Older Men's Conceptions of Masculinity, Aging and the Body

by

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ABSTRACT

While much gerontology research has focused on the female gendered experience of aging, little attention has been paid to the ways in which older men conceptualize their own masculinity. The objectives of this constructivist study were to explore (i) how older men conceptualize masculinity as they age, (ii) how older age is a gendered experience for men, (iii) how masculinity in older age affects men's lives, and (iv) how conceptions of masculinity stay the same/change with age. Transcripts from one-on-one, semi-structured interviews conducted with 14 retired men (aged 59 to 84) in a small northwestern Ontario city were analyzed using constructivist methodology. Interview questions focused on participants' experiences throughout the life course (i.e. marriage, retirement, illness) in addition to their perceptions of masculinity and gender roles. Early on in the analysis process, the body was identified as a common thread that connected men's masculine self-perceptions and their ages. Attempts to define one aging men's body concept proved difficult as the interviews showcased an interesting dichotomy between a capable and a limited body. As a result, the theme of multiple men's bodies within one body emerged and includes bodies that exhibited a degree of mastery and bodies that have needed to make adjustments and require medical care with aging. The bodies seen to be present within a controlled, able body were the masculine body, the physical body and the northern body while adjusted bodies were seen to house the limited body, the failing body and the careful body. Each participant appears to have found a way to define, and in some cases, redefine, what masculinity and the body mean in older age.

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CHAPTER ONE: INTRODUCTION

As human beings, we lead complex and interconnected lives. Family, romantic relationships, children, employment, leisure activities, illness and death are just some of the numerous elements that make up the lived experience within the human world. Each element is complex in its own right and interacts with others to create the intricate fabric of life we experience day-to-day. While aspects of these experiences can be captured quantitatively (i.e. the number of children individuals have, the amount of money they make), many researchers would likely argue that qualitative research methodologies are more appropriate for the study of such multifaceted and potentially emotional subject matter. This is particularly true for studies examining the topics of gender and aging.

Russell (2007) has stated that research examining the social aspects of aging has done so in one of two ways: (1) stories are told by others (mainly researchers) about the experiences and needs of older persons, or (2) stories are told by older individuals in their own words. This thesis is intended to follow in the footsteps of the latter. Dr. Elaine Wiersma originally began this project back in 2008 with the intention of exploring older men's conceptions of masculinity and aging. Dr. Wiersma's academic background in recreation and leisure and experience as a recreation therapist has exposed her to many of needs and challenges faced by men as they age. She sought, through interviews with 14 men living in a small northwestern Ontario city, to capture this experience of aging for the men and how the process reinforces, challenges, or changes the way they perceive masculinity. My role in this project has been that of an analyst. My goal has been to attempt to derive meaning from these men's stories and to help bring them to life.

CHAPTER TWO: LITERATURE REVIEW

2.1 Gender versus Sex

A discussion of a human being's sex is typically framed in biological terms, referring to the physiological and anatomical characteristics that help to distinguish males from females (Nelson & Robinson, 2002). These characteristics can include: chromosomes (e.g. double 'X' chromosomes in females, 'XY' chromosomes in males), hormones (e.g. females produce larger amounts of estrogen and progesterone while males produce increased amounts of testosterone), genitalia (e.g. females have a vagina and uterus while males have a penis and scrotum) and reproductive organs (e.g. ovaries in females, testes in males) (Lorber & Moore, 2007). While gender and sex are often terms that are used interchangeably within biomedical disciplines (Nelson & Robinson, 2002; Thompson, 1994), each represents a different ideology with respect to roles and behaviours. Indeed, the social sciences promote gender as a term used to describe the social, cultural and learned behaviours that shape an individual's identity as either a man or a woman (i.e. as masculine or feminine) (Lorber & Moore, 2007; Reimann & Backes, 2006).

There is a belief among some that gender is determined not by society but instead by the body (Bohan, 1993; Crawford, 1995). Indeed, it has been suggested that any 'natural differences' found between men and women may be tied to differences with regards to their anatomy and physiology (Lorber and Moore, 2007). Such a belief reinforces the concept that gender is something that we inherently 'possess' within our bodies and is determined at birth and not by our society and culture. To offer further support for this belief, sociologist Talcott Parsons in the 1950s proposed sex role theory, which suggests the existence of differing male and female social activity roles within the family structure (Connell, 1995). Sex role theory, in effect, supports the existence of one male and one female personality, rooted in one's sex, that fulfills a given gender role need (e.g. men are providers within a family structure while women are nurturers). In effect,

sex role theory suggests that one's sex influences one's gender (Connell, 1995; Nelson & Robinson, 2002). Interestingly, Connell (1995) has asserted that sex role theory fails to account for the possibility of multiple masculine and feminine gender identities that may change throughout one's life. The theory has also been accused of failing to adequately account for the ways that society can shape and change gender roles (Connell, 1995).

Many social scientists believe that gender is a constantly changing category that helps to organize power relationships between genders but also within genders (Reimann & Backes, 2006). In reality, gender is a way of helping to categorize individuals within society while also providing expectations for conduct and behaviour. This is a process that begins early in life, with boys and girls being encouraged to use their minds and bodies in different ways, interact with others differently, display different emotions, play with different toys and have affinities for different colours, among other things (Lorber & Moore, 2007). These expectations (which are, in effect, gender stereotypes) carry through to adulthood, where social processes and pressures related to work and family roles offer further reinforcement of gendered behaviour for men and women (Courtenay, 2009; Lorber & Moore, 2007; Petersen, 1998). Consequently, it has been suggested that gender is not something that "resides within the person, but rather in social transactions defined as gendered" (Courtenay, 2009, p. 11).

While larger institutions (i.e. political, religious) may help to shape gender expectations, gender is something that is demonstrated daily by individuals in the ways they interact with others (Courtenay, 2009). As a result, human beings cannot necessarily be regarded as "passive victims of socialization or biology", but active participants in the production of gendered behaviour (Gray et al., 2002, p. 44). By attempting to conform to the expectations of society regarding masculine and feminine behaviours, an individual can establish an identity within society and raise his/her self-esteem and regarded value (Lorber & Moore, 2007). This social

construction of gender emphasizes the idea that gender is not something that we *have* but instead something that we *do* recurrently in our everyday lives (West & Zimmerman, 1987).

Within Western societies, gender is implied to exist on a binary scale with the masculine on one end and the feminine on the other (Thompson, 1994). Therefore, when one exhibits behaviour that is contrary to that which is considered masculine, one is considered to be more feminine. Everyday examples of these binary conceptions of gender can be seen in the ways that we describe individuals who are challenging gender stereotypes with regard to appearance or behaviour. For example, a man who is emotional and sensitive (behaviour often considered to be feminine) might be described as 'girly' or a 'sissy' whereas a woman who shaves her head (i.e. does not conform to female expectations for long hair) might be called 'man-ish' or 'butch'. Such thinking certainly helps to make categorization easier; however, it also reinforces binary thinking and negates the possibility of multiple gender identities (Connell, 1995).

2.2 Masculinity

Gender expectations suggest that beneath the current of daily life lie true masculine and feminine identities that individuals should aspire to embody and enact (Connell, 1995). The social and cultural norms that help to create this belief also promote a specific hegemonic masculinity that feminists have suggested helps maintain a patriarchal power structure which casts men and women in dominant and subordinate roles respectively (Courtenay, 2000; Thompson, 2006). Waldby (1990) defines patriarchy as "a system of social structures and practices through which men dominate, oppress, and exploit women" (p. 20). For example, men have traditionally been expected to be the economic providers for their households and to control assets, such as property, thus allowing them greater decision-making capabilities within their communities and families. Women, conversely, have historically been relegated to duties concentrated within the

domicile (i.e. having and raising children, the tasks necessary for the running a household day-to-day) and, until recent decades, did not typically hold down long-term employment that would afford them economic power of their own. The result is a society that has encouraged men to demonstrate certain behaviours that allow for greater social power than that historically experienced by women (Broom & Tovey, 2009; Silver, 2003).

Hegemonic masculinity itself has been defined as the "idealized form of masculinity at a given place and time" (Courtenay, 2009, p.14) that involves complex social relations subject to change (Bohan, 1993; Connell, 1995). Discussions about the definition of hegemonic masculinity often include a list of social and behavioural characteristics routinely tied to men (i.e. dominant, powerful, competitive, aggressive, risk-taking, independent, physically strong, stoic, tough, virile, heterosexual) (Cheng 1999; Frank, 1991; Gray et al., 2002). These characteristics combine to create a dominant ideal, which reinforces social and cultural beliefs concerning the nature of 'real men' (Courtenay, 2009). The ways that men may choose to exhibit hegemonic masculinity are varied and can include things such as the desire to engage in physical violence, the sports they play, the nature of their employment, the automobile they drive, or the amount of financial wealth that they possess (Courtenay, 2000). A man's ability to conform to hegemonic masculinity standards can be affected by his age, his sexuality, his race and his social class (Courtenay, 2009).

Much like the larger concept of gender, hegemonic masculinity remains a mode of organizing men within society and offers a social ruler which men can be measured up against (Morgan, 1992). This dominant masculinity seeks to privilege those men who conform to the ideal and marginalize those men who do not (Reimann and Backes, 2006). The desire to receive such privilege and to maintain existing patriarchal power structures is likely what sustains the drive to adhere to hegemonic masculine ideals and seems to suggest that men are not merely victims of gender role expectations but also active agents in its production and demonstration (Courtenay, 2009; 2000). Within a Western gender dichotomous society, the presence of

hegemonic masculinity requires a rejection of that which is feminine, and thus, that which is intrinsically less masculine (Courtenay, 2009). Those men who are unable to conform to a dominant notion of masculinity are relegated to marginalized (non-white, rural, poor, older) and stigmatized (homosexual, disabled) roles and, consequently, are often thought to be less masculine or de-masculinized (Connell, 1995; Courtenay, 2002; Courtenay & Sabo, 2001; Reimann & Backes, 2006). It is within this masculine hierarchy (hegemonic masculinity outranking marginalized and stigmatized masculinities) that we can begin to recognize the existence of multiple masculine identities, each vying for a place and acceptance within society (Connell, 1995). Connell suggests that these various masculine identities differ with regard to their relationships to 'the feminine' (i.e. hegemonic masculinity sits in direct opposition to femininity whereas homosexual masculine identities often are more strongly associated with the feminine).

Sabo and Gordon (1995) have identified four components of masculinity that help to shape and influence men's gender role within Western society. These include, first, a desire on the part of men to be different from women. This suggests that men in the West acknowledge a gender dichotomy and see masculinity as existing in opposition to femininity (Courtenay, 2009). Second, men are thought to possess a desire to be superior (e.g. physically, economically, intellectually) to others within society. This certainly reflects the hegemonic masculine characteristic of competitiveness and demonstrates a desire for increased social power. Third, men are said to seek out ways to demonstrate independence and self-reliance. These characteristics may, again, be seen as being in opposition to traditional women's gender roles that promote dependence (often financial in nature) on one's parents or partner. Finally, men are believed to seek power within society. This can take the form of physical strength, the ability to outwit one's competitors or the possession of financial wealth, all of which can raise a man's social power.

Finally, place and location have also been suggested to have an impact on masculine identities (Lobao, 2006). For example, in Canada, large differences can be found when one compares northern versus more southern masculine identities and rural versus urban masculine identities (i.e. a hunter or logger identity versus a high-powered businessman identity) (Campbell & Mayerfeld-Bell, 2000; Campbell, Mayerfeld-Bell & Finney, 2006; Dunk, 1991). Interestingly, similarities can be found to exist between northern and rural masculinities, with each embodying several characteristics typically associated with hegemonic masculinity, including aggressiveness, physical strength, risk taking and 'handiness' (i.e. the ability to carry out repairs, be mechanically apt) (Campbell & Mayerfeld-Bell, 2000; Dunk, 1991; 2002).

It has been argued that many men from more rural or northern geographic areas could have an established connection to more 'primitive' masculine identities (Campbell, Mayerfeld-Bell, 2006; Dunk, 2002). For example, historically, men from rural and northern areas have been expected to display masculine identity characteristics such as physical strength, bravery and skill with the use of a weapon as each was considered to be essential for the 'hunter/provider' role a man was expected to fulfill within his family and community. Both Campbell and Mayerfeld-Bell (2000) and Dunk (1991; 2002) have discussed the notion that rural and northern masculine identities have a way of bringing "an air of natural to images of masculinity" (p. 540), implying that such masculine identities can often appear more organic, innate or instinctive than urban masculine identities, likely due to their close association with nature. There has also been some debate as to whether the rural or northern may help to construct gendered experience (Campbell, Mayerfeld-Bell, Finney, 2006; Dunk, 1991). Campbell and Mayerfeld-Bell (2000) imply that there are elements of 'rural in the masculine' and that "notions of rurality help constitute notions of masculinity" (p. 540). Dunk (1991) has also suggested that from a northern perspective, an ability to deal with nature represents a key element of northern masculinities.

Much like masculinity, notions of what criteria can be used to define 'rural' (and also, likely, northern) remain diverse in nature. Academics have debated exactly what characteristics should be used to distinguish the rural from the urban (e.g. spaces outside metropolitan areas, low population levels, local defining industries such as agriculture, fishing or forestry) (Campbell, Mayerfeld-Bell & Finney, 2006); however, each proposed option remains highly subjective and may be interpreted differently in different areas (e.g. one area might define rural as a population of less than 10,000, while another might use a 20,000 population cut off point; classically 'rural' industries such as fishing or logging can sometimes be found close to urban/metropolitan areas) . Campbell, Mayerfeld-Bell and Finney (2006), however, suggest that there is room for multiple rural identities (much like multiple masculine identities) and that efforts to define one quintessential 'rural' may be impossible.

2.3 Men and Masculinities Research

The Feminist Movement, beginning one of its more recent waves in the early 1960s, did much to help bring gender into view within contemporary society. Much of the research it promoted, understandably, focused on women's lives, needs and desires and was intended to help balance the focus on men and their issues within research (e.g. health, employment, leisure studies) that had existed previously (Clarke & Laurie 2000; Connell, Hearn & Kimmel, 2005; Port, 2001; Sabo & Gordon, 1995; Sen, 1995). Thus, it has been suggested that in recent years, men have been given a diminished place within the gender literature and some have gone as far as to accuse contemporary gender studies of being more about the study of women than the study of both genders (Sabo & Gordon, 1995; van den Hoonaard, 2007). What little attention has been paid to the study of men and gender does not have a record of being diverse in nature, often focusing primarily on younger, white, middle class, heterosexual men (Courtenay, 2000; Pease, 2000). Indeed, these masculinities have often been taken to be the most representative of

masculinity as a whole. As a result, discussions of marginalized (black men, older men, poor men) and stigmatized (homosexual/bisexual) masculinities have traditionally remained relatively rare within the literature, as have the presence of simultaneous masculine identities (i.e. older and homosexual) (Pease, 2000). Only relatively recently have groups within the academic community begun to assert that room must be made for the presence of multiple masculine identities (i.e. hegemonic, marginalized, stigmatized), both within the literature and within society as a whole (Connell, 1995).

Following the World Conference on Women in 1975, which helped to promote discussion regarding the role that men must play within gender studies, research into men and their lives began to gain in popularity (Connell, Hearn & Kimmel, 2005). Since the 1990s, researchers have delved into men's relationships with their partners, men's health, men's sexualities and the lived experiences of marginalized and stigmatized men with the aim of increasing understanding about the power relations, life situations and barriers to resources that men may encounter (Petersen, 1998; Reimann & Backes, 2006). Academic, peer-reviewed journals (e.g. Men and Masculinities, International Journal of Men's Health, Journal of Men's Studies) have also been established and have helped to legitimize men and masculinities research (Connell, Hearn & Kimmel, 2005).

Some debate has taken place with regard to the name of studies focused on men. First, many researchers have expressed concern over the use of 'masculinity' within the titles of modes of gender inquiry, as it implies the existence of only one form of masculinity (i.e. hegemonic), as opposed to multiple masculinities (e.g. marginalized, stigmatized) (Connell, 1995; Morgan, 1993; Pease, 2000; Sabo & Gordon, 1995; Seidler, 1997). Second, while 'men's studies' is currently a popular title for research on the topic of men and is intended to reflect a mode of gender inquiry analogous to women's studies, some feminist groups have pointed out that the discipline is not rooted in the same history of subordination (Connell, Hearn & Kimmel, 2005). Consequently,

many researchers prefer to use inquiry research field titles such as men and masculinities or critical studies of men, as both are reflective of the field of study's feminist roots and acknowledge the existence of multiple masculinities (Connell, Hearn & Kimmel, 2005).

2.4 Gender, Men and Aging

While Western countries continue to report women living, on average, longer lives than men, evidence in recent decades has shown that an increased proportion of men are now living into their 70s, 80s and 90s (Reimann & Backes, 2006; Statistics Canada, 2010). Consequently, researchers, health care practitioners and decision-makers have started to account for the specific needs and social care necessary for older men (Reimann & Backes, 2006). Most of the literature that exists on the topic of aging and masculinity can be found within the realm of social gerontology; however, examinations into the ways that older men may 'do' gender have proven more difficult to find (Russell, 2007).

Much like gender, the nature of age as a social construct continues to be debated within academia (Butler, 1993; Lorber, 1994; Silver, 2003). While it is true that we possess a numerical age that can be verified definitively by our date of birth, the notion of what constitutes 'old' remains entirely socially and culturally constructed. Within North American society, we have unofficially declared 65 years to be the entry into 'old' age, largely because this has been the age when individuals have traditionally been forced to retire (Chappell, McDonald & Stones, 2008; Thompson, 1994). Thus, it would seem that society equates old age with the end of employment. The underlying assumption behind the notion of old appears to be that, after a certain cut-off point, age will look and mean the same thing for individuals (i.e. they are simply 'old'). However, such a belief tends to homogenize the experiences of old age and often completely ignores the gendered experience of aging (Powell, 2006). Take for example the experience of aging for a 71-year-old man who is athletic, independent and employed part-time within an urban centre. His experiences of his age are likely to be different than those of a 92-year-old man who is ill, frail

and residing within an assisted living facility in a northern community. While both men would likely be considered 'old' by societal standards (i.e. both are over 65) and may have many elements of their lives that are similar, their experiences with everyday life would likely differ greatly. If gender were to be factored into the equation (i.e., if we examined the experiences of women in similar circumstances or if we examined the gendered aspects of these men's lives such as their masculinity, their sexual relationships, their role as men within society), experiences would likely be found to be increasingly divergent.

Within aging research, the intersection between aging and gender has been largely ignored (Hooyman, 1999; Powell, 2006; Russell, 2007). Masculinities research has historically focused more on the lives of younger men and boys (Thompson, 2006), often ignoring the notion of older men as a group that is both diverse (e.g. older men of different races, religions, sexual orientations, socioeconomic backgrounds) and distinct both from women of the same age as well as younger men (Thompson, 1994). In the words of Featherstone and Wernick (1995): "...age is implicated in the social construction of men—both in the distinction of men and boys, and in the construction of particular types of men" (p. 99). In many ways, aging has been shown to overshadow gender as the aging process can work to wear away many of the characteristics associated with masculinity (e.g. hard-charging careers, physical strength, sexual virility) (Calasanti & King, 2005; Levin, 1988; Thompson, 2006). Consequently, older men's masculinities are often treated as a tertiary aspect of hegemonic masculinity or ignored altogether (Thompson, 1994). Indeed, one can certainly note an absence of older men's masculinities and men being regarded *as* men within the literature (Calasanti & King, 2005; Nelson & Robinson, 2002; Thompson, 2006). For instance, Calasanti and King (2005) completed a literature analysis of 350 articles in two leading masculinity studies journals in 2005 (Men and Masculinities, Journal of Men's studies) and found no examples of old men, old age and gender relations dating back to the inception years of both journals. The authors attribute these findings not to editorial

policy on the part of the journals but simply to academic disinterest. Such evidence helps to further the belief among some that older men have become invisible within gender research (Green, 1993; Thompson, 1994).

