tack för din medverkan!**

## Appendix D: Interview Guide

Below are the questions I used as a guide in the interviews, assembled roughly in accordance with certain topics.

### **Background**

1. How old are you?
2. What do you do? Are you retired? If yes, what did you do before you retired?
3. Who lives with you in your household now?

### **Gerdahallen**

4. When, how, and why did you start exercising at Gerdahallen?
5. What motivates you to come to and keep exercising at Gerdahallen?
6. How do you think and/or feel about the activities at Gerdahallen?

### **Active and Healthy Ageing**

7. Tell me about your health (e.g. health problems, medications).
8. What does the term 'active and healthy ageing' bring to mind?
9. What have you been doing to look after yourself?

### **Social Interaction**

10. Tell me about your social life. How does your social life look like?
11. How do you usually engage in social activities?
12. What does the term 'social interaction' bring to mind?
13. What have you been doing to keep in contact with others?
14. You mentioned in the questionnaire that you are involved in some kind of local communities. Tell me about it (when, how, and why you join).
15. What are your experiences of meeting new people at your age?
16. What are your experiences of meeting new people at Gerdahallen?
17. Why do you think it is important to be social at your age?

### **General**

18. What do you think of the interview? Do you have any questions or other comments?