When examining aging literature, a hegemonic view of older men's power and privilege is prevalent (Gibson, 1996; Gibson & Allen, 1993, Thompson, 2006). Research that has examined older men has often focused on the increased general comfort older men are perceived to enjoy as they age in comparison to that of women (Thompson, 1994). Specifically within the field of social gerontology, older men have historically been seen as being more self-reliant and less passive than older women (Thompson, 2006). This can likely be attributed to the fact that men have historically possessed greater economic and social power and influence within patriarchal and sexist social systems. The lingering effects of this power imbalance have led to a belief among some that women experience greater marginalization as they age (Beeson, 1975; Gibson, 1996; Gibson and Allen, 1993; Russell, 1987; Sontag, 1972). For example, previous generations of women often did not hold down long-term employment, thus they did not retire and did not receive a pension, contributing to increased financial hardship with age. Women have also been more likely than men to marry older partners and tend to live longer than men, thus contributing to an increased likelihood of being widowed and, conceivably, more financially vulnerable (Gibson, 1998). Consequently, women's status as women (a traditionally marginalized group) combined with their risk for increased financial hardship with age has been termed 'double jeopardy" (Gibson, 1998; Quadango, 1999; Silver, 2003; Sontag, 1972).

As a result of this particularly marginalized status, older women have attracted increased research focus while older men (who are often not seen as marginalized) have garnered less attention (Calasanti, 2004; Calasanti & King, 2005; Reimann & Backes, 2006; Russell, 2007; Thompson, 1994). Some have suggested that academia may practice 'compassionate ageism' with regard to older women (Binstock; 1983), but lack similar feelings for aging men. This could

perhaps be due to a subconscious association between 'the aged' (i.e. a traditionally disadvantaged group) and women (Thompson, 1994). Russell (2007), specifically, has tried to bring attention to the ways she believes the marginalized experiences of older men and women may be pitted against one another within the literature: "I would argue that, in significant ways, the gendering of old age as a social problem has shifted from a 'masculinist' to a 'feminist' bias within an overarching perspective of competitive suffering" (p. 177).

There is a perspective perpetuated by some within the literature that gender is something that is discontinuous, and that as men age and experience various life events their masculine identity must adapt (Reimann & Backes, 2006) It has also been suggested that old age is a de-gendered experience in some cases (Silver, 2003). For example, as men retire and lose some of their socioeconomic power or following the loss of a spouse, older men's positioning with the larger social power structure can be reduced (Silver, 2003). Women, conversely, have been thought to maintain gender identity continuity with age, as they often did not experience retirement and the life transition it can necessitate (Gibson, 1998; Parsons, 1942). Some scholars have argued that as men age and sexuality no longer remains a core component of their identities, men's perceived masculinity begins to decrease and moves towards the centre of the dichotomous gender scale (Gutmann 1975, 1977, 1987; LaBouvie-Vief, 1994; Levin 1988; Sinnott, 1982). Consequently, a move towards androgyny, the integration of masculinity and femininity or de-gendering has been said to occur in older age for men as they become less 'masculine' (Baltes & Smith, 1999; Erikson, 1986; Huyck, 1999; LaBouvie-Vief, 1994; Silver, 2003). Proof for this hypothesis regarding gender and age for men has been suggested to lie in the belief that, with advancing age, older adults are far less likely to define themselves in terms of their gender (Silver, 2003). Feminist scholars have suggested that such a process could be beneficial, as the de-gendering of older men would help to rectify the power imbalances that have plagued gender dichotomous societies and allow for positive steps towards gender equity: "[old] age comes close

to embodying a feminist utopia of gender equity" (Frueh, 1997, p. 392). However, masculinity researchers have asserted that such a belief helps to perpetuate a hegemonic masculinity discourse that seeks to benefit younger men by eroding the masculinity of their predecessors (Thompson, 1994).

Concurrent to this discontinuity model is a model that asserts that the masculinities men act out in later life are not much different than the ones they have acted out throughout this lives (Neugarten, 1977; Solomon, 1982). While this model also acknowledges that life events, such as retirement, can have an effect on men, it suggests that older men adapt new masculinities in order to handle such changes (Thompson, 1994). Proponents of the continuity model point to the fact that older men continue to participate in institutionalized practices that demonstrate masculinities (i.e. older men continue to manage household finances and feel responsible for household repairs, continue to admire women, continue to offer advice and assistance to their children) even as they age, thus it appears rational that such practices would help to continue to define older men as men.

Additional studies into older men's leisure have also pointed to ways that gender continuity may be preserved with age. For example, Genoe (2007) found that as men aged, they tended to engage in many of the same activities that they had in younger years, though modifications often needed to be made to accommodate any physical limitations. Thus, men who had worked in physically demanding careers throughout their younger years often sought out recreational and volunteer activities post-retirement that would allow them to continue being challenged physically.

2.5 Aging Research and Views of Aging in the Literature

The study of aging is generally broken down into three areas (the so-called mechanical

trilogy of aging) that are divided between two main disciplines (Faircloth, 2003). These areas include (1) the physical body (the general area of focus within geriatrics) and (2) the psychological and social aspects of aging life (subjects included in gerontology) (Faircloth, 2003). Geriatrics, seen to be the more biomedical of these two research foci, examines a stable, static body with the goal of preventing, as much as possible, illness, disease and disability (Faircloth, 2003). Gerontology, conversely, attempts to offer a more holistic view of aging often found outside, but still involving, the body (e.g. the psychological, social, financial, political aspects of the aging process) (Hooyman & Asuman-Kiyak, 2002). Both disciplines have traditionally used statistics to help inform their research (e.g., statistics concerning the number of individuals that experience a certain condition, numbers of visits to a doctor for older adults, the average monthly income of an older adult). Unfortunately, such forms of data often fail to inform researchers about the complexity of older people's lives and lack the capacity to articulate the specific experiences and feelings of aging adults.

Within the geriatric and much of the gerontological literature, a medical discourse appears to dominate and often suggests that old age should not be viewed as a natural stage within the life course but should instead be likened to an illness (Silver, 2003). This medicalized view of aging is readily apparent, for example, in much of the discourse on menopause and andropause (i.e., declining testosterone levels in men during mid to later life), which seeks to treat both conditions as hormonal imbalances that should be corrected through hormone replacement therapy. However, this strong focus on aging being equated with illness has been criticized due to its ability to overshadow many of the social determinants of health that can impact the quality and longevity of older life (e.g. class, race and gender) (Gilleard & Higgs, 2000; Thompson, 2006). Indeed, race, gender and socioeconomic status, much like age, remain social constructions that interact with one another and often change dimensions throughout the life course (Andrews, 1999).

Researchers interested in the sociology of the body have criticized both geriatrics and gerontology for viewing the body merely as a biological entity and for often ignoring the culturally and socially related experiences of the aging body (Faircloth, 2003; Gilleard & Higgs, 2000; Reimann & Backes, 2006). In many ways, the process of living within an aging body is seen to be equated to loss (Silver, 2003): the loss of one's health, one's eyesight, one's hearing, one's memory, one's mobility, one's skin elasticity, and one's sexual functioning and desire. Famed psychologist Dr. Sigmund Freud, for example, discussed his own fears of aging within his research, calling the loss of health and the use of one's limbs that can occur with age a form of 'castration' (Freud, 1900, Silver, 2003). Additionally, authors Gilleard and Higgs (2000) have described the notion that advancing age can exacerbate the "physiological neediness of the aging body" (p. 126). This focus on the aging body only in terms of its declining/diminished functioning has a tendency to reinforce negative societal beliefs concerning an aging body and can create confusion in older adults about how they should regard their bodies.

2.6 Aging Identities

When one examines aging within everyday life, a discrepancy is often found to exist between the age that an individual identifies with from a psychological standpoint and the lived experience within an aging body. For example, it is not uncommon to hear a particularly spry or physically healthy older adult describe themselves as 'young at heart' or 'feeling young for my age', suggesting that such individuals feel young inside despite their advanced age (Gibson, 2000). Some have theorized that the experience of not psychologically identifying with one's numerical age may be the result of an ageless personality or soul residing within aging body (Comfort, 1997; Hepworth, 1991; Kaufman, 1986). Specifically, authors such as Kaufman (1986) and Hepworth (1991) have described the experience of aging as being akin to philosopher Gilbert Ryle's 'ghost in the machine' concept (1949). Ryle, whose perspectives are rooted firmly

in the Cartesian philosophical doctrine first introduced by Rene Descartes, suggests that a mind/body dualism exists where mental activity operates independent of physical activity (Leder, 1990; Shilling, 1993). This dualism of the mind and body proposes the mind to be "an island of awareness afloat in a vast sea of insensate matter" (Leder, 1990, p. 8) that works to define individuals as social beings (Shilling, 1993). The self, indeed, is thought to lie beyond the physical body in the mind (Leder, 1990).

When this dualistic concept is applied to the aging literature, the 'ghost' is generally thought to signify the essence of an individual (or one's personality or soul), which is thought to be youthful or non-aging and seemingly trapped inside a restrictive 'machine' (a physical, aging body). In Kaufman's work (1986), the 'ghost' is thought to be ageless while the 'machine' continues to age and degenerate as the decades pass. In Hepworth's work (1991), the ghost is thought to be the 'real self' that does not age, residing inside a machine that is merely an aging shell for the 'real' self. Finally, Biggs (1997) has suggested that the experience of aging is much like an ageless ghost who must wear a timeworn mask. Featherstone and Hepworth (1993) specifically discussed this 'mask of age' concept when they suggested "old age is a mask that conceals the essential identity of the person beneath" (p. 148). Each of these conceptions of aging imply that an individual might identify with one age group psychologically (i.e. often a younger to middle age group) and with another physically, despite the fact that both the body and mind have experienced the same number of years and life events.

Several authors have expressed concern over such theories, with one suggesting that it does not make sense to imply that one can have aging in one part of the body/mind and youthfulness in another (Gibson, 2000). Gibson also suggests that when an older person expresses that s/he does not 'feel their age', what s/he is likely trying to express is that s/he does not identify with the way society expects a person of that particular age to feel. Andrews (1999) puts forth the notion that divergence in the age people feel and the age they actually are can be distilled down to

a discussion concerning the subjective and objective experiences of aging. In her opinion, as we age, what we are really doing is growing into ourselves and our bodies and not, as the ghost in the machine concept often suggests, simply trapping young minds within aging physical forms. Both authors pose the question of whether aging is really a case of agelessness (that is, we are neither young nor old in either mind or body) or whether aging is merely an acceptance of the years that have passed in one's life and the experience and wisdom that such years bring (Andrews, 1999; Gibson, 2000).

Such debates over the nature of age and whether or not one feels his/her age often hinge on the negative stereotypes associated with becoming 'old'. Indeed, the words 'old' or 'elderly' can be offensive, particularly for those individuals entering an age bracket where the terms might begin to apply (e.g. one's early 60s). McCleod (1998) wrote specifically about his objection to indirectly being called 'elderly' in an editorial he wrote to *The Psychologist* about the offense that the word can cause:

> Rampant ageism in *The Psychologist*! Browsing through the April edition on the train home just now I came across Carol Sellars' research report 'Walking may help you live longer'. She tells how researchers 'followed a cohort of elderly (61-81 years) non-smoking men'. The day on which I am reading this? My 61st birthday. Elderly?! Me?! I simply cannot think of anyone who would call me that or who would dare to (p. 268).

Interestingly, it does not seem as though McCleod takes offense to the word 'elderly', only to its use in describing an age cohort to which he belongs. Further, it should be pointed out that McCleod does not specifically stipulate whether it is his mind or his body (or perhaps both) that he objects to being called 'elderly'. Gibson (2000) suggests one of two remedies for the offense caused by terms such as 'old' and 'elderly' and, likely, even 'aging': (1) the terms should be considered taboo and not used at all within society, or (2) the terms should have their definitions renewed and disassociated from any negative connotations. Further, Bytheway (1995) suggests that such terms should be used in a relative rather than an absolute sense. For example, while an

individual who has just turned 40 may describe her/himself as 'old', an individual who is 80 might perceive such an age to be relatively 'young'. Additionally, an individual who is 100 might look back fondly on their 'younger' years (i.e. their 80s), an age in life that others may interpret as relatively 'old'.

2.7 The Body

The body remains a constantly present aspect of our everyday existence that plays a vital role in the creation of meaning within our lives (Reimann & Backes, 2006). Our bodies allow us to participate in many of the institutions and activities found in daily life, including marriage, employment and recreation (Nettleton & Watson, 1998). Indeed, we both *have* bodies (that is, we treat them as something external to our inner personalities; use them as tools for carrying out day-to-day activities) and *are* our bodies (they are bound to a particular space and time, they contribute to our comprehension of our lived world) (Reimann & Backes, 2006). In some ways, our bodies are our best measurement of truth (Butler & Rosenblum, 1991). Take for example, the physical response that someone can have to feelings of fear (e.g. goose bumps, rapid heart rate, perspiration) or the feeling of 'butterflies in one's stomach' that one might experience during the first stages of a romantic relationship. Experiences with illness and disease can further attune us to the truths our body may be telling us, as was the case with researcher Barbara Rosenblum during her treatment for cancer: "In our culture, it is very common to rely on the body as an ultimate arbiter of truth. By noticing the body's responses to situations, we have an idea of how we really feel about things" (Butler & Rosenblum, 1991, p. 136-137).

Many have likened our bodies to blank canvases that society prints upon (Connell, 1995; Laz, 2003), with this physical form acting as a symbol (e.g. of youth, of fertility or virility, of beauty) or involving social relations or large-scale social institutions (e.g. marriage, capitalism,

masculinity and femininity) (Connell, 1995; Laz, 2004). Our bodies grant us the ability to establish social ranking (e.g. through fertility, through feats of strength, through their use in the generation of income) and demonstrate various culturally constructed identities (i.e. related to gender, age, sexual orientation, race, religion). Laz (2003) describes this notion of socially constructed bodies and the amount of power and control (or lack thereof) that we have over the way they are shaped and perceived: "We make our own bodies but do not make them just as we please; we do not make them under circumstances chosen by ourselves but under circumstances found, given, and transmitted by the past" (p. 507).

Society, indeed, places great pressure on us as individuals with regard to what masculine and feminine bodies should be able to do and be capable of. One's gender often determines the degree to which emphasis is placed on the appearance of or functionality of the body in society (Lorber & Moore, 2007; Nettleton & Watson, 1998). Women in Western society, for example, experience a degree of pressure from popular culture and the media to present an esthetically pleasing body (e.g. one that is either slender, tanned and appropriately adorned with fashionable clothing) while Western men are more often expected to display bodies that are in peak physical condition (i.e. muscular, tall, strong). Falling short of these expectations can result in diminished social standing, as one's body might be deemed inferior within particular gender role expectations (Broom & Tovey, 2009; Lorber & Moore, 2007).

In these examples, the body acts as an interpreted object that helps to establish one's place within society, despite the fact that, conceptually, it is typically given only a background role. In many ways, we take our bodies for granted (Leder, 1990). They are something that we have lived in since birth and may only catch our attention when they becomes dysfunctional (i.e. ill, diseased, weak) (Chapple & Ziebland, 2002; Leder, 1990). The concept of health generally requires that our bodies be thriving enough to have them fade from our consciousnesses (Leder, 1990). When we have major issues with our bodies (e.g. a heart attack, multiple sclerosis, a

traumatic injury) or even simply minor inconveniences (e.g. a headache, a twisted ankle, an ingrown toenail), our bodies (and their pain or dysfunction) can become our primary focus and can present obstacles in our daily lives (Shilling, 2008). This concept of needing to be conscious of one's body as we age or become ill is summarized well by Wendell (2007):

> "Attempting to transcend or disengage oneself from the body by ignoring or discounting its needs and sensations is generally a luxury of the healthy and able-bodied. For people who are ill or disabled, a fairly high degree of attention to the body is necessary for survival, or at least for preventing significant (and sometimes irreversible) deterioration of their physical condition" (p. 187)

In their 2009 study, Sabo and Hall present a perspective on the ways that individuals may learn to cope with the effects of illness. Their research focused on men and women who were 40 to 70 years of age who had experienced a coronary event. The men in the study were found to have particularly interesting ways of learning to adjust to life after a heart attack or stroke. For example, while most of the men described themselves as being independent prior to their coronary event, they now found that they relied more heavily on their spouse of partner not simply for care giving during recovery but also with regards to decision-making and support. Many of the men described that it was difficult to adjust to this situation as it involved relinquishing some of their personal power. The men in the study also mentioned some of the ways that they felt they needed to reform or rethink their masculine identities. For some, this involved learning to become more emotional and become comfortable with sharing emotions (i.e. anxiety, fear, anger, depression, guilt). For other men, re-examining the practices in their lives which could be contributing to ill-health (e.g. poor diet, their weight, lack of exercise, pushing one's body to the limit) and what was important to them in their lives (e.g. family, friends) was a way of redefining what masculinity might mean after a health issue.

As was mentioned previously, research into areas that involve the body (i.e. sex/gender, race, age) has tended to focus more heavily on the notion of corporeality (or the material nature of

the body) while choosing to explore far less, the sociologically defined notion of embodiment (the experience of living within a physical body) (Laz, 2003; Turner, 1992). Often, when society conceptualizes a body, it sees "parts of a whole or an abstract whole" (Watson, 2000; p. 44); the total sum of bones, muscle, fat, blood and skin. What goes into animating the body, the life force that drives it to move and that experiences the outside world can be much more difficult to conceptualize. Indeed, "activity is projected from and centred on an embodied individual" (Watson 2006, p. 169). While specific distinctions between the lived body and the physical body are a bit hazy within the English language (Turner, 1992), the German language offers very distinct terminology for these two concepts: *lieb* (the lived body) and *körper* (the fleshy shell) (Ots, 1990).

Specifically within aging research, embodiment has rarely been explored, likely because the concept can complicate a biomedical focus on the body as a purely physical entity (Laz, 2003). However, understanding what the experience of living within an aging or aged body might be like remains important, as embodiment can play a role in the way age is accomplished (e.g. the way that one perceives their body or the way their body exits within their world can place limits on activity as one ages) (Laz, 2003). Some headway is being made, particularly in sociological research related to the body and embodiment (Powell, 2006) with a greater focus being placed not only on the potential social constructions of the body but also the way that our experiences living within the world can influence our bodies:

> [Post-modern sociology] "places the body not as a passive materiality that is acted upon but one that negotiates the capillaries of power, enabling itself to be always in the process of becoming through the experience of embodiment" (Powell, 2006, p. 67).

2.8 The Body and Social Theory

The ways that society operates, the ways those within society interact and popular societal beliefs are constantly in a state of flux; that it, society is constantly changing and evolving. The discipline of sociology uses social theory (i.e. theoretical frameworks) to examine these changes and to determine how societal ways of thinking have developed, the factors that may facilitate or hinder changes to such thinking and the results of changes with regard to societal beliefs (Turner, 1996). The topic of the body has proven to be challenging for social theorists, who passionately debate whether our bodies are merely biological vessels or socially constructed entities (or both) (Connell, 1995; Foucault, 1974, 1977; Goffman, 1959, 1963; Laz, 2003; Shilling, 1993; Turner, 1992; Williams & Bendelow, 1998).

2.8.1 Foundationalist/Naturalistic Approaches to the Body

Foundationalist (i.e. theory of knowledge built upon the existence of basic beliefs) or naturalistic (i.e. real, non-abstract) perspectives of the body assert that they are purely biological entities (Shilling, 1993). This approach to the body has historically been taken by the biomedical professions that have often likened the body to a machine (Connell, 1995; Shilling, 1993). Indeed, much like a machine, our bodies have working parts (e.g. our organs, muscles, tendons and bones) and an electrical supply or computer chip (the brain), which interact to form a whole person. These physical pieces of the body give the form its capabilities but can also constrain the activities that it is able to achieve (e.g. we can run, jump and swim, but cannot fly, as we lack the wings necessary to do so). When parts of our body break down (for example, as the result of injury, illness, disease or age), the well-tuned machine that allows us the ability to carry out day-to-day activities ceases to function properly.

This 'body as machine' concept remains intimately tied to body and behaviour concepts perpetuated by sociobiology, a branch of scientific inquiry which gained popularity in the 1970s for applying biological principles to the study of human bodies, behaviour and interaction

(Connell, 1995; Lorber & Moore, 2007). Essentially, sociobiology seeks to provide an "evolutionary explanation for human society" (Connell, 1995, p. 46). Sociobiology proponents believe that aspects of human bodies (and indirectly, behaviour) are hardwired to provide individuals with some form of evolutionary advantage. Take for example, masculinity. Sociobiologists believe that men's bodies exhibit a 'natural masculinity' as the result of strong evolutionary pressure and that hegemonic masculine characteristics such as aggression, competitiveness, territoriality and promiscuity provide men with some form of evolutionary advantage. Connell (1995) states that from the perspective of sociobiology, men's bodies are "hardwired to produce masculinity" (p. 48) and that social pressure to exhibit certain traits and behaviours is either minimal or nonexistent. Critics of sociobiology point to the fact that the mode of inquiry tends to homogenize groups and point to the fact that research that has examined differences between groups (e.g. men and women; between various racial groups) has found very few measurable differences in areas such as intelligence, temperament and character (Connell, 1995).

2.8.2 Anti-Foundationalist/Social Constructivist Approaches to the Body

Anti-foundationalist or social constructivist approaches to the body contend that the body is a purely social construction; "a surface on which cultural meanings are inscribed" (Connell, 1995, p. 51). Social constructivism, in particular, is concerned with the various ways that society has helped to shape, classify and create meaning for the body (Shilling, 1993) and sees the body not as natural but instead as being produced by specific cultural and societal circumstances (Lorber & Moore, 2007). Social constructivist schools of thought have helped to redefine the way that the body is conceptualized (i.e. have allowed it to be viewed as something more than just a 'machine') and have been instrumental in highlighting differences in the construction of men's and women's bodies and the ways these constructions have been used to perpetuate inequalities within society (Shilling, 1993).

2.8.2.1 Bourdieu and Habitus

French sociologist and philosopher Pierre Bourdieu's work related to social constructivism and the body has helped to shape sociological beliefs concerning the ways that social structure and social practices are entwined with the body (Reimann & Backes, 2006). Bourdieu believed gender and its associated identities, values, and perceptions were not produced by the body but were instead learned and shaped by class and social structures (Reimann & Backes, 2006; Shilling, 1993). The embodied form of this societal shaping (which Bourdieu often refers to as 'dispositions') is termed *habitus* (Bourdieu, 2004) Specifically with regard to masculinity, Bourdieu felt that the habitus was responsible for the "shaping of male behaviour, attitudes, values and thoughts" (Reimann & Backes, 2006, p. 63). Consequently, gender is not only something that men and women *do* (West & Zimmerman, 1987), but is incorporated into the very essence of their bodies.

2.8.2.2 Foucault and the Body

Foucault (1974) also took a social constructivist position on the topic of the body, believing that societal structures and institutions were responsible for shaping and governing our bodies. Foucault felt that the body was a power playing field and that society, mainly government, has the ability to shape through a variety of institutions (e.g. prisons, schools, hospitals) (Shilling, 1993). These institutions, according to Foucault, do not act through brute force (i.e. they are not forced upon individuals using violence) but instead subtly embed various notions concerning the body in societal discourse, to the point that individuals internalize them (Foucault, 1977; Shilling, 1993). In the words of Foucault (1977): "there is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze ... which each individual under its weight will end by interiorizing to the point where he is his own overseer" (p. 155). Foucault felt that the male body was certainly an example of a site of power that was subtly acted

upon by society through a variety of sources (i.e. schools, employment, the medical establishment, politics, the military) (Petersen, 1998).

2.8.2.3 Goffman and the Body

Goffman's social constructivist beliefs concerning the body centre around the ways that bodies are made meaningful by society and everyday life (e.g. our employment, family and leisure activities) (Shilling, 1993). While Goffman's work does not claim that society produces the body, he does assert that the body bridges an individual's self-identity with their social identity (Goffman, 1959). Bodies are seen as being capable of creating meaning through the use of non-verbal forms of communication (e.g. physical gestures that individuals use, the clothes they wear, body language), which help to pass along messages concerning one's intent between individuals (Goffman, 1963; Shilling, 1993). Individuals can use the reactions of others to these non-verbal cues as a way of evaluating the way they present themselves, and can adjust their behaviour (and what they are communicating) accordingly (Goffman, 1963).

2.8.3 The Phenomenology of the Body

Phenomenology involves the examination of the lived world in which everyday aspects of life become phenomena (Todres & Wheeler, 2001, Cresswell, 2007). While phenomenology, as a philosophical approach, has been used to examine the world in which we live, phenomenology can also be used to examine embodiment (i.e. the ways we experience the world through our bodies). Some of the most famous literature to date on the concept of the phenomenology of the body was produced by French philosopher Maurice Merleau-Ponty. In perhaps his most famous work, the *Phenomenology of Perception* (1962), Merleau-Ponty discusses the fundamental role perception plays in the way we explore and engage with the world and his belief that the world, consciousness and the body all contribute to this process. For Merleau-Ponty, our thoughts and sensations are shaped by all that we perceive in the world and he believed that we can only understand these perceptions through our bodies, as this is the

vehicle through which we experience the world. Consequently, the body does not understand or reflect upon the world but merely acts as our connection to it (Merleau-Ponty, 1962).

In his work, Leder (1990) supports this belief that human experience is embodied. Interestingly, Leder also argues that the body is not always the focus of our attention when interacting with our world and with other individuals. For Leder, the body in everyday life can often be seen to disappear from our attention. Leder also discusses the concept of body 'dys-appearance', which he defines as the body appearing to individuals as 'ill or bad', through our experiences of pain, disease and illness. Consequently, when we are ill or as we grow older, our bodies can begin to figure much more prominently into everyday lived experience (Shilling, 2008; Wendell, 1996).

2.8.4 Merging Perspectives on the Body

While many feel that naturalistic and social constructions of the body must remain mutually exclusive as they are not commensurable (Connell, 1995; Foucault, 1974; 1977; Frank, 1991), body theorists such as Shilling (1993) and Turner (1992) feel that the body can be conceptualized both as a biological form and a social entity:

> [The body is] "a biological and social phenomenon which is transformed with certain limits, as a result of its entry into, and participation in, society...the body is not simply constrained by or invested with social relations, but also actually forms a basis for and contributes towards these relationships" (Shilling, 1993, p. 13)

For Shilling (1993), the body is not only a social construction, capable of listening, seeing and thinking about the world around it, but is also a physical form that feels this world (e.g. through smell, touch and taste) and has a *"pre-social and biological basis"* (p. 41). Turner (1992) also chooses to avoid creating a bifurcation with regard to the body and social theory (e.g. foundationalist/anti-foundationalist, naturalistic/social constructivist schools of thought), instead asserting that examinations of different issues concerning the body may require different

approaches. Critics of this binary thinking have called for an integration of foundationalism/anti-foundationalism and naturalism/social constructivism with regard to the body (Chapple & Ziebland, 2002; Laz, 2003; Shilling, 1993; Turner, 1992; Williams & Bendelow, 1998) in order to "understand and theorize the ways in which bodies are discursive—shaped, represented, and constructed—and simultaneously appreciate the phenomenological experience of humans as organic creatures" (Laz, 2003, p. 504)

2.9 The Masculine Body

Connell (1995) and Moore (1996) describe the notion that, in contemporary society, men's bodies play a critical role in masculine identities. Men's physical forms, in many ways, are used as a mode of demonstrating masculinity and power and perpetuate stereotypes regarding men's and women's physical capabilities (e.g. men are considered to be stronger than women; women's bodies are seen as leaky or messy while men's bodies are seen as straightforward (de Beauvoir, 1972; Hepworth & Featherstone, 1998; Petersen, 1998). This can be accomplished through physical fights or domination, through physical risk-taking or through fearlessness during extreme disease or disability. Hegemonic masculinity provides men with a variety of expectations regarding the way their bodies should look in order to identify as masculine (e.g. muscular, athletic, youthful).

Interestingly, there are also examples of ways that men's bodies can be seen to be more fragile when compared to the bodies of women (Lorber & Moore, 2007). Men, for instance are more prone to death earlier in life, have increased mortality rates as infants and have been suggested to have lower pain thresholds than women (Lorber & Moore, 2007). Men have also been accused of taking more risks with their bodies and for ignoring their health care needs to a greater degree than women, potentially exposing them to greater risk of injury, disease or disability (Broom & Tovey, 2009). Such body outcomes would likely be seen as a threat to

hegemonic masculinity and to a masculine gender identity (Connell, 1995), as they can contribute to overall physical weakness and a lack of body control (Gray et al., 2002). However, it can be suggested that by taking these risks with their bodies, men may be attempting to demonstrate masculine bodies that are competent, resilient and not feminine: "denial or disregard or physical discomfort or health care needs are all means of demonstrating differences from women, who are presumed to embody these 'feminine characteristics" (Broom & Tovey, 2009, p.16). Indeed, in many ways, hegemonic masculinity perpetuates a belief that 'real men' should not fuss over their bodies (e.g. men are often assumed to be paranoid or 'sissies' if they seek medical treatment for health issues that are not life threatening or if they complain about pain).

Courtenay (2000) discussed many of the common health behaviours and beliefs of men that appear to aid in the demonstration of hegemonic masculinity. These include a denial on the part of men that they are weak or vulnerable, complete control over one's body and emotions, the ability to display physical strength or robustness, a keen interest in sexual activity, aggressiveness and physical dominance. The need to attempt a display of these masculine 'ideals' has been suggested to put increased stress on men, particularly as they age (Reimann & Backes, 2006). Indeed, if health behaviours are yet another way that men demonstrate masculinities (Courtenay, 2000), an understanding of how older men negotiate their gender may be important to efforts aimed at improving health care and promotion efforts for this group.

Watson (2000) explored the notion that men may possess a variety of body representations in a Scottish study examining men and their health practices. The men who participated in the study were younger to middle aged (in their 30s and 40s) and were in stable relationships. Watson identified four main body concepts which contributed to men's experiences with their bodies: (1) normative embodiment or the ideals which shape body notions such as health or masculinity; (2) pragmatic embodiment or the functional body which operates in daily life; (3) experiential body or the site of the physical or emotions; and (4) visceral

embodiment or the underlying biological and physiological processes that support the functions of the body. Through these various body representations, Watson has attempted to describe the way that men "perceive, compose and experience embodiment in the context of everyday life" (p. 121) and suggests that men may have more than one way of experiencing and interacting with their bodies.

2.10 Aging Men's Bodies

It has been said that we are born with bodies that are diverse but that this diversity tends to increase with age (Connell, 1995). Indeed, as we age, our bodies remain "continuously unfinished business" (Gubrium & Holstein, 2003, p. 206); that is, we continue to challenge, mold, alter and engage with our bodies throughout the life course. For example, we may learn to adapt our activities to an ankle injury we may have sustained as a youth or to avoid the allergens that we know may cause us to sneeze. At different stages of our lives, these sorts of body inconveniences and, certainly, our bodies as whole physical forms, can be viewed through different societal lenses (Gubrium & Holstein, 2003). The later in the life course that we find ourselves, the more aware we likely become of the ways we might be demonstrating or challenging our age to the outside world (Calasanti & King, 2005). For example, older bodies that demonstrate athleticism or resilience (perhaps through resistance to, or quick recovery from, injury) may be viewed as youthful from the standpoint of society as they do not conform to stereotypes of 'old' bodies. However, illness and disease (e.g. prostate cancer, cardiovascular and lung diseases, osteoporosis, eye issues such as cataracts or glaucoma) can contribute to bodies being viewed decrepit or run down and can impede our ability to convey characteristics such as youthfulness and vitality (Charmaz, 1995; Gubrium & Holstein, 2003). The following quote by Shilling (2008) illustrates the belief that societal expectations concerning the functionality of the aging body can affect the way it is perceived:

> "Chronic conditions associated with aging may not usually bear comparison with the paralysis that can accompany congenital conditions or accidental spinal injury, for example, but their incidence and ordinariness provide further evidence that the notion of the 'perfect body' constitutes little more than a mythical metric against which we can measure our distance from an unrealistic ideal" (p. 104)

Illness and disease have also been shown to have a tremendous impact on gender status within society as individuals age (Broom & Tovey, 2009; Chapple & Ziebland, 2002; Charmaz, 1995). Prostate cancer, the most common cancer among North American men (Prior & Waxman, 2000), remains one such disease that has the ability to impact men's physical experience of being a man and his status within masculine hierarchies. Statistics demonstrate that the disease most commonly affects older men with 80% of men diagnosed with prostate cancer being over the age of 65 (Chapple & Ziebland, 2002; Gray et al., 1997; Lorber & Moore, 2007). While a variety of treatment options are available, the decision concerning which to pursue remains a very personal choice for men. For example, radiation, chemotherapy and prostate removal through surgery are common options recommended to men diagnosed with prostate cancer, but come with a variety of unwanted side effects, such as incontinence, impotence and decreased libido (Tannock, 2000). Such side effects can impact men's feelings of personal control over their bodies and their ability to identify with masculine identities. Men not wanting to risk these side effects can opt for the "watch and wait' form of treatment which simply involves careful monitoring of the cancer over a period of time to identify whether the cancer is growing or has spread to other regions of the body. This option is generally less invasive than treatments such as chemotherapy or surgery, but can be psychologically stressful for men, as it does not involve an active form of treatment.

Authors Chapple and Ziebland (2002) have discussed that men diagnosed with prostate cancer have historically opted for more invasive treatments, despite the potential negative side effects, because the choice allows them more power and control in dealing with their cancer (i.e. it allows them to 'do something' to attempt to combat the disease and take control of their bodies). In some ways, this behaviour can be seen as a way of connecting with aspects of

hegemonic masculinity, such as toughness, aggressiveness and fearlessness. Interestingly, older men who have experienced prostate cancer have discussed that a renegotiation of the ways they conceive of and demonstrate masculinity within society is often necessary (Gray et al., 2002).

Along this same vein, a variety of authors have discussed the notions of sexuality among older men and the impact that advances in medicine technology may be having on sexual health later in the life course. Sexual functioning (e.g. adequate levels of sexual desire, the ability to produce and maintain an erection) has been identified as a physical aspect of men's masculine identities that often decreases with age and illness (Reimann & Backes, 2006). This decrease has likely contributed to a fairly common belief that sexuality ceases to be a core component of an individual's identity in older age and that intercourse becomes a less important activity in the later years of life (Silver, 2003; Wiley & Bortz, 1996). Indeed, Marshall and Katz (2002) have described that a "graceful acceptance by men of their declining sexual desire has previously served as a hallmark of proper aging". The interesting question that often does not accompany these discussions of older sexuality is the exact nature of intimacy and sexual behaviour. Calasanti and King (2005) have described a societal belief that "...in 'real' sex, a rock hard penis penetrates a vagina" (p 17), thus seemingly, older men who cannot accomplish this act are not considered to be having sex. Other forms of intimate behaviour (e.g. kissing, hugging, touching, oral sex), however, can certainly contribute to a healthy and satisfying sex life, though these are discussed much less frequently in the literature on aging sexual behaviour (Calasanti & King, 2005; Wiley & Bortz, 1996). The introduction of pharmaceutical drugs and medical technologies (e.g. Viagra™, Cialis™, penile implants) have made it possible for older men, who feel the need to do so, to increase their sexual functioning and restore active 'real' sex lives (Calasanti & King, 2005). Such technology has placed new societal emphasis on men's demonstration of virility and sexual desire into older age and may be contributing to social judgment of aging men who choose not to seek treatment for any apparent sexual dysfunction.

As was mentioned previously, research into older men's experiences with their gender and with aging is scarce. The same is true for research focused on older men's bodies. Indeed, much of the research on men's corporeality and embodiment has tended to focus on youth and young men (Drewnowski, Kurth & Krahn, 1995, Drewnowski & Yee, 1987). What research does exist has focused, in many ways, on the diverse conceptions and experiences men have with their bodies as they age. For instance, Laz's (2003) study concerning aging, the body and embodiment among 15 older men and women (in their 50s, 60s and 70s) found that men (and in many cases, women) tended to focus on their bodies in positive ways. While many of the men interviewed for the study were experiencing a number of health issues, most reported that they felt they were in good health and were able to maintain regular exercise and activities. Those who did acknowledge that their regular activities had been disrupted by their aging bodies felt it pointless to dwell on this fact. The men tended, instead, to focus more on their energy levels and stamina with age, often reporting that they felt like they were slowing down as they got older.

Additionally, Drummond (2003) utilized focus groups to examine six older men's conceptions of their aging bodies and their ties to masculinity. All the men who participated in the study were 58 years of age or older, were retired, physically active and living in Adelaide, Australia. During data analysis, Drummond identified the presence of multiple body concepts which each tied into the participants' conceptions of what it was like to be a man. For example, a functional body was identified which represented physical functionality for the men (e.g. the ability to engage in pleasurable activities, to carry out chores). The men were found to be less concerned with the appearance of this functional body with age (e.g. they were not as concerned with muscle definition, the size of their waistlines) than with what they could do with their bodies. Drummond found that those men who had experienced some decline in their physical functionality also expressed the presence of a failing body concept. This failing body was seen more prominently in the oldest men in the study (in their 70s) and was discussed most commonly

in conversations about how the men felt that their bodies had 'let them down'. The men mentioned displeasure with the fact that they no longer had the capacity to do some of the activities that they were once able to do with relative ease. The men also discussed the idea that their body's unwillingness or inability to participate in certain activities impacted their ability to feel like a complete man.

Our conceptions of our bodies (much like our conceptions of gender and age) are shaped by the society in which we live, our interactions with the world around us and our experiences within our physical forms (Calasanti & King, 2005; Gubrium & Holstein, 2003). Consequently, understanding these influences and interactions in addition to the ways we perceive and experience our gender and age are essential to any exploration of the body. While Drummond's work (2003) has explored older Australian men's experiences of their bodies, relatively few studies on the topic of aging men and the body from a Canadian perspective currently exist. Additionally, little research can be located which specifically examines older men living in rural or northern environments and their experiences with their bodies. Indeed, the cultural and geographic diversity in Canada (including more northern areas of the country) present us all with a variety of cultural and economic influences (i.e. employment, environmental, societal values) which can shape our perceptions of our gender, age and bodies. This study intends to help fill in this research gap by providing a snapshot of the lives of older, northwestern Ontario men and the ways their conceptions of gender and age may contribute to their experiences of, and within, their bodies.

CHAPTER THREE: METHODOLOGY

3.1 Purpose and Research Questions

The purpose of this investigation was to explore men's experiences and perceptions of aging and the ways men might exhibit gender in later life. The research objectives that were explored within this study were:

1. What masculinity means for older men?
2. How older age is a gendered experience for men?
3. How masculinity in older age affects men's lives?
4. How conceptions of masculinity stay the same/change with age?

3.2 Methodological and Theoretical Approaches

Within the realm of quantitative research, descriptions about the processes necessary to undertake research are generally referred to as 'methods', as they tend to be quite rigid and rest upon the notion of objectivity. Within qualitative research (e.g. grounded theory, phenomenology, arts-informed research), this concept of objectivity does not exist. Qualitative research instead requires researchers to be reflective, sensitive to language, open to experiences and willing to examine topics subjectively (Charmaz, 2006; van Manen, 1997). Consequently, Laverty (2003) has suggested that the term 'methodology' is more appropriate for descriptions of how qualitative research is carried out, as it suggests fewer steadfast 'rules' and encourages more creativity in the research approach. This should not, however, be taken as being indicative of 'sloppy' research, as qualitative researchers must constantly ensure that they are employing good judgment and responsible research principles within their work (Laverty, 2003).

Constructivism was chosen as the method of inquiry for this study as it recognizes that knowledge is socially constructed and that in a research scenario, knowledge is co-constructed

between a participant and a researcher (Guba & Lincoln, 1994). Indeed, constructivism does not see investigators as being "part of some 'objective' world that exists apart from their constructors" (Guba & Lincoln, 1989, p. 143). Instead, constructivists believe that knowledge obtained through a research project is not 'discovered' by an investigator but is rather partially created by the investigator in their interactions with participants (Guba & Lincoln, 1994). Constructivism also allows for a multitude of interpretations of the same data, each with an equivalent potential to be meaningful (Guba & Lincoln, 1994).

This particular research project has sought, from the start, to examine what the topics of masculinity and aging might mean for older men. Constructivism allows for an examination of older men's experiences related to these concepts and a search for what elements of these experiences the men might have in common. Such elements can be used to interpret meaning to the experience of being an older, aging man.

3.3 Description of Recruitment Venue

The senior's centre, which acted as the recruitment venue for this study, is located in a mid-sized city in Northwestern Ontario. Intended to help foster friendships and increase socialization for older persons, the centre provides men and women over the age of 55 with a facility in which to gather, learn new activities and increase their overall health and wellbeing. While it does provide services for frail and housebound seniors (i.e. friendly visiting, volunteers who call seniors or visit to accompany them on walks), the bulk of the centre's programs and activities are aimed at more active seniors. Older persons can take classes related to fitness, visual arts, general interests (e.g. guitar), computers and gardening. Daily and weekly sessions of various sports/physical activities (e.g. dancing, badminton, billiards, carpet bowling) and games (Scrabble™, euchre, cribbage, bridge) are also operated year round. Finally, the centre also

operates a café, which serves food, tea and coffee all day, thus it is a popular gathering spot for socializing, particularly during mornings.

3.4 Participant Recruitment

Approval for this endeavor was granted by the Lakehead University Research Ethics Board in the early fall of 2007. For this study, a purposeful sampling of 14 retired, English-speaking men over the age of 55 was utilized. Men were recruited face-to-face at the senior's centre between November 2007 and January 2008 (for verbal recruitment script, see Appendix A). While the initial cut-off age for the participants in this study at the time of ethics approval was 65 years, this was lowered to 55 years in order to be more inclusive of the potential participants who frequented the recruiting venue. Each participant was given an information letter explaining the project and was asked to provide written consent to participate in a semi-structured interview with Dr. Wiersma lasting between 45 minutes and two hours. (see Appendix B & C).

3.5 Interviewing Procedure

Interviews were conducted either at the senior's centre or at a place of the participant's choosing (i.e. within the participant's home, in a coffee shop) and typically lasted between 45 minutes and two hours. Interview questions touched on four major topic areas: (i) conceptions of old age, (ii) changes in gender roles, (iii) conceptions of masculinity, and (iv) old age and conceptions of masculinity (see Appendix D). These major topic areas delved into sub-topics such as retirement, media portrayals/stereotypes of older age, identity, the body, family and health. While an interview guide was drafted prior to beginning the interviews, adherence to the questions varied greatly, depending on the openness of the participant and the comprehensiveness of their responses. Interview questions were kept as open-ended as possible to encourage

participant discussion and conversation was very much directed by the participant. Periodically, the interviewer needed to help steer the discussion back to topics related to masculinity and aging. Each interview was audio recorded by the researcher for the purpose of subsequent transcription. Saturation within the data was reached after 14 interviews. Saturation has been described as the point during data collection when a researcher is no longer finding "new information that adds to their understanding of a category" (Creswell, 2007, p. 240). Participant confidentiality has been assured through the use of pseudonyms.

3.6 Data Analysis

As stated previously, Dr. Wiersma carried out the participant recruitment and data collection phases of the project and I carried out the data analysis and interpretation of major ideas related to masculinity, aging and the body. A third party individual transcribed all 14 interview audio recordings verbatim. During data analysis, interview transcripts were physically printed and coded in the margins of the page, paragraph by paragraph, looking for concepts, properties and examples to be used in the subsequent formation of categories and themes (Charmaz, 2006). Each transcript was read between three and six times, a process which involved initially reading for content, then in order to code the data and finally, in order to re-code the data. During the re-coding process, codes were often shortened or re-worded to ensure that they reflected participants' actions and remained 'close to the data' (Charmaz, 2006, p. 51). Interview audio recordings were also replayed if there was some question regarding the context of a statement (i.e. in cases where sarcasm was used).

Open coding (i.e. segmenting data into categories of information) was initially used to identify important concepts that emerged within the interviews (Creswell, 2007; Strauss & Corbin, 1990), followed by axial coding, which brought fractured segments of open coding

together in the form of categories (Strauss & Corbin, 1990; Walker & Myrick, 2006). Special attention was paid to *in vivo* codes (participant's own words used in the naming of a code), particularly when these codes utilized generational language (e.g. 'ladies of the evening' to describe promiscuous women) (Charmaz, 2006). Relevant passages which best summarized several of the codes were also highlighted in the text for further study, along with any memos written in the margins. Throughout the coding process, theoretical and descriptive memos were written in a separate notebook to capture important ideas emerging from the interviews as well as questions of the data (Charmaz, 2006).

All of the codes and accompanying passages from the text were inputted into Nvivo 7 (QSR International) and categories of data were generated using the constant comparative method (Strauss, 1987). Creswell (2007) defines the constant comparative method as "identifying incidents, events, and activities and constantly comparing them to an emerging category to develop and saturate the category" (p. 238). While open coding took place exclusively in margins of the interview transcripts, axial coding was performed within NVivo 7 using the 'tree node' function. Computer printouts of all of the open codes were also used to help group 'like' codes together and descriptive memos were often consulted to give context to supporting quotations. Finally, selective coding was used to integrate the strongest core categories identified during axial coding into themes (Strauss & Corbin, 1998).

3.7 Narrowing the Focus of the Analysis to Aging Men's Body

It became apparent early in my readings of these men's experiences that masculinity and aging are concepts heavily embedded in the body. Indeed, while the questions posed by Dr. Wiersma over the course of her interviews were diverse in nature (e.g. touched on the men's employment, their recreational activities, their families, their romantic relationships, their

retirement, societal beliefs concerning masculinity and aging), many of the men's answers involved, in some way, the notions of corporeality or embodiment. Laz (2003) found a similar anchoring of responses in her study examining age awareness among older men and women. Consequently, my analysis has focused on older men's bodies and the ways that aging may preserve or alter gendered experiences with the body. While many of the men's stories demonstrate the ways that aging men's bodies may be shaped by societal ideas, values and beliefs, they also involve a very real physical experience between the men and their older bodies. Thus, instead of taking a purely social constructivist or naturalistic approach to my examination of the aging men's body, I have chosen to approach the topic from a perspective that combines elements from both schools of thought (see Shilling, 1993; Turner, 1992).

3.8 Evaluation Criteria

Several techniques that were originally outlined by Guba and Lincoln (1989) were utilized in order to ensure that the constructed realities of the participants matched the interpretation derived from the transcripts. These include assuring credibility (i.e. making efforts to match the constructed realities of participants to the realities constructed by the evaluator), prolonged engagement with the participants, persistent observation of the participants, peer debriefing (i.e. consulting a disinterested peer to 'test' whether findings make sense), reflexivity (on the part of the interviewer/evaluator) and member checking (i.e. bringing findings to the participants to see if the constructed realities match the lived realities). All of these evaluation criteria are discussed in the next paragraph, and in the subsequent limitations section of this chapter.

A peer debriefing with a disinterested, retired, man of similar age was carried out to verify the credibility of the findings (Guba & Lincoln, 1989). Suggestions made through this

debriefing have been incorporated into this analysis. While this study took place over a six month time period and involved some brief engagement with the participants at the initial recruitment phase of the project, the single interview conducted with each man might not be considered 'prolonged engagement' or involve 'persistent observations' (Guba & Lincoln, 1989). It should be noted, however, that both the interviewer and student data evaluator have two years of community engagement in the city in which the interviews were conducted and the interviewer has extensive previous experience engaging with older populations in a variety of different settings. Member checking also took place in the form of a study summary provided to the participants shortly after the initial interviews were completed (Guba & Lincoln, 1989). As mentioned previously, the findings of this study include the experiences of men spanning almost two generations, thus the potential for the major concepts identified in this research to be applicable to a broad range of older men exists. Guba and Lincoln (1989) have termed this ability for qualitative research findings to be broadly applicable as transferability. To further increase this transferability of the research findings, descriptive data and context have been provided along with the findings to aid in the reader's ability to follow the analysis. To address issues of confirmability and dependability, and independent audit of the findings was carried out with the interviewer (Guba & Lincoln, 1989).

3.9 Study Limitations

It should also be noted that different investigators carried out the interviewing and analysis phases of this project; however, collaboration during the process of idea generation did take place. Secondly, it should be reiterated that the participants in this study were recruited from a local senior's centre, implying that these men are socially active and presumably more engaged in their community than some of their peers. As a result, the findings of this study would likely not reflect the experiences of older men who are confined to long-term care facilities or who are

socially isolated within their homes (i.e. experiencing mobility issues, severe visual or hearing impairments). In addition, the age range represented in this study is quite broad (approximately 25 years) and encompasses, arguably, two generations. Consequently, one cannot homogenize the group and assume that the experiences/perspectives of a 60-year-old man would be the same as that of an 84 year old. Finally, field notes were also not taken for the purposes of this study, thus my analysis was confined to data contained in the interview transcripts.

CHAPTER FOUR: RELEVANCE TO PUBLIC HEALTH

Since the World Health Organization's 2002 Madrid Statement, which called for international commitment to the creation of gender equity within health (i.e. sameness of treatment and benefit between men and women), governments around the world have begun to formally recognize gender as a social determinant of health (Australian Government Department of Health, 2008; Morrow, Hankivsky & Vascoe, 2007; Richardson, 2009). Indeed, evidence suggests that within North America, sex and gender may be contributing to poorer health and health outcomes for men. For example, Canadian men have been found to have a decreased life expectancy when compared to Canadian women (Statistics Canada, 2010). Additionally, of the 15 leading non-gender specific causes of death, men have been found to have higher mortality rates than women in all but Alzheimer's disease (Courtenay, 2003). With regards to chronic and acute conditions, men have been found to be at increased risk for hypertension, heart attacks, lung diseases and liver diseases and evidence suggests that as men age, their risk for these conditions increases (Reimann & Backes, 2006). Men also have been found to have higher rates of suicide that appear to increase with age (Reimann & Backes, 2006).

Evidence suggests that health behaviours may differ between genders (Australian Government Department of Health, 2008; Denner, 2007; Richardson, 2009). While women have been shown to be more proactive with regard to their health care seeking behaviours, men appear to receive care only when it is absolutely necessary (Australian Government Department of Health, 2008; Courtenay 2000a. As a result, men tend to be diagnosed with conditions at later stages and require more extensive and costly medical treatment (Richardson, 2009). Men have also been found to engage frequently in lifestyle behaviours that can have negative health consequences over their lifetimes, such as smoking, physical inactivity, alcohol abuse, increased stress and a poor work/life balance, and have lower reported life expectancies than those of

women (Australian Government Department of Health, 2008; Broom & Tovey, 2009; UNdata, 2007).

Investigations into the potential reasons for negative men's health findings have unearthed a gender heavily influenced by societal stereotypes (e.g. hegemonic masculine identities that encourage risk-taking, aggressiveness) that can undermine health (Broom & Tovey, 2009; Courtenay, 2003; Denner, 2007; Morrow, Hankivsky, & Vascoe, 2007). The desire to display hegemonic masculine traits has also been suggested to contribute to some men's rejection of healthy lifestyle choices, their reluctance to receive regular medical check-ups and care by a physician, and their desire to avoid disclosing chronic health conditions to others (Broom & Tovey, 2009; Charmaz, 1995). A lacking men's health evidence base and a medical establishment that fails in many ways to meet the needs of men (e.g. clinic locations/hours of operation, perception by medical profession that men are 'harder to reach' than women, health promotion programs not tailored to men's health issues or activities) have also been suggested to negatively impact men's health and health care (Brown, 2001; Courtenay, 2003; Denner, 2007; Richardson 2009). Government reports, such as the *2003 First Ministers' Accord on Health Care Renewal* (Health Canada, 2006) in Canada, have also brought to light inequities in health care access for those individuals (including older men) living in northern and rural areas compared to those in urban centres (Health Council of Canada, 2008). Northern and rural residents have been found to have a history of decreased access to many primary care services, specialists and recreational facilities and studies have shown that men living in rural areas face an increased burden of physical injury as many work physically demanding jobs in isolated areas (Australian Government Department of Health, 2008; Denner, 2007).

CHAPTER FIVE: PERSONAL REFLECTIONS

As a student coming from a biology background with little experience in the area of qualitative research, I must admit that I have been quite blind concerning the degree to which I have been indoctrinated by the quantitative sciences. While I have always felt rather confined within the rigid structure of positivistic disciplines, I have, until recently, believed strongly in the need for objectivity, the minimization of bias and the ability to reproduce results when it came to conducting research. My decision to embark on a qualitative research endeavor has required that I cast aside these former assumptions and adopt an entirely new way of conceiving of my role as a researcher. The journey has been somewhat frustrating for me, and I have had to learn to purge words such as 'bias', 'validity' and 'objectivity' from my qualitative vocabulary. Indeed, the idea of a researcher as *tabula rasa* (blank slates) originally proposed by Glaser and Strauss (1967) initially seemed like less of a departure to me, likely because the approach stresses the importance of not allowing one's preconceptions and beliefs to dominate the interpretation of participant's voices and experiences. As I have become more comfortable with qualitative research in general, I have learned to value the notion that the researcher cannot help but already "know' about the topics they choose to study and that by taking oneself into account, the researcher is indeed increasing the credibility of his or her work (Clarke, 2005; Guba & Lincoln, 1989). The following sections are further personal reflections intended to discuss my 'situatedness' as the interpreter of data gathered by another researcher, as a woman interpreting the voices of men and as a younger person interpreting the experiences of older adults in addition to my thoughts on the interviewing process and interviewing techniques utilized within this study.

5.1 On Interpreting Another Researcher's Data

This project began as the work of Dr. Elaine Wiersma who first began interviewing men about their experiences of aging and masculinity back in late 2007. While she completed some initial analysis of the data, the bulk of the hundreds of pages of interview transcripts were left unanalyzed until she approached me in January of 2009 regarding my interest in becoming a part of the project. Though I have not had face-to-face interactions with the gentlemen who participated in this study, I have been allowed the privilege of engaging with their thoughts and feelings during the analysis phase of this project. My positioning as a significantly younger woman (in my mid to late 20s) has the potential to affect the ways in which I understand and interpret their thoughts, thus I am required to be diligent in my approach and to seek out avenues to verify that I am on the right track with my findings (see the previous section of this document on 'Evaluation Criteria"). By reading the interview transcripts multiple times, listening to the audio recordings of the interviews and accessing general demographic data, I am able to become familiar with the men, their words (the data) and hopefully, their conceptions of their masculinities and how they have changed or stayed the same as the men have aged. Throughout this analysis process, however, I have needed to always remain aware of the fact that the information that is presented in an interview is not "what is out there' in the world but is instead, what is created in the encounter between the interviewer and interviewee (Briggs, 1986). Indeed, by interacting with the textual data, I am attempting to jointly construct meaning with the study participants (Mishler, 1986).

5.2 On Interviewing

We reside within an interviewing society, one that requires constant sharing of personal, often embarrassing or intimate aspects of our lives to strangers (Gubrium & Holstein, 2001). As a result, many individuals have become desensitized to this process while others have come to

resist the disclosure of their thoughts and lives. Indeed, the interview has come to symbolize the movement of our private selves into the public sphere and requires a certain degree of sensitivity in the way participants are recruited and asked to disclose information.

For this study, the recruitment of participants was accomplished face-to-face in a local senior's centre, a technique recommended by Park and Cherry (1989) for studies involving older individuals, as it can be viewed as more personable and less threatening. By approaching potential participants in a place they are familiar with, the researcher is in a diminished position of power, allowing individuals to perhaps feel more comfortable agreeing to participate in a research project. The fact that the recruiter is not a person with whom the potential volunteers have an established relationship (i.e. their physician, a worker at the senior's centre they are familiar with) also allows them to consent to or reject the offer to participate in the study without fear of repercussions. The venue for the interviews also proved interesting with regard to power. The vast majority of the men who participated in this study chose either to be interviewed in the senior's centre or in their homes. These places may provide spaces where men feel more comfortable or in control (i.e. on their own turf).

5.3 On A Woman Interviewing a Man

The interviewing process normally generates an interesting power struggle that places the interviewer in the dominant position (asking the questions, risking very little) while relegating the interviewee to a more subordinate position (answering the questions, risking to varying degrees) (Oakley, 1981, Scheurich, 2001). This power dynamic can become even more pronounced when a woman is interviewing a man. In this study, the gender of the interviewer (a woman) as well as the topic under discussion (aging and masculinity) had the potential to make the male interviewees uncomfortable. While the concept of 'like studying like' (a man interviewing a man)

could potentially solve some of these comfort issues, researchers have suggested that a woman interviewer may be more appropriate for men interviewees, as a woman can often seem less threatening and more sympathetic (McKee & O'Brien, 1983; Williams & Heikes, 1993). Indeed, by "studying up", a woman interviewing a man can 'even the [power] playing field', so to speak (Nader, 1969).

In the case of this interviewing situation, the significant age difference between the male participants and the young (in her early 30s), female interviewer may have helped to position the interviewer as a sympathetic figure and may have been further aided by the interviewer's disclosure of her marital status and role as a mother. Men, particularly those from previous generations, may be unaccustomed to discussing issues such as their health or feelings with anyone outside of their marriage, thus a woman interviewer has the potential to position herself in the role of a wife (or in this case, perhaps a daughter) with regard to the questions she asks and the topics she seeks to discuss (for example, their health experiences, their children, their feelings and personal reflections) (McKee & O'Brien, 1983). Indeed, Stephenson et al. (1999) found that in interviews with men, a man interviewer tended to bring forth discussion that placed careers as the dominant aspect of the interviewee's identity, while interviews with women researchers tended to illicit discussion that placed family and one's personal life at the centre of the men's identity. In the case of this study, both career and family proved to be important topics of discussion for the men, as each represent a large portion of the men's lives. Russell (2007) cautions, however, that the predominance of women researchers within gerontological research could result in "a distorted picture in which 'women's issues' are more likely to be at the forefront of the lives of older men" (p. 187). Though it is only speculation, I tend to believe that had I been the interviewer in this study, my positioning as a single woman (and student) without children might have resulted in very different answers from the participants, as the men may have

felt the discussion of certain topics would be inappropriate with a young and 'unattached' woman.

Within the interview transcripts, there were instances in which the participants seemed to demonstrate a desire to avoid offending the woman interviewer. I perceived such situations to be indicative of the men taking on a quasi-protector role within the interviewing process, one in which they were attempting to shield the interviewer from statements she might find offensive. Indeed, such a role has been described in the literature in interviews involving an interviewee who is a man and a woman interviewer (Williams & Heikes, 1993). When Calvin, for example, described the unfair advantages he felt that immigrants received when arriving to Canada, he was careful to state: *"if I sound a little prejudiced, even thought I am not"*, seemingly indicating to the interviewer that she should not assume him to be hostile toward the Canadian immigrant population. Later in the interview, he also made an overt attempt to demonstrate support for the interviewer's gender rights *"I always felt strongly about unions, and I still feel that today, especially with women. If you give a person a good day's work, they should be prepared to give you a fair day's pay."* Bernard demonstrated his desire to not intentionally offend the interviewer by spelling out a curse word during his interview: *"I give them respect you know and I always maintain that I can get a lot more done being nice than being a nasty b-a-s-t-a-r-d"*.

When the interviewer asked two of the men (Garrett and Raymond) about whether gender roles in their households had changed when they retired, both of the men replied that their roles had stayed the same and that they rarely performed chores within the home. Interestingly, at the end of both answers, the men were quick to point out that this was the way things were done *'in my generation'* and that the circumstances are likely different for couples today where both partners work. It is possible that the men were attempting to convey to the researcher that any perceived 'sexist' attitudes were simply by-products of their generation.

5.4 On Interviewing Techniques Employed By the Interviewer

During the discussions with the men, the interviewer incorporated several interviewing techniques recommended for inquiry involving men. For example, the questions posed to the participants had more to do with what the interviewees thought as opposed to what they felt. Schwalbe and Wolkomir (2001) have described this approach as being less threatening to the masculine self as it offers an opportunity for men to be more detached from their responses. While many of the men were quite willing to use these analytical responses as jumping off points for discussions about their feelings, this technique leaves the choice up to the respondent and avoids making the interviewee feel overly uncomfortable. To further maintain this comfort level, the researcher often prefaced questions with a comment about topics other men had mentioned in previous interviews (i.e. "other men have talked about [certain situation/feeling/experience]... what do you think about that?"). This may have helped to put the participant at ease by allowing him to feel that it was acceptable within his peer group to discuss a certain topic (Schwalbe & Wolkomir, 2001). Finally, by allowing an interviewee to have his wife sit in on an interview (as was the case with Raymond) the interviewer may also help to establish a less awkward interviewing environment and make the participant feel 'supported'. Indeed, during Raymond's interview, the presence of his wife appeared to encourage increased dialogue, as the she were able to bring up topics that he was either too modest or too uncomfortable to mention (i.e. his accomplishment of biking across Canada). Many of the men also mentioned that they had discussed the possibility of participating in this masculinity and aging study with their wives prior to agreeing to participate. These men appeared more at ease with the interviewing process knowing that their spouses were aware of their participation and the general interview question content.

The interviewees also made some efforts to chat with the interviewer about her life by asking questions about her family, her child and where she grew up. By engaging with the men

in this way, the interviewer was able to build rapport and trust between herself and the interviewer, as the dialogue became less about taking and more about a mutual sharing of information (Shaffir & Stebbins, 1991). The interviewer also helped build this rapport through idle chatter at the beginning and end of the interview, in her gratitude for the men's time spent participating and in her active listening and occasional laughter.

5.5 On Conducting Research with Older Adults

At the time of their interviews, all of the participants in this study were between the ages of 55 and 84. Consequently, the age difference between the interviewer and interviewee and between the interviewee and me could be as much as 57 years, thus presenting some challenges in the interpretation of the findings. For example, as mentioned previously, gender roles for men and women in their 70s and 80s are likely quite different from those that would viewed as 'acceptable' or 'commonplace' in the interviewers or my own generations. As a result, I must take great care in the interpretation of the transcripts and enter into the process with as little judgment as possible in order to properly capture the meaning of the men's statements. Even among the 14 participants, the age range was quite broad and encompassed nearly two generations; therefore, the age of the individual must be taken into account during data analysis in order to give proper context to textual data. I must also avoid any attempts to apply my findings to too large of a cohort group, as the life experiences, attitudes and beliefs of an 84-year-old man could be quite different from those of a 65-year-old.

When conducting research with older populations, Pitts and Smith (2007) suggest that investigators take into account the physical and financial capabilities of participants in the selection of an interviewing venue. For many older individuals, their own home provides a suitable interviewing environment; however, issues of privacy and safety (both for the respondent

and the interviewer) can be an issue. More public venues, such as a coffee shop, may also be selected by participants, as these are places where the individuals may feel comfortable having discussions (i.e. with friends). Unfortunately, these places can also pose threats to participants' privacy and could affect what they are willing to disclose. In this study, the senior's centre was selected by many of the men for their interview because it was familiar, offered the opportunity for privacy and was accessible both by car (parking was available) and by public transportation.

Research conducted with older individuals can also pose an ethical dilemma for researchers, as the level of attachment that can develop between the interviewer and the interviewee can be different from that experienced in research with other age groups. In many cases, an older person, particularly one who lives alone, may be unaccustomed to an individual wanting them to discuss their lives for any extended period of time (as was the case in these interviews) (Wenger, 2001). As a result, the interviewee may develop feelings of 'friendship' for the interviewer that are not reciprocated. This was the case with one of the men interviewed in this study who, following the completion of his interview, asked the interviewer if she would like to have coffee. Wenger (2001) recommends, in such situations, that a researcher should be as giving with their time as possible (to the degree to which they feel comfortable) in the spirit of reciprocity. In the case of this respondent, the interviewer chose not to have coffee with the gentleman because it crossed the boundaries she felt were appropriate within the established interviewee/interviewer relationship.

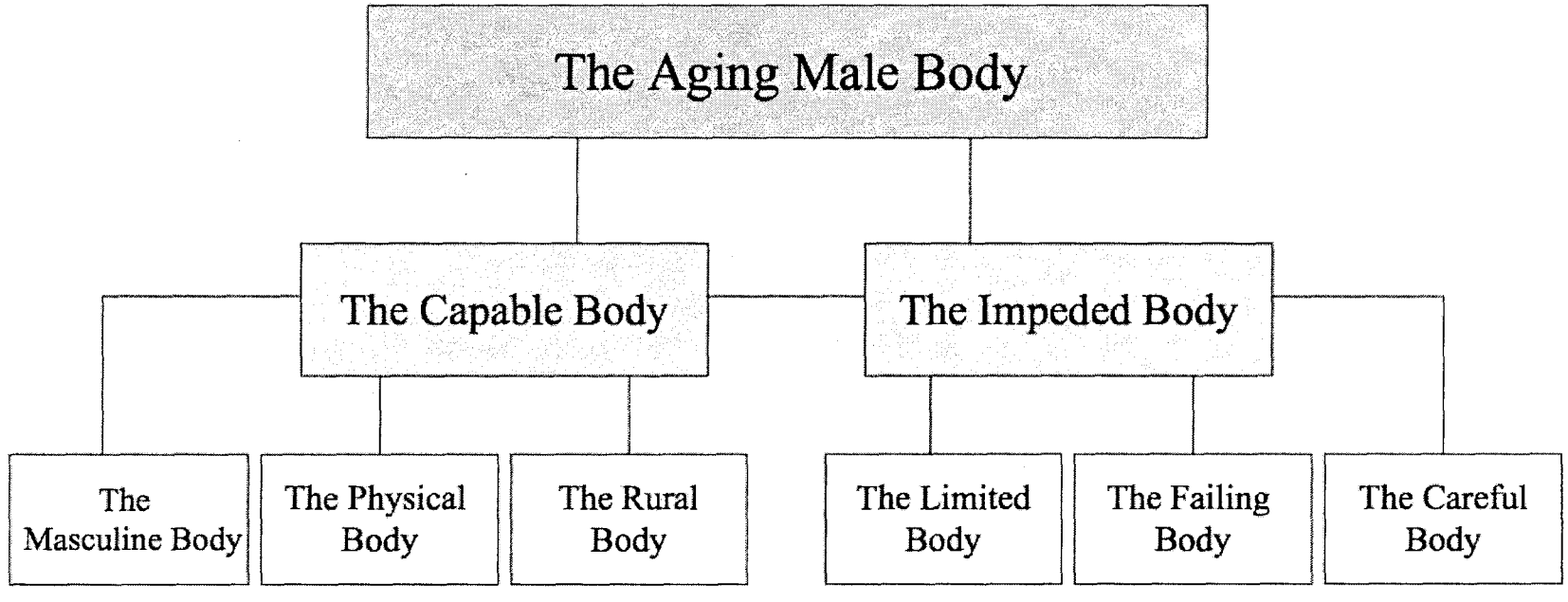
CHAPTER SIX: FINDINGS

Attempts to define a single aging men's body concept proved impossible as the interviews showcased a multitude of perspectives on the physical process of aging and how this might be experienced by men. An interesting dichotomy was found to develop, however, between more physically capable and more physically impeded bodies. Consequently, the notion that multiple bodies residing within one aging men's body emerged. These multiple bodies include bodies that exhibit a degree of mastery (capable bodies) and bodies that have needed to make adjustments with aging (impeded bodies). The bodies seen to be present within a capable body were the masculine body, the physical body and the northern body while adjusted bodies were seen to house the limited body, the failing body and the careful body (see Figure 1). The ideas I present in this work are intended to expand on the multiple body concepts identified by Drummond (2003), which include functional and limited bodies.

While not all of the men were found to exhibit all six main body concepts (i.e. the masculine body, the physical body, the northern body, the limited body, the failing body and the careful body), most were found to demonstrate identification with both a capable and an impeded body. For example, masculine and northern bodies could also show aspects of limited or careful bodies or a failing body could show ways that it was still also a physical body.

Embedded within all of the body concepts was one overarching theme related to the body, that of interaction. Indeed, our bodies do not exist in isolation but are instead a vehicle through which we experience and explore the world. I perceive this notion of interaction not as a separate body concept (i.e. I do not perceive the presence of an interactional body but instead see interaction as a idea belonging to all of the body concepts, as it involves not only the men's perceptions of their bodies, but also the ways the men interact with, and are shaped by, relationships, societal expectations and their physical world (Connell; 1995; Laz, 2003).

Figure 1. Breakdown of the Multiple Bodies in Older Men



6.1 Description of Research Participants

Garrett: A 74-year old, married former educator.

Raymond: A 72-year old, married former heavy equipment manager.

Calvin: A 77-year old, married former factory labourer.

Jerome: A 65-year old, separated former carpenter.

Bernard: An 80-year old, married former educator.

Terrence: An 83-year old, married former skilled trade worker.

Oscar: A 67-year old, married former artist/educator.

Marshall: A 59-year old, single former educator.

Cedric: A 67 year old, married former educator.

Blair: A 65-year old, married former educator.

Keith: An 84-year old, married former skilled trade worker.

Arnold: A 71-year old, married former educator.

Emmett: A 69 year old, widowed former mechanic.

Philip: A 76-year old, widowed former educator/administrator.

6.2 Capable Bodies

Capable bodies within the context of this qualitative study were seen to be aging physical forms that were able to perform intended tasks. Capable bodies were able to move independently, make relatively unrestricted choices (i.e. no physical constraints) and, arguably, might be more closely tied to many of the characteristics typically associated with a masculine body identity (Connell, 1995; Petersen, 1998). For the most part, capable bodies were what the men had grown accustomed to during their adult lives (i.e. the bodies they had experienced in their 30s, 40s and 50s), thus they were likely more closely associated with younger bodies.

6.2.1 The Masculine Body Concept

It seems pertinent to acknowledge that I am a young woman reviewing the experiences and perceptions of older men. Consequently, by interpretations of the men's statements are likely influenced not only by my experiences as a women and my personal interactions with men (young and old), but also by the context of my generation (i.e. some of the ways that men exhibit masculinity today may be different that those exhibited 50 years ago). Thus, the interpretations that I present below are from a woman's perspective, taking a critical perspective of the literature on gender, aging and the body.

While scholars such as Silver (2003) have discussed the concept of 'de-gendering' as one ages, the men in this study found several ways to offer displays of a masculine body. Throughout the interviews, the men conveyed several characteristics often associated with masculinity and a masculine body, including fearlessness, physical dominance, self-control and sexual or romantic interest (Broom & Tovey, 2009; Connell, 1995; Courtenay, 2000). Several of the men also mentioned that not feeling older or associating with stereotypes associated with older men was a way of demonstrating the firm ties that their bodies maintained to masculinity. Finally, the men were also, in a few cases, consciously aware of the dualism that exists with regard to the construction of gendered bodies (i.e. masculinity versus femininity) and the ways this belief may have shaped their perceptions of masculinity.

6.2.1.1 Fearlessness

Fearlessness concerning one's body, a trait frequently associated with masculinity, was demonstrated in the ways some of the men discussed illness, aging and death. This fearlessness was conveyed through a dismissive or casual attitude concerning potential negative health events or through humour about death. Terrence, for example, was somewhat dismissive of his experience with colon cancer and made it clear to the interviewer that he did not fear death.

Terrence described his cancer as being 'small' and, therefore, not something to worry about. It would appear that he viewed death to be something that was inevitable for an individual (i.e. "it's like fate"); thus, he saw no reason to fret about the issue:

Terrence	*I've had a colon operation too, that was cancer, but I didn't need any treatment.*
Elaine	*Oh good, just the surgery.*
Terrence	*It was so small that he almost missed it, so he told me so I'm not worried about that either. I mean, I'm not worried about; I'm not really worried about anything like that. If I fall over, I fall over. I'm not really worried about, if it happens, it happens, like it's like fate really, maybe.*

Similarly, Blair's manner of discussing his experiences with diabetes and a cardiovascular condition also conveyed certain casualness about his heath in addition to a desire to not worry. While Blair's physician showed some concern for Blair's multiple health issues, Blair suggested that being on medication negated the need to worry about blood sugar and cholesterol levels:

Blair	*The doctor says I'm diabetic, I said I can't be diabetic because my sugars, the ones you've got me doing all the time, my sugars are all in the fours and fives and he said yeah that is the medication that I've been giving you.*
Elaine	*(laughs).*
Blair	*(laughs) and he said you've got a cholesterol problem and I said listen, it's under two, it can't be a problem and he said, yeah, that's because of the medication (laughs). Anyway, I don't take care of myself insofar as eating regularly, and I don't worry too much about what I eat because with the pills that he has given me, the loads of them, my sugars are where they are supposed to be. And the A1C [a diabetes marker] in particular is way down below six, which is the target as of next June, I'm way down below, so I'm not concerned about the diabetes.*

Jerome expressed a similar degree of casualness about his enrolment in a prostate cancer detection study, despite his recognition that he is in a high-risk group for the disease. In the sixth year of this detection study, Jerome was diagnosed with prostate cancer and underwent surgery.

Jerome	*I was in a prostate study where there were 21,000 men in that study from southwest oncology in Texas somewhere and we were the only place in Canada that had the study.*
Elaine	*oh okay.*
Jerome	*I knew quite a bit about it and I wasn't too concerned about it but I knew that I was getting into that age group where it would happen.*

Conversely, Philip was found to take a slightly different approach to his articulation of

fearlessness. During a trip to the dentist to have a tooth repaired, Philip attempted to inject some humour into his interaction with the dentist by joking that his tooth may not need to last many more years (i.e. he is likely to die in the near future). While it is possible that Philip may have been using humour to deflect a fear of his own mortality, it appeared that he was attempting to convey to the dentist that he understands that death is on the horizon but does not fear it:

> *She said that she's afraid to do it because if it breaks off again then I'll blame her. So I jokingly told her, I said look, her name is Joan (pseudonym) and I said Joan, just stop and figure, I'm 76 years old, how much longer do you think the tooth has to function there, she says well for a number of years at least. I said well put it in for a number of years, let's gamble on it.*

Two of the men (Jerome and Keith) offered examples of fearlessness with regards to the topic of aging and some of the negative events that can accompany the process (e.g. illness, disability, death). Jerome, for example, suggested that he does not fear aging because his body is still capable of working. Through his suggestion that he is not too old to work, Jerome may have been attempting to further convey that he is still in possession of a masculine body, as an ability to work is a trait heavily tied to masculinity during young and mid-life (Broom & Tovey, 2009; Silver, 2003).

Elaine	*So when you were younger and somebody would talk about old age or something like that, what did you think about, what did you think about getting older?*
Jerome	*Well I wasn't worried about it. I'm still not. You know, I still feel that I can put in a good day's work if I have to.*

Conversely, Keith choose to frame his decision to not worry about getting older through the lens that worry serves no real purpose as one cannot control what might happen next in one's life. For Keith, life appears to be about simply taking what comes one's way and not worrying about what you can't control:

Elaine	*With some of the people that I've been talking to, there is a real, with some of them there is a real sense of awareness that their body is failing as they get older ...some fear about what getting old means in terms of not being able to walk or care for yourself and I'm hearing from you something very different.*

Keith *If that comes, I'll take it. But I don't think about it because I think it doesn't do me any good to worry about it, what is going to happen tomorrow to me is negligible, I don't worry about it.*

Elaine *Yeah.*

Keith *Now fine and dandy, I could walk out there and trip and fall and break my leg or break a hip and do whatever happens, that happens, you know, it happens and you live with it, to me.*

6.2.1.2 Physical Dominance

While only a few examples were found to exist in the interviews, physical dominance appeared to be a body trait related to masculinity that was still present for some of the men as they aged. For instance, Emmett discussed his willingness to be physically confrontational towards his son (who is a police officer and a man he describes as 'big') in order to establish his dominance. For Emmett, feeling as though he could still physically challenge his son allowed him to somehow deny that he is getting older:

Elaine *So what about for you, what does getting older mean for you, how would you?*

Emmett *...I guess I have to accept the fact that I am old, but I don't accept that fact. You know, I still tell my son that I can still beat the hell out of you, you know.*

Elaine *(laughs).*

Emmett *He'd probably kill me but that's how I feel, I don't back down from nobody, and maybe I'm stupid, but that's how I feel.*

Blair expressed a similar sentiment when referring to the younger individuals working at his part-time job as a salesman. While he suggested that he does not get upset, he clearly conveys that he feels he is dominant and should, therefore, not be confronted: "*Some of the young bucks figure that they can take me, you're old, you can go ahead and try, I wouldn't recommend it but you can try. But since I don't get upset with them and since I don't show anger, they back down.*"

Both of these men were among some of the younger men in the study (69 and 65, respectively), thus they likely have not yet experienced a large change in their physical strength or health, which might impede their capabilities to physically dominate others.

6.2.1.3 Self-Control (Related to Alcohol and Smoking)

Over the course of the interviews, self-control was demonstrated to be part of a masculine body concept and was often seen to be necessary to avoid damaging one's body as it ages. The most obvious targets for this self-control were cigarettes and alcohol, as each was discussed frequently during the interviews. Garrett, for example, discussed the need to regulate drinking in a social setting as he aged: *"I don't drink excessively at a party; right now I have a drink of rye every now and again, but I've never smoked and the thing is, I'm getting by."* Calvin hinted at a time when he perhaps drank too much, though he is clear that he does not feel he ever had a drinking problem:

> *I was alright 'til I was about 70 because I never smoked, that is something that, it didn't turn my crank, you know, but in your younger years, sure beer was never my drink, but I always liked a good glass of rye. And I used to drink a little bit when I was younger, but I can't say I abused it.*

Marshall, a recovering alcoholic, recounted his experience of accepting sobriety:

> *The moment in the treatment centre when I accepted I was an alcoholic, the moment when I was at the kitchen table and thought, yeah, living sober was okay and from that point on, I began taking a real interest in what I was doing... I didn't understand what was going on, I was just struggling all the time. All of a sudden, I was okay with the change in my life...*

Several of the men discussed a drinking culture that they felt was often associated with older men, expressing that such patterns of behaviour have likely been present throughout their lives. Most of the men acknowledged, however, that excessive drinking needed to be controlled. For example, Jerome discussed that, while he had quit smoking and drinking earlier in his life, he still received offerings of alcohol. He also appeared amused by the number of health problems he has encountered since he had stopped drinking:

Elaine	*Do you think in our culture that there, that there are portrayals of older men or expectations of what they are supposed to be like?*
Jerome	*Well when you were growing up, you know, people didn't have, they had a different lifestyle, they didn't go to these places [senior's centres], they went to the legions or beer parlours you know and you know you'd see them going there and I'd probably would if I was still drinking, but I quit because I had a problem you know in the 70s I guess and since I quit*

drinking, I've had more health problems (laughs) and more offers of free booze than I did when I was drinking.

During his interview, Oscar mentioned one image, that of a heavy drinker, that he felt was connected with older men. He went on to state that such a lifestyle had never appealed to him: *"You know you have images of old geezers you know sitting around, drinking beer, talking about their exploits and this kind of thing but I'm never very interested in that"*. Garrett offered one explanation as to why an individual's drinking might increase with age and with retirement:

Garrett	*But I think one of the problems with people aging is when you do cease to work, you have to do something that seamlessly takes its place.*
Elaine	*Umhmm.*
Garrett	*And a lot of them used to become heavy drinkers, and I used to see them hanging around the gas station that I dealt with...they retire and two years later they are dead because they have nothing.*

Marshall, one of the men who had taken control in his recovery from alcoholism, discussed the need to be honest with his doctor in recent years regarding his drinking in order to improve his health care:

I can be, yeah. Ah, again with my sobering up, I got honest with my doctor about what was going on with me. (laughs), that took quite a while, I think I was eight years sober and I finally told him I was an alcoholic and he gave me that look (laughs) you could see the wheels turning and he said, ah, that explains a lot and from that point.

6.2.1.4 Sexual and Romantic Desire

While many of the men described a decrease in their sexual functioning in recent years, often due to illness or medications, many were still quite keen to discuss the romantic relationships that they had with their spouses or partners. Interestingly, when asked, in general terms, about masculinity and whether the aging process had impacted their feelings of masculinity, many of the men immediately equated the term with sexual acts. While intercourse was generally not mentioned, sexual attraction and the desire for companionship remained strong for the men, suggesting that such desires may be a component of a masculine body.

Garrett described that, despite his advancing age, he was still attracted to women:

Elaine	*So when you hear the term masculinity, what do you think about?*
Garrett	*...I suppose you never lose your interest in the fairer sex if you are so inclined, I'm not sure if that is the direction that you want to go or not, but I never think of the term masculinity so I don't know (laughs).*

Calvin also mentioned the importance of reminding women that they are sexually desirable as he ages, though he was careful to suggest that such comments are not intended to be rude: "*I guess it doesn't hurt if you see somebody trying hard and pay them a compliment and if she's got nice legs you can say that without being disrespectful.*" For Emmett, whose wife had passed away from cancer a few years prior, a new relationship offered the opportunity for companionship without needing to be particularly serious (i.e. living together). Emmett also discussed the idea that the interviewer might feel his desire to pursue a relationship in older age as "*crazy*":

Emmett	*I've got a new lady friend and we do the traveling.*
Elaine	*Oh do you? That's nice.*
Emmett	*We've gone out to Banff this summer and we just got back from Vegas.*
Elaine	*Oh very nice.*
Emmett	*And we went to Niagara Falls and traveled around here and there and I met a nice lady friend and she is a good cook and cooks lots of meals for me and she has her own place and I have my own place and maybe sometime we'll get together.*
Elaine	*Yeah.*
Emmett	*It is, just like courting another lady, oh yeah, it is, unreal eh? Seventy years of age, maybe I'm crazy, I don't know.*

Blair, who portrayed himself as a sexual man throughout the course of his life, felt that younger women did not offer much sexual appeal as he aged; however, he continued to find more "*mature*" women attractive:

Blair	*I also, and now we are getting around to the sex thing, I absolutely have no interest in young girls or young women, none.*
Elaine	*And that's, has that changed or?*
Blair	*Oh yeah, yeah. They could be really cute, really built, alright, back then I wish I'd be 20 years, no I don't have to be 20 years older, they are fun to look at, puppies are cute, but they grow up (laughs). I'm much, much, much more interested in a mature woman.*

With Oscar, the attention that he received from younger women and the praise he was given with regard to his body from women helped to define his masculinity and, perhaps, some physical attractiveness in older age:

At this last Tai Chi thing I was at the in the states, sort of a teacher training thing and we worked together with other people and I was working together with a young woman...she was 45 or 50...so we hugged afterward and she said "Oscar you've got good muscle tone in your shoulders, you know, not like most of the old people I work with" and I was hugging this beautiful younger woman and feeling very masculine and not particularly sexual but just feeling that (inaudible) kind of thing.

Later in his interview, Oscar explained that while he has been insecure about his body for much of his life, the ways that women perceive him and whether they "like" him play a very important role in his masculine physical identity:

I feel, you know, like the locker room kind of thing, I never liked the locker room because there is always inevitable comparisons, you know, who's got the big penis, etc., and that kind of thing and sometimes I've thought, I don't have a big penis, so sometimes I thought like this is a purely a male, is this purely a male problem, like a male issue, like men care (laughs) you know, in my relationships with women, as far as I know, it hasn't been a big issue, right, so I think I, like I feel as though women like me and I feel as though I'm attractive to women so I feel very masculine in that sense, you know, so I am not a stud, that type of male, but women like me so I feel good, I feel happy. If men like me, that's nice, but if women like me that's really important ...the way women talk to me or you know treat me, look at me, and so on gives me a kind of a sense that I am a man.

6.2.1.5 Avoiding Associations with Older Age

Several of the men mentioned that they did not feel old or did not feel ready to identify with aging men's stereotypes. For example, several of the men expressed that they had initially felt that socializing at the senior's centre was an indicator of older age, thus many had avoided using the facility for some time. In some ways, not acknowledging that one is older or conceding to age may have been seen as a way for the men to hold on to the masculine body identities they had experienced as younger men.

When asked about the experience of getting older, Cedric (67 years) stated that he did not feel that he had yet reached older life:

Elaine	*When people talk about you know getting older, older age, that type of thing, what do you think about, do you have you know conceptions?*
Cedric	*I don't think I'm there yet.*
Elaine	*(laughs) great.*

Arnold mentioned that he saw very little difference in how he felt as a old man versus as a young man, though he acknowledged that the his strengths and weaknesses had changed with age:

Elaine	*Yeah, so in terms of you know, physical functioning and intellect, there is no difference with aging?*
Arnold	*No I can't see that there is any difference. There is difference in where we are strong and where we are weak but I don't think overall there is a real difference.*

Emmett offered a similar opinion, and suggested that he does not feel much differently now than he did as a younger man:

Elaine	*So what about for you, what does getting older mean for you?*
Emmett	*Well, I don't feel I'm old, you know, I don't feel old. I still feel like I was when I was 30 years old eh.*

Later in his interview, Emmett offered further explanation regarding his feelings on aging, mainly, that he does not have many of the physical ailments that he feels typically accompany the aging process for men:

Elaine	*You know it's funny though that you say that because I ah, I think age is so subjective and just like you said like you don't feel old but there is kind of this perception that the magic age is 65 and all of a sudden you are old then right and most people that I've talked to said exactly what you said, I don't feel that I'm old.*
Emmett	*And you know that when you go to the doctor and the doctor said you've got high blood pressure, and you've got high cholesterol and you've got prostate cancer and stuff like that and you've got cataracts in your eyes then you might say you are old, that is how I look at it and I just had a physical done a week ago and the doctor said I can't find anything wrong with you, your blood pressure is right on, you've got no prostate, your prostate is good, you've got low cholesterol and all the blood tests come back normal.*

Emmett also suggested that in order to not feel old, one must not admit that one is old. This type of thinking suggests the he felt getting 'old' to be something that was negative: "*Yeah well aging is something else. I know I'm old but I don't feel old and if you admit to yourself that you are old well, that's bad, so don't admit that you are old, even though you are old.*"

In the case of some of the men, the company that they kept may have had an impact on their lack of association with an older identity. For example, Blair described that, while he was still working as a high school teacher, he did not feel old compared to his students: "*The attitude,*

or our relationship even as a teacher/student thing, I thought was more fun than I can have with these young kids, they see me as being different, I don't feel different at all, but I recognize that I am." For Marshall, who spent time during the winter months in Florida (a commonly known travel destination for older men and women), the presence of older people, and their physical signs of advanced age, helped him to feel young:

Marshall	*Again, you go to Florida and its all white heads eh?*
Elaine	*(laughs) yeah.*
Marshall	*Blue rinse and white hair, it makes me feel young (laughs).*

Still other men felt that old age was something that might be defined through the facilities they frequented, thus they often avoided places that were associated with 'old' age. Cedric offered an in depth explanation concerning why he did not feel *"old enough"* to be using a senior's centre. It appears that it was only when Cedric started attending the senior's centre regularly (to take a martial arts class) and met individuals that were his age that he felt comfortable using the facility:

> *I mean for a while I didn't. Like when I retired, I used to drive by the [senior's centre], but I would never go in there because I didn't think I was old enough, and I mean even though I was older than 55, so I'm not sure when, I guess the first time I started going sort of regularly was really last year when I started doing Tai Chi twice a week, so that was in January but up till that time, I've been in there, well I went for meetings because they have community meetings in there sometimes so I've been there for a couple of meetings and I've been in there once or twice for lunch and other than that, I didn't really go because I didn't think I was old enough. So, now I'm more, well now there are more people my age there now, people that I know so and being to Tai Chi there is a reason to go so I feel more comfortable about it. Yeah, I mean there is a saying that I'm sure you've heard that old age is always 10 years older than what you are.*

Oscar who, like Cedric, started using the senior's centre to learn Tai Chi, conveyed similar sentiments about the centre and its association with advanced age:

> *Well, I guess I think about myself so I didn't want to, when I was about 57, I guess almost 10 years ago, I started studying Tai Chi and there were classes at the [senior's centre] and other people would say you should go to the [senior's centre] and this kind of thing and I said I don't want to go the [senior's centre], I'm not old, you know, I don't want to be with a bunch of old people and so that is probably a lot of people's attitudes.*

Accompanying these explanations of not feeling old were comments made by several men concerning the fact that they did not look their ages. In these cases, the men appeared to take pride in the fact that they were able to 'pass' for younger men and, in some way, defy the aging

process. Cedric offered the following comment on the matter: "*Some people think that I am younger than I am...so that's a good feeling.*" Bernard also expressed his desire to defy societal expectations about how a man his age should look:

Elaine	*Um, do you find that people treat you differently, having, you know, gotten older?*
Bernard	*Oh, definitely. Um, yeah, they are, a lot of them a surprised that I'm 80.*

6.2.1.6 Recognition of Gender Dichotomy

Interestingly, several examples of the ways that the older men perceived a gender dichotomy or a gender continuum were found to exist when the interviewer mentioned the topic of masculinity. For Blair, there was an obvious difference between masculinity and femininity:

Elaine	*Yeah. So in terms of masculinity, do you feel like there, um, well first of all, what is your conception of masculinity and has that changed?*
Blair	*Yeah, oh yeah, definitely. There is definitely a difference between maleness and femaleness and maleness is masculinity.*

In the case of Oscar, masculinity was seen as being the opposite of femininity. He also recognized that women could shape his own perception of masculinity:

Elaine	*Yeah, yeah. So masculinity, for you, from what I've been hearing throughout this conversation is about much more than just you know sex and you know getting older and losing some of that, am I right or is there, or is that, or how would you see masculinity?*
Oscar	*Well, I mean, some aspect of masculinity is definitely, you know, the other side of femininity, so I guess I, I mean I experience masculinity in relation to women, right?*

For Garrett, masculinity was seen as being opposed to femininity:

Elaine	*So when you hear the term masculinity, what do you think about?*
Garrett	*I mean, it's against femininity.*

These beliefs likely had some bearing on the men's self-perceived masculine identities, given that several men saw masculinity as being something that was the opposite of or "*against*" femininity. Consequently, by finding ways to convey that they still possess a masculine body with close ties to masculinity in older age, the men may be attempting to prevent societal associations of older age with femininity or de-gendering (Silver, 2003).

6.2.2 The Physical Body Concept

Physical activity and the use of one's body to perform physical tasks were seen by the men to be important components of daily older life, suggesting that they still viewed themselves as being in possession of physical and able bodies. Swimming, skiing, canoeing, cycling, golf, curling, hockey and gardening were just some of the physically demanding activities that the men discussed engaging in during their older years. In Garrett's case, competitive swimming and yearly cross-country skiing and canoeing trips had been his main forms of physical activity:

Garrett	*I used to swim two, three, four times a week, started swimming when I was 49 actually, I highly recommend it to people.*
Elaine	*Wow.*
Garrett	*I swam competitively 'til I was in just in my low 60s.*

Later in the interview, Dr. Wiersma further inquired about Garrett's engagement in activities post retirement:

Elaine	*What have you done since you've retired throughout the last ten years to fill your days? I know you have a number of sports and activities.*
Garrett	*Well, counting back three years ago now...I helped with a phys-ed[ucation] program, I helped with their cross country skiing until they changed and hired somebody and then I helped with their student canoe trip for years...I went on almost all of those, I missed two or three.*

During his retirement, Raymond began touring across Canada on his bike. He appeared to take great pride in the fact that he was part of a group that was composed of many older riders:

Raymond	*I tried another trip across Canada, I left from Vancouver, I got the group, the group is called Bike Canada...I got to Thunder Bay and I fell on the bike path and broke my clavicle.*
Elaine	*Oh no.*
Raymond	*So that part of the trip was over for me.*
Elaine	*But you got from Vancouver to here?*
Raymond	*Yeah.*
Elaine	*Wow, how long did that take?*
Raymond	*That was, it was close to, about 40 days...I noticed there were older people that went on this tour, there were a few younger people but most of them were older people...I think there was about 12 of us and the majority were in their 60s.*
Elaine	*Wow.*
Raymond	*And that says something for aging, there are a lot of active older people.*

After Keith and his wife retired, they decided to take a drive across the United States, stopping in

the small communities they encountered along the way to play golf. Keith also declared one of his greatest achievements while curling to be a game in which he scored the maximum amount of points possible in an end (i.e. eight):

> *We golfed at every little, even in spots there is a little nine-hole golf course, nobody working in the shed, you go in there and you put your money in a box, in an envelope in the box and you go ahead and play nine holes of golf and come back. The next morning, you take off and go to the next town, phone ahead...and that's what we've done and we enjoyed every minute of it, enjoyed every minute of retirement, we still do. I don't golf anymore; I used to curl, for years, in the wintertime. Won trophies. I'm one of the only ones around here that ever had eight in an end. That's supposed to be a novelty.*

Cedric expressed pride in his ability to still be playing hockey well into his sixties and frustration with the idea that society may not believe that older men can continue to play the sport, stating, *"I used to be kind of proud of the fact that I was playing hockey when I was 65, still playing hockey, um, because people don't think about that but there are, there were people, there were some older."*

Oscar had taken up Tai Chi at the senior's centre after his retirement and had been enjoying his participation (and teaching) in the martial art for almost a decade:

Elaine	*Yeah, so you were talking about your Tai Chi, after, you know that's been something that has been ongoing for a while now eh?*
Oscar	*Yeah, so that is almost, I guess almost ten years now, so, it's very, for me it is very satisfying to do it, especially to teach it because it is so beneficial to people, you know.*

Jerome attempted to give the interviewer an exact number with regard to the number of hours he spent each day engaged in physical activity:

Elaine	*Do you see any expectations for older people in terms of their health? I know some of the gentlemen that I've talked to talked about trying to keep an active lifestyle.*
Jerome	*Oh yeah, I do, I do, I try to do about five hours in a day, you know, don't do much housework bit it's more outside than anything. I have lots of things to do in the summer. I've got a garden and I like my fresh vegetables.*
Elaine	*And so other than cutting wood and things like that, do you find you keep yourself fairly busy, like do you have?*
Jerome	*Well right now in the wintertime I'm sort of looking after a dog that's by himself and I go and get him and I look after him all day more or less and in the winter time, I go skiing across the lake, when the ice is on there, the ice is on there already, they've been skating on the ice already.*

Elaine	*Oh wow.*
Jerome	*There's two inches of ice for skating and we weren't out too far, and we've got about 4 to 6 inches of snow on it out there.*
Elaine	*Yeah, yeah.*
Jerome	*No, I, when I go out and check houses, I ski across the lake primarily.*
Elaine	*Oh, okay.*
Jerome	*And that gives the chance for the dog to run and then I help my neighbour if we have to cut down some trees or stuff like that, I help him and he helps me.*
Elaine	*So it sounds like you are still fairly busy?*
Jerome	*Yeah, I do about four hours you know stuff outside.*

In the above quotes, some of the men specifically described their belief that society does not expect older men to participate in certain activities as they age and also appear to take pride in the fact that they are physically active with age. Two other men, Blair and Marshall, also expressed ways that they felt older men are confounding societal images of older age and physical activity. Blair, for example, believed that the senior's centre projected a positive image about aging and activity:

Elaine	*So do you think, general perceptions of old age you know by kind of society in general or how younger people might perceive old age or older age, um, do you think, like what do you think those perceptions might be like?*
Blair	*Being in this place [the senior's centre]. It gives you a pretty good idea of what is coming and it don't look too bad. Active and healthy.*

Marshall expressed the idea that some men were able to defy stereotypes in older age by engaging in extreme tests of endurance (i.e. marathons)*: "There are more men who are aging that choose not to fall into those stereotypes, the marathoners, who are 80 years old who are doing marathons eh, stuff like that."*

6.2.2.1 Recognition of the Importance of Physical Activity in Older Age

A few of the men specifically mentioned the idea that physical activity and exercise are particularly important for older individuals in order to boost health and vitality. For instance, Raymond viewed exercise at the gym, which included weightlifting, to be a necessary task in his effort to stay physically fit in older age: "*You should stay active and lift moderately heavy*

weights, which I try to do on a regular basis to keep your muscle mass...I know physical activity for people in their 60s, 50s, 70s, it's a necessity to keep healthy. I really believe that."

Garrett also discussed his feeling that older people may not be taking advantage of the opportunities to keep up appropriate levels of physical activity: *"It's all up here and you have to keep active and a lot of people don't keep active enough. I'm not sure I'm keeping active enough now that I've moved into this next phase of my life, but I am still moderately active."*

Later on in his interview, Garrett discussed his perceived need to keep up aerobic activity if one wants to enjoy the later years of life:

Garrett	*You don't necessarily have to be a big muscle man to be competitive, relatively fit, I'm not fit now, but I was, I did maintain a high aerobic capacity for a long, long time.*
Elaine	*Yeah, yeah.*
Garrett	*And people that don't do that, I think their old age won't be nearly enjoyable, that would be my guess.*

Garrett went on to recount a story about an older friend who nearly drowned while on a fishing trip in Saskatchewan because he was not strong enough to pull himself out of the water. Garrett was able to rescue the man but stressed that if one does not keep in shape as one ages, the consequences can be dire:

> *...this was right around the 1st of October...So the next day, I'll just use the cast and we'll catch a couple and we capsized, and we were in a 15' sports boat and we were in a bed of rice and so the first thing you do, I, being relatively confident in the water and this fellow was a good swimmer in his day too, I got the boat over, right side up, but I couldn't keep it there to get some of the water out, it was a bad scene. It flipped over on me again, so on goes the life jackets... but there was piece of rope there, so I waded in the water up to here, because you don't go after a drowning a person, because you know he could pull you down too and I took my life jacket off and I threw my rope to him and got him to shore and then we walked about a half a mile. I broke into a tent trailer, there were a number of camps there, and this guy was falling on me. He was, well hypothermic I guess. I was pretty cold, I saw, well I knew these places were there, so I went down, it was open, so I got him down there and there were sleeping bags in there and stripped him, got changed and put on some dry clothes and crawled in the sleeping bags but it is going to be dark in an hour and a half, I got to get him out of here so I got dressed again and I walked and I was just so lucky, there was a guy doing construction in the place just near the road, because there was a gate in this road, I couldn't have driven back in, our vehicle was three or four miles away and this guy had the key and he took me back to get [my friend] and back to our vehicle but where we are going with this, I guess, if you don't keep yourself relatively fit, and there's some emergency...*

Several of the men described the physical nature of their employment prior to retirement (e.g. working in the paper mill, as mechanics or carpenters) while others described physically demanding jobs post retirement. Raymond, for example, worked in a warehouse: "*I do assembly work for J&J Warehouse (pseudonym)...I found the work very physical, like on the snowboards that we assemble. I've got to take them out of the carton and get rid of the cardboard, pull them off the pallet and everything so it is very physical work.*" The men's continuation of physical activity after retirement and into their older years suggests a physical body that has been present throughout the men's lives. Consequently, many of the men did not feel that they had become interested in being physically active with age; they had simply continued on with an already active lifestyle.

6.2.3 The Northern Body Concept

All of the men who participated in this study had either been born in the city in which the interviews were conducted or had lived the majority of their lives in northwestern Ontario. This northern environment appeared to have shaped masculine identities closely tied to nature and to the physical body. For many of the men, connections to the outdoors through their employment (e.g. carpenter, paper mill worker) or recreational activities (e.g. hunting, fishing, camping, canoeing, home-building) offered opportunities to connect the masculine to the northern (Dunk, 1991; 2002), even with advancing age. Keith, who had spent most of his early years roaming around and playing with friends outdoors, recounted a story of his experience as a younger man working in an office environment:

> *So there was a park. And there were people rolling around in the park, enjoying the sunshine and I was sitting there in the God darn office with my face against the window and I thought, the heck with this noise, I walked in and said... Boss, I quit". And he said, "why?" I said I can't work inside, I'm an outside boy."*

Raymond, who spent 40 days biking across Canada, mentioned the fact that many of the nights he spent on the road were spent outside: "*We camped in state parks, we stayed in gyms or open*

areas in churches or church yards. They let us set up our camps." This type of sentiment was found to ring true for several of the men. While none of the questions outlined in the interview guide were specifically related to northern community life, a few participants readily pointed out the connections they felt to the outdoors living in this area of Ontario. For example, Calvin described the city in which the interviews were conducted as "*the hunting and fishing capital of this part of the province.*" Indeed, hunting and fishing were activities that were established, in several of the interviews, as being prominent aspects of life, even into older age. This finding is supported by much of the work published by Dunk (1991; 2002). Garrett, for instance, described a lifelong love of hunting and fishing:

> *I've always hunted and fished. I'm almost embarrassing because I've been going to the Dakotas to pheasant hunt since 1967. I always found a way of sneaking away. ...I'd likely be out walking my dog with a gun looking for grouse today...I had a chance to go to Reindeer Lake (pseudonym) this summer in August to fish steelhead, I'm a king steelhead fisherman...Steelhead fishing is sort of, how would you describe it, you are one of the idiots I guess, because you know, people Walleye fish because it is so easy to go and catch a walleye, but it's a challenge, it's like going big game hunting in Africa.*

6.2.3.1 Not Fitting in with a Northern Identity

The outdoorsmen identities associated with life in northwestern Ontario proved to be so pervasive that a few of the older men made specific mention of not fitting in within the community specifically because they did not engage in certain outdoor activities. Cedric felt that not being a hunter, a fisherman or a 'weekend warrior' who took on building projects around the house affected his own experience of being a man:

Cedric	*I don't feel like I'm a typical northerner because I don't hunt and fish and I don't have anything against it I just don't do it and um, and I don't like building, I don't like building rec[reation] rooms and decks.*
Elaine	*(laughs).*
Cedric	*I mean I have done a little bit of that and I know that I could do it but it takes me five times as long as a professional and there are other things that I would rather do so but a lot of the people that I met when I first came to [this community] it was almost expected that if you were a man, then you were a handyman and you were going to build your deck and build a fence and build a garage and do all that sort of stuff and build your camp and I never really fit that mould and so I sort of felt a bit like I wasn't a real man because of that.*

Marshall expressed similar feelings of not fitting in as a man in a northern setting. He used Alcoholics Anonymous (AA) as a specific example of a place where he felt more comfortable associating with women due to his differing interests:

Elaine *And it just seems, again this is my own perception, but the, the, like you were saying, the social norms for men here in a "red neck community" seem to be much more narrow than for women, even though you know narrower for women too than perhaps from down south, but for men, you need to be the hunter, you need to do this, you need to, you know it's very much a macho male image, you have to have the big truck and you know do all of those types of things that.*

Marshall *And I've consistently failed to meet all those types of criteria, I don't hunt, I don't fish, I do golf (laughs) so there is a plus on the board for me, I don't own a truck, I have a van, allows me somewhat, but I don't know anything about motors so I'm out mechanically, you know, when I first went into AA that is what was there, the men would talk about hunting, fishing, vehicles and that was it. So, the ones that I felt more comfortable with was I sat with the women and the men went look at him... they talked about things that I could understand, relationships, they were interested in their children, in schooling, I was a teacher, therefore I was accepted into that, I liked cooking and I could talk cooking with them but what I found was most important to me they talked about their emotions. The men did not talk emotions.*

Marshall suggested that expectations for men in a northern community could be quite rigid and difficult to live up to. He then went on to recount his experiences of being a gay man, a role he defined as 'non-traditional'. Marshall expressed that he felt his alcoholism was likely associated with his feelings of isolation in a society that was not accepting of his sexuality:

Marshall *Very conservative, very role-defined society.*

Elaine *Umhmm.*

Marshall *Narrowly-defined society.*

Elaine *Yeah, it seems, I've noticed in particular very, you know, being a woman and being a mother you know very much you know narrowly defined roles you know for women, but also for men, in terms of kind of the red neck macho stereotype here for men of what they are you know supposed to be like and I think that the guys on our street kind of think that my husband is an odd ball because you know I'm the one who is out there shovelling the driveway or mowing the lawn and doing all of those types of things and you know he is inside cooking, you know or taking care of [our son].*

Marshall *Role reversal.*

Elaine *Role reversal, yeah.*

Marshall *And you know that people up here have difficulty in coping with it.*

Elaine *Yes, it is definitely a closer minded community than what I've been exposed to.*

Marshall *Well try a non-traditional role of a gay man in this society and the onset of puberty upset me to no end and I came to understand that my presence in this society was not welcome and I had no options. I wasn't going to leave home at 13. I had to learn to cope within this society and so I emotionally stuffed who I was for the next 30 years and with the subsequent disruption, internal disruption and that, I know, was one of the causes for my drinking history and it was only for me, it was a crisis at the, in the treatment centre, that was the whole purpose of the treatment centre was to be honest and I still wasn't letting go of that truth in me and that is why I held on for four weeks, five weeks and I was getting nowhere and they knew that I wasn't cooperating and finally I let that out in a (inaudible) and I found myself suddenly in a community that at least had to be giving lip service to equalities and to accept who I was and for the first time in my life, I was in a closed community that knew who I was and had to at least show that they were accepting of me or they'd be out.*

Elaine *Do you find it difficult at [senior's centre]?*

Marshall *Oh yeah, yeah, the generation that I engage with there, ah, exhibits all of these behaviours, the traditional, macho, I don't choose to, um, I deal with them in the traditional way, when I'm stacking chairs I don't have to talk about my sexuality (laughs) so I engage with them and that's how I engage with the men in the AA group initially. It wasn't until I came out in [a northwestern Ontario city] and went back to my group here and I went well, I can tell everybody in [a northwestern Ontario city] that I'm gay and people in my own group I don't know so that night at the meeting, I let them know I was gay and while I was in [a northwestern Ontario city] I outed myself and I am a gay man and I have been throughout all the years that I've been coming to this meeting and there was nothing said, but from that point on, there were no more gay jokes.*

Over the course of his life within a northern setting, Marshall has learned to model his behaviour after men he feels exemplified stereotypical northern masculinity (e.g. work in physically demanding positions, abrupt, not talkative) in order to 'pass' as a straight man. He stated that his brother-in-law has been one of his best models for such behaviour:

> *Um, he has also shown me, he's my example, the model I use for how to behave like a man in this society. Okay, hard working, sort of gruff, a man of few words, that kind of thing and I needed models to be able to survive in this society so the male model set is quite pronounced here and I had to learn to act. When I first went to university, a professor talked about passing and he referred to that term with reference to blacks in the south, coming north and ah they didn't want to be black, those who were lighter skin tone were passing as white and they had to learn the role of and ding, that term hit him and I was in my 20's and I was like, that is what you have to learn to do and you have to learn to do that really well so I watch people around me and there is, there is a definite difference in the male role in this area and then in other areas and I had no comparison.*

6.2.3.2 The Mr. Fix it or Handy Northern Identity

As mentioned previously, many of the men interviewed described careers spent working with their hands (i.e., carpenter, mechanic, factory worker) and several mentioned a continued enthusiasm for building or fixing within their older years. Being handy around the house or capable of fixing broken items were skills that many of the men took pride in. A few of the men mentioned having grown up learning these skills and wanting to pass them on to younger generations. Garrett described building his own home and several of it's interior items:

Elaine	*Yeah, so it's your shop, you said you have a shop?*
Garrett	*Well, I built a little shop so I can poke around with it, I always had one, I had a big one where I was before, yeah I built my own doors and stuff like that and built my own cabinets, but I did it with the help of another person in his shop actually.*
Elaine	*Wow, yeah, and your home you said you built?*
Garrett	*I did all the finishing and everything after the logs went in. I hired people to help me when I put the roof on, I have a metal roof and ah, it was a four-person job because it was metal, two on the ground and two on top and it was a big job.*

Retirement for Garrett involved a project with his son (and a professional carpenter) involving the finishing of a basement. He appeared to take pleasure in describing the large size of this task:

Elaine	*Yeah, um, so when you retired, obviously you had a lot of time because you weren't going to work during the day, what were you, I mean you seem like you are obviously very active here, you found ways.*
Garrett	*Oh no, no trouble putting in a day between working around the house and helping, oh my son he did this whole basement.*
Elaine	*Oh okay.*
Garrett	*He had to refurbish the basement around the outside and then he rebuilt the whole basement downstairs, he had a carpenter with him and he helped the carpenter.*
Elaine	*Oh okay.*
Garrett	*And the carpenter and myself and [my son], we dug all around the whole house, refurbished the walls and put in a new sewer system and a sump because that is a wet area down there in the south side.*
Elaine	*That would keep you busy.*
Garrett	*Yeah that was a busy summer.*

In his interview, Emmett mentioned that he had fixed a few items at his girlfriend's house and also seemed to take pride in his skills and the 'success' of his work:

Emmett	*I'm going to my lady friend's place and her stove is broken and I'll go and fix her stove, like I can do anything.*

Elaine	*That's great.*
Emmett	*I just painted, mostly painted and repaired all of her house eh?*
Elaine	*Oh wow.*
Emmett	*Yeah, you know, she was going to sell her house, it was getting run down and I says, I'll fix it up and I fixed it all up, put trim in and painted it and all kinds of stuff like that.*
Elaine	*So you are a jack of all trades?*
Emmett	*Fixed the electrical stuff and plumbing, pipes were plugged up, drains were plugged and you know, I had to take the piping apart and (inaudible) sewer drains out and fixed everything up.*
Elaine	*Wow.*
Emmett	*And now she doesn't want to sell the house.*

Marshall offered some explanation as to how he had developed his building skills, despite working as a teacher at the local college for most of his career: *"In my life, growing up, I was always at a circle friends who were always building houses and remodelling houses and I would go and assist them, be of help to them and over time I have developed good skills by working on their home."* Philip mentioned that he would like to pass on his building skills to a new generation of northern men:

> *I have two son-in-laws here and I would like to teach them at least a little bit about building. The building codes have changed over the years eh, however, they can still learn one or two things about building and I have more tools then – if you saw my garage, I have a two-car garage that currently houses all my tools and right now.*

For many of these men, the projects they undertook were not only a way to pass the time or help out family and friends, but also appeared to be quite tied to their northern identities. The men also seems to use the telling of their building stories as a way of expressing masculinity, as being handy or mechanically apt are traits often associated with a masculine identity (Campbell & Mayerfeld-Bell, 2000; Campbell, Mayerfeld-Bell & Finney, 2006; Dunk, 1991).

6.3 Impeded Bodies

Impeded bodies within the context of this study were seen to be aging physical forms that were unable, for a variety of reasons, to perform desired tasks, either at all or at the intended level of the particular man. Impeded bodies were not always able to be independent, experienced some restrictions with regard to what they could do and, arguably, were less associated with archetypal

images of the masculine body. For the most part, impeded bodies were a fairly new experience for the men, unless pre-existing conditions from childhood or youth were present (e.g. a birth defect in the heart, a broken back in one's teenage years), consequently they were more closely associated with older age.

6.3.1 The Limited Body Concept

While most of the men were able to describe relatively active older lifestyles (i.e. all of the men were recruited through the local senior's centre), all of the participants clearly expressed physical restrictions in their activities as they aged. This was thought to suggest that the men had begun to experience a limited body with age. Indeed, while the mind might have been willing to engage in activity, their bodies were often described as sometimes being physically unable: *"There are a lot of things that I would still like to do that the mind would like to do but I know physically I can't."* (Garrett). Emmett also discussed this idea: *"You want to slow down, even though you think you can do that, you can't do it and that way eh, yeah its ah, there comes a time in your life when you just can't do what you used to do."* Virtually all of the men described how an aging and a physically limited body had impacted their activities, abilities to travel, their sexual activities or their abilities to keep up with others. In a few cases, the men described how long-standing injuries had begun to catch up with them as they aged:

Oscar	*I do chiropractor regularly because I broke my back in high school.*
Elaine	*Oh wow.*
Oscar	*It was 26 years later that I finally had a fusion in '82.*
Elaine	*Wow.*
Oscar	*And now beyond the age when that fusion probably shouldn't be working, it still is, but I have a very tight, like when you've got a fixed back, I was told you never have a fixed back, it just means you can walk upright.*
Elaine	*Okay, yeah.*
Oscar	*And that stops me from doing the things that I would like to do, but that has stopped me from doing things since I was 13.*
Elaine	*Right, right.*
Oscar	*So that's no big thing, but it tightens up on my right side, lower back and into the top of my hip so the chiropractor keeps that going for me and regularly I'm doing this kind of stuff to stretch the gluteus you know and*

that kind of stuff. It hurts right now so obviously I haven't been stretching the way I should be. So that's involved, um, at times that will stop me from doing my Tai Chi because I just can't hold the shape and it stops my leg from moving where I need to have it go.

For Arnold, a cardiovascular condition caused by a birth defect had left him feeling exhausted throughout his life; however it was only in his older age that the condition was properly diagnosed. Consequently, he had the lifelong experience of his activities being limited by his body: *"I used to be the first in bed and of course, if someone was having a late party, I was the party pooper who always quit first."* Indeed, it would appear that Arnold viewed aging as a process that came with expected limitations to activity (i.e. he felt limitations were perhaps inevitable): *"I've been able to do everything that I normally would expect to do at this age."*

6.3.1.1 Slowing Down

Several of the men referenced life moving at a slower pace or "*kind of slowing down*"(Oscar) as being a part of a more limited, aging body. Emmett, for example, saw older age as "*a time to slow down*". This sentiment appeared to resonate with Bernard, as he felt the process of getting older required that life move at a slower pace than it had previously. This reduced pace had not stopped him, however, from remaining interested in activities:

Elaine	*So what does, what does getting older mean to you, you know, what do you think about when you talk about it?*
Bernard	*Well the process, you know, the process slows down, that's all...but now, and things settle down, you know, life goes on at a slower pace.*
Elaine	*Yeah.*
Bernard	*And so, but I'm still interesting in everything.*

For Garrett, getting older meant that he was not able to keep up the same pace during activities that he was accustomed to earlier in his life: *"I don't hunt as fast, I'm a little slower walking. I have a hip replacement that's been replaced twice now, the same one."* For some of the men, not being able to move at the pace they once had at work caused them to think about retirement. Emmett explained that his reduced ability to perform his job the way he had previously had been one of the reasons he had chosen to retire:

> *"Yeah, I had enough, I had 44 years in and that trade, it was getting tough, like, especially where I worked, there was big equipment, big machinery and you can't produce like when you were 25 or 30 years old, like when you were 60 years old, it was tough."*

Jerome also described the decreased amount of energy he had felt while carrying out physical activities at work in his years close to retirement: *"I still find that I can't do the things that I used to do that I don't have the energy that I had...I had trouble and working, there wasn't enough oxygen to do the two things."* Oscar expressed that prior to his retirement, he had not felt capable of keeping up the levels of energy displayed by many of the younger teachers he worked with and reminisced about *"the good old days"* when he was still able to perform all of the tasks he wanted to:

> *Like the younger teachers that come in who have more energy and more, you know if you come into a situation and this is the way it is and you sort of accept that this is the way it is right, where you know, you look at when things were different, or, the good old days...it's okay in some ways because your capabilities kind of shrink as well so you don't get the same energy so it's not like if you had the energy but couldn't expend it.*

6.3.1.1 Feeling Tired More Easily

Feeling tired or getting tired more easily were concepts that appeared to accompany moving more slowly within a limited body. For one of the men, being more tired was something he felt many of his peers had experienced and something he could be light-hearted about:

Bernard	*And we just had a, we watched the Grey Cup with one of our friends.*
Elaine	*Oh nice.*
Bernard	*And of course, I'd like to phone the commissioner for the football league to tell him to have it earlier because it was too late (laughs).*
Elaine	*Oh okay.*
Bernard	*(laughs), you know, just kidding eh?*
Elaine	*Yeah.*
Bernard	*It started at 6 eh, and by the time it finished was past our bedtime.*
Elaine	*Yeah.*
Bernard	*We managed to stay up for it.*
Elaine	*Yeah, it would be past my bedtime too (laughs).*

The fact that Arnold often found himself tiring easily had impacted his ability to travel and required that he take naps frequently, causing him some apparent frustration:

Arnold	*I have a lot to offer and London, England I'd love to visit, but there is no use, no use doing it.*
Elaine	*That would be a really long trip.*
Arnold	*It would be a long trip, very tiring, and I have to lie down at least a couple of times during the day or else I'm toast.*

In Emmett's case, being around the house more often in retirement offered him the opportunity to take breaks when he felt tired. These rest periods, however, appeared to cause come conflict with his wife:

Emmett	*And she [wife] used to tell me, go out and I had the shop at home there and I used to spend time but I'd be in the house, ah, when I retired, I was tired, I didn't want to do too much and I used to hang around the house and I used to get on her case because she wanted to do this and that and I was kind of interfering with things.*
Elaine	*Oh okay.*
Emmett	*Yeah, so and then she'd tell me, well you've been laying around her all week and you haven't done nothing, maybe you should do something, I said "geez I've been doing everything, what do you want me to do?"*

6.3.1.2 Driving Abilities

For all of the men, driving an automobile was an essential component of their day-to-day lives and their main mode of transportation around town, including to the senior's centre. This activity was often heavily tied to feelings of independence and the ability to go 'where I want, when I want'. As the men aged, many had begun to experience hearing and vision issues that impeded their ability to drive safely while others explained their focus while driving had changed. These limits imposed by their bodies posed a threat to the men's sense of independence with age. Philip, for example, mentioned in his interview that he felt he was approaching an age where the government might start to place restrictions on his driving:

Philip	*I'm just waiting for the government to tell me that I can't drive anymore.*
Elaine	*(laughs) that would be a while yet.*
Philip	*(laughs) oh I don't know.*
Elaine	*My grandpa was driving until he was about 90 I think.*
Philip	*Well I'm getting there (laughs).*
Elaine	*You've got a few years, you've got a few years.*
Philip	*One or two.*

Oscar felt that his reduced vision impeded his ability to drive in unfamiliar places at night. Consequently, his driving limitations appear to have affected his ability to travel the way he wanted to ("things get narrower and narrower"):

> D*riving in the states at night, you know, like driving at night around (northern Ontario city), basically I know where I am I know the streets and I don't have to see things in the same way, but when you don't know where you are and you are trying to read signs and you are distracted by lights, it's really unpleasant and so like a lot of older people you don't want to drive at night so things get narrower and narrower you know.*

Garrett, who had experienced issues with his vision due to macular degeneration, expressed similar feelings about night driving: *"I don't drive at night anymore if I can avoid it because I can't see well."* Bernard explained that he was starting to feel a bit unsafe behind the wheel of a car, not only because he felt other drivers were unsafe, but also because he was concerned about lapses in his concentration while driving:

Bernard	*Just yesterday, when I went to take my buddies home, I stopped here for the light and a fellow with a truck went right though, red light, it was red, I stopped because we were going to turn and he, on the sidewalk lane here, right through, oh my goodness I said, I said what are you thinking, so that, you know, that kind of stuff, it scares me a little bit.*
Elaine	*Yeah, more so than before or?*
Bernard	*Well yeah, you know because I mean, hey, you know, but what can you do?*
Elaine	*Well I mean someone like that isn't only putting their own life at risk; it's other people too right?*
Bernard	*I guess I've probably done the same thing (laughs), thinking about something else. That's the worst thing is hey I'm planning this, I'm planning that and I'm driving and I shouldn't be.*
Elaine	*(laughs).*
Bernard	*You know let's drive first you know and then get there.*
Elaine	*Yeah, oh it's easy to do that, you get lost in your thoughts eh and then you, yeah, (laughs).*
Bernard	*Oh yeah and you are thinking about I've got to do this and I've got to do that, where am I going to go next?*
Elaine	*Yeah, yeah.*
Bernard	*And then oh, red light and then I look back and say oh it was red, oh, thank God nobody else was there at the same time.*
Elaine	*Well I can tell you are not the only one that does that, oh gosh.*
Bernard	*Actually, actually, it just takes a microsecond eh, to blank out you know?*

6.3.1.3 Not Being Able to Keep Up

For several of the men, not being able to keep up with their family members during activities appeared to cause a degree of bother. In the specific quotes below, not being able to keep up with women and children may have also had an effect on the men's masculine identities, as physical strength and endurance are often associated with masculinity (Broom & Tovey, 2009; Connell, 1995; Courtenay, 2000). Philip, for example, described how he had been a proficient skier in his younger years, often requiring that he wait for his grandchildren to reach the bottom of the ski hill following his completed run. He now found that these proficiency roles were reversed:

Elaine	*You mentioned something earlier that I just want to pick up a little bit about still doing the same things ah that you did before but with limitations, but with limitations?*
Philip	*Oh yeah, skiing with the kids, okay. At one time, we'd go skiing and I'd be down the hill waiting for them to come down now it's the other way around, they are at the bottom of the hill, hey grandpa, come down.*

Calvin described being unable to keep up with his active wife during their evening fitness routine post retirement:

> *"My wife likes to walk, I used to walk with her in the evenings and I told her finally, I can't keep up. I said geez, I'm out of breath and there's a certain tightness...so I started staying home and I didn't walk much anymore."*

In the case of Oscar, a shoulder injury that prevented him from being able to keep up with chores and required that his wife and female neighbours take over chores often performed by men caused him to feel uncomfortable and appears to have affected his masculine identity:

> *You know so then we both had, I had my shoulder surgery when right after that [my wife] was sort of doing a lot of things that I would normally, you know, the man things around the house (laughs), lifting the heavy stuff, she did all that ...you know the shoulder and just sort of sometimes just not being able to do things and you know everybody is out shovelling snow and I'm doing a little bit and some you know women down the street you know coming over to help me (laughs) with the snow shovelling...that's a little hard, you know, sort of the macho part of your personality is kind of just saying.*

For Cedric, feelings that he might not be able to keep up with the younger members of his hockey team caused him to doubt his athletic abilities. The pressure of potentially letting his teammates

down caused him to quit the sport temporarily:

> *[I played hockey] two or three times a week, after I retired, well I played before I retired once a week but then when I retired I was playing two or three times a week well then actually I quit hockey not because of health really, except for mental health I got psychological, I got psyched out because there were, most of the people my age quit playing because they had bad knees, bad backs, bad hips, different things like that so they had to be replaced by younger guys and younger guys being 40s or 50s and when you are 60 and a guy is 40, he's a lot better, it makes a big difference, even when you are 60 and they are 50 and well the other thing was, I was never a good hockey player even as a kid, I just liked to play but I was never any good and some of the people that we played with were really good like they were Junior A players and they were really high level players and they've played ever since anyway so it was a psychological where each week I agonized, it got to the point and oh because we traveled, I missed some so then when I came back, okay I've got to get in shape before I can play hockey so I would say okay I'm not in shape this week so I'd put it off for another week and then each week I'd agonize, you know and then if I went, I was really glad that I went but it was agony to decide whether I'd go or not and it was all in my head because the people that we played with all they cared was whether you played your $ 10 to play you know and as long as you didn't hog the ice and as long as you got off when you were tired and nobody really cared whether you played well or not but I cared, I didn't want to let the team down which was kind of a stupid idea but um, that's the way I felt, so anyway, never mind the hockey, so anyway I quit hockey because sort of because of that.*

Oscar specifically discussed the ways that aging had limited his ability to engage in sexual intercourse and to keep up with the desires of his wife. While he described the process as being difficult to come to terms with, he felt that, in some ways, his decreased sexual functioning had helped to take some of the pressure for sex off his wife:

Oscar	*Sexuality the change from um, not being so potent, occasionally being potent.*
Elaine	*(laughs).*
Oscar	*Not very potent, that is a little hard to get used to, or hard to accept, you know, just the, sexuality has changed, she is still is as receptive as ever, maybe more, and I'm less able, um, so there is a certain way I think in which that is sort of more comfortable, you know, sort of less pressure from me, you know, we've got to do it now, I want to do it now.*

Later in his interview, Oscar went on to describe how his decreased sexual functioning with age might have the potential to prevent him from being able to keep up with a younger woman and impede his ability to be viewed as a satisfying lover:

> *I think sometimes that I'm warned that I'm no longer sexually powerful (laughs). I never thought of myself that way but, but I think I used to. Meeting you, I mean I used to be the kind of person who would sort of think "well maybe we could have a relationship and this kind of thing". It's sort of not serious and this kind of thing, it's just sort of not serious or*

anything but there is potential, whereas now I sort of think, "well if I did she would be very disappointed in me as a sexual partner". So it would be nice, but on the other hand you think, you are getting older so its natural, this a natural process that is happening, and I'm a typical, there is a wide spectrum of what happens when people get older and that is what is happening. So, you know, should I get Viagra? In some ways, I don't know, maybe I'd be embarrassed about that, embarrassed to be trying to get it on with this, when I was younger and partly thinking is wrong. It is wrong in the sense that if this is what nature, how we are organized than we should accept it and just be, mostly I do but every once in a while I say, oh that sucks (laughs).

Cedric also conveyed that the experience of not being able to keep up with his daughter while hiking had caused a change in her perspective regarding her parent's capabilities and limitations. While he appreciated that she had not outright mentioned his limitations, he appeared to find the prospect of being viewed as an older person by his child disturbing:

Well it is a bit of a shock when our kids, when our kids first started treating us as older people, not old, but older people. Ah, our daughter, she used to really like to hike and we were just out to see her recently and ah, when we hiked with her a couple of years ago, we couldn't keep up, like she had this idea that we were going to go on this big long trail and we went out but turned around part-way back but I thought this time it's going to be the same thing, but she didn't say anything, but her behaviour showed that she recognized that we weren't up to this kind of really severe exercise anymore and so she did more modest hiking and she paid attention. I know, I think I noticed, she's smart enough not to say anything, but I think I could tell but she noticed, she watched to see how much we could do and how much we were willing to do. That's a bit scary when your kids start to treat you as an older person, but I mean, it's not unreasonable to think that because I'm sure I thought that of my parents when I was that age, but yeah, that's a bit of a shock.

6.3.1.4 Positive Approaches to Limitations

While many of the men expressed frustration with some of their physical limitations, a few men conveyed a positive outlook with regard to the limitations of the aging body. Marshall, for instance, felt that his AA sponsor, who was considerably older and had served as a mentor, had instilled in him a positive attitude about dealing with the limitations that can be caused by an aging body:

I ran into this guy named George (pseudonym) he and I developed a relationship, he because my sponsor and he was in his 80's at that point and I was just in my 50's, ah, no, 40's, he was my first sponsor and he taught me lots, eh, marvelous experience in life, he taught me, he was into his 90's and still going to AA and had amounts of knowledge and

experience and skills and although he was getting more and more frail, his example of ah, well if I can't do it the way I used to do it, I'll find another way of doing it.

Several men chose to view older age as a period of transition. Bernard felt that life (which included the experience of aging) was not about the status quo but was instead about learning to deal with change: "*Everyday changes, you expect change, status quo is no such thing, you have status quo, up to a point, but oh no no, change, as we speak, as we speak it is changing eh.*"

Keith echoed a similar view of aging being a natural period of change for the body and mind:

> *"It's a natural phenomenon, that's it. So you go through one stage, you graduate school, you go through another stage and you think is going to be that's it and after about three or four or five years you say hey, that's boring, I'm going to try something different and you go through different stages and I think getting older is the same way, you are going through different stages, your whole body is changing, your thinking is definitely changing, your knowledge knows no bounds."*

Keith also felt that limitations could be managed by more extensive planning in older age:

> *"But you still have got a lot of ahead of you that you could look forward to and you can actually do a lot of planning, it may not work out because your plans go, certain things come up and your plans are gone out of pocket, but old age, I don't look at it as old age, I look at it as a transition period you can say."*

6.3.2 The Failing Body Concept

The failing body, or a body that is experiencing multiple health issues, was described by most of the men during the course of their interviews and appears to have contributed to the physical restrictions described within the context of the limited body. This failing body was described through the various medical conditions reported by the men, which included cardiovascular disease, prostate, colon and bladder cancer, high blood pressure, high cholesterol, Parkinson's Disease, hernias, joint discomfort and replacement, eye problems and decreased sexual desire. Most of the men were taking some form of medication for one or more of these conditions and several had also undergone surgery in order to save their lives or to offer relief from discomfort. Garret described the effect these kinds of conditions can have on an individual's psyche: "*I guess it's a little embarrassing, you feel you are losing some of yourself*

and you are losing it anyways at a slow decline."

6.3.2.1 The Experiences of Chronic Health Issues and Multiple Health Issues

The following sections are just a snapshot of some of the chronic health issues experienced by the men. Many were life-threatening (i.e. heart issues, cancer) while others had severely impacted the men's lives and their ability to engage in activities, contributing to feelings of a failing body. Some of these issues proved to be difficult to come to terms with, even for the men's families. Arnold, for example relayed the following story about how older age was beginning to prevent him from being able perform the tasks necessary for upkeep at his camp and that his children had not yet accepted this fact:

> *Yeah and the, the thing I'm running into is that my kids haven't really got into ah, got into really in their heart of hearts that I'm getting older and its reflected in a discussion we have had with regard to our camp which is called here which you probably know as a cottage and they don't really appreciate the fact that I can't do the carrying and the physical work that the camp requires.*

The experience of multiple chronic issues may also cause feelings of fear that could contribute to one needing to discuss one's health issues frequently with others. Two of the men in this study (Marshall and Oscar) felt that as individuals aged, they often became too fixated on the failings of their bodies: *"It's very serious self-centeredness on health concerns and I think that's naturally human but I think there is more to life than talking about your bowel movements."* Oscar also mentioned this same phenomenon of older people discussing their bodied and described the tales of their surgeries and ailments as *"war wounds"*.

> *One of the things that I notice old people getting together like one of the things that people talk about is their ailments, the things that are going wrong, you know, how many surgeries and this kind of thing, this kind of comparison of war wounds, um, so I notice that sometimes when I'm sitting down with people, you can tell you are old because that is the first thing we are talking about.*

Oscar's choice of wording proved interesting, as it also suggests that discussing one's health issues and the way one's body is failing may be a way for older individuals to compete with one

another (i.e. who is the sickest, the most in decline).

6.3.2.1.1 Cardiovascular Issues

Several of the men mentioned the health effects related to their failing cardiovascular systems and related the impact these conditions had had on their lifestyles as they aged. In a few cases, the medications or treatments attempting to improve the conditions had caused unpleasant side effects. Arnold, who had been born with undersized arteries, discussed how this birth defect had impacted his ability to carry out activities throughout his life and had particularly affected his energy levels during travel in his later years:

Arnold	*I was born with two undersized coronary arteries and for all my life I had wondered why I couldn't to physical activities on the level of my contemporaries and when I was in the army.*
Elaine	*Wow.*
Arnold	*When I compare myself with that situation, you see, the little pains I get or so on, I suppose the big difficulty that old age is presenting me with is that I like to walk, when I visit strange places, I like to walk around cities and see what the natives are doing and so on, I can't do it anymore, a couple blocks is my max.*

Arnold then went on to describe the bypass surgery he had undergone for clogged arteries and the idea that, without it, he would likely not have survived:

Elaine	*Wow, and that is not something that you ever expect right?*
Arnold	*I should have, if I was where my wife's parents were and my father was when they died, which was around 75, I should have kicked the bucket at 75 if it wasn't for this [surgery].*
Elaine	*Wow, so did they replace, is that what they did?*
Arnold	*They take the veins out of your legs and put the veins out of your legs in instead of the blocked up arteries.*
Elaine	*Oh okay, wow, what an operation (laughs).*
Arnold	*It is.*

Bernard, who had been diagnosed with cardiomyopathy (a disease of the heart muscle), joked that if he were younger he could have his leaky heart valve replaced:

Bernard	*But I've got a leaky valve.*
Elaine	*Okay.*
Bernard	*Cardiomyopathy, so I'm on, the doctors says it will slow you down and when he says it'll slow you down, he knows what he is talking about.*
Elaine	*Umhmm.*

Bernard	*My blood pressure sometimes is 100/50.*
Elaine	*Wow.*
Bernard	*(laughs), yeah, so that kind of cooled me off.*
Elaine	*Yeah.*
Bernard	*See, so that the valve will not leak as much.*
Elaine	*Oh okay.*
Bernard	*So they slow down your beat and that.*
Elaine	*So is there anything they can do to.*
Bernard	*Well they said if you were younger, he said we could put a new valve in, a pig's valve.*
Elaine	*Yeah.*
Bernard	*But I don't want to run around doing "oink oink."*
Elaine	*(laughs).*

Philip's heart issues required medication and could complicate even simple procedures, such as a trip to the dentist:

> *"Like for any dental procedure I have to take Vioxcyn™ because I have a heart problem. I don't feel it's a heart problem, but Dr. Jones (pseudonym) says it's a heart problem. He's had me on four drugs, I carry them with me, everyday I have to take my little four, and anyhow, Lipitor™ and a couple other ones."*

During his interview, Terrence mentioned the complications related to his balance the he had experienced since he began taking medication for irregular heartbeats: *"Well, I'm still pretty good, I have a problem with balance but I think it's the medication that I'm on. I have a heart problem, atria fibrillation and um, I'm on a few different drugs and they have different effects."*

6.3.2.1.2 Depression

A handful of the men discussed having experienced issues with depression and how mental health issues and addiction had affected their lives in negative ways. Blair, for example, had chosen not to return to teaching and retire early after he had been asked to leave his position by the school board. The stress of the situation led to a depression that has required ongoing medical treatment, likely due to the changes his body has undergone while on medication:

Blair	*I was pretty heavy into psychiatric care and I was on an awful lot of anti – a lot of drugs, I was pretty much spaced out, I wasn't doing anything,*
Elaine	*Yeah so because of this whole situation – wow, what a devastation,*
Blair	*It certainly changed my life... Coming out of that whole thing with teaching and not teaching anymore, I cannot get off the anti-depressants,*

	I'll be on those forever.
Elaine	*Okay.*
Blair	*I'm not as strong as I was originally, but I have tried not under supervision and I can't do it and that is because the chemistry has changed.*
Elaine	*Yeah, it's amazing isn't it how, how some psychological stress can affect you psychologically and neurologically, yeah, wow.*
Blair	*Well physiologically and then because of the chemical change, that affects the neurology.*

Blair went on to describe that a part-time job he took on during his retirement helped improve his state of mind and likely kept him out of an inpatient mental health facility:

> *"Until [the part time-job], I was just not with people, I was just in my own shell, at one point they wanted to hospitalize me and I said you are not going to hospitalize me – we can do it forcefully I said no you can't, you can try, you are not big enough, but anyway, and [my wife] to this day said when I worked for PG Distributors (pseudonym) that's what saved me,"*

Marshall stated that the long winters in northwestern Ontario caused him to experience seasonal affective disorder, a type of depression often associated with decreased exposure to light in the winter months. In Marshall's case, spending time in Florida had helped reduce his feelings of depression immensely:

> *Yeah, it's like it's tolerable because I know there is an end, I'm going to be leaving this and so I could be careful, even on the grey days, it used to really, like day after day of grey days, I'd get so depressed, um, so I can go, well I'm going to see sunshine in Florida. It's done a wonder for my seasonal depression I guess and I'm looking forward to being down there.*

For Cedric, who had recently been diagnosed with Parkinson's disease, the potential restrictions to his activity that he knew would likely accompany the progression of his disease caused him to feel depressed:

> *Well it is complications from Parkinson's but they might die of a heart attack too or stroke or something else, so anyway, and one of the symptoms of Parkinson's is depression, ah, I haven't really suffered that yet, I don't think, I mean I occasionally get upset about it but there is nothing you can do, well I shouldn't say there is nothing you could do, there is lots you can do, you've got to keep active, keep moving and do exercise so and keep a positive attitude and read everything, I've read all the Canadian Parkinson Association booklets, but I mean some of the reading is troublesome because it is more than you want to know (laughs), it is the future of where you are going to be, perhaps. But it's difficult to predict, um, in any one individual what the progress is going to be, how long it's going to be at any stage, how far it's going to go so there are a lot of unknowns.*

6.3.2.1.3 Hearing Loss

The effect of hearing loss later in the life course was discussed specifically in two of the interviews (Keith and Marshall). While Keith mentioned needing to acquire a hearing aid as he had gotten older, Marshall relayed the effect that hearing loss had had on the later years of his career. Prior to receiving his hearing aid, not being able to hear those around him appeared to leave him feeling isolated and frustrated:

> *Well hearing is that's been an ongoing concern, it was difficulty in class when I was working, the loss of hearing was happening more and more and more. It was annoying to the students because I'd be asking, most of the students were young women and their voices were pitched right about there, I could hear the lower or the more shrill, but I was losing that and I'm sorry and I got very good a lip reading and sometimes it just didn't work and I'd have to ask, I can't hear, I'd move closer so I finally, I went to have my hearing checked and they said yeah there is some loss there and it has been over the last, again, 10 years where it has finally reached the point where a hearing aid would be a benefit but reaching that point it was annoying, geez, and I'm in a world where I have to guess what people are saying. Other people are hearing and I miss it. Now I'm learning to adjust to a hearing aid, I just got that this summer so I'm adjusting to different environments; it's got three different settings. They told me now you've got a computer in your head and oh, thank God, so the world is changing and I'm learning to change with it but I have a certain reluctance.*

6.3.2.1.4 Prostate Issues

As mentioned previous, prostate cancer remains the most pervasive cancer among older men in North America (Prior & Waxman, 2000). Within this study, several of the men had experienced the disease firsthand and many had undergone treatment that had left them with complications. Prostate issues appeared to affect not only their general health but also their sense of independence and confidence. For example, Jerome, who had been diagnosed with cancer a few years prior to his interview, had experienced severe complications from prostate removal surgery that necessitated him wearing a "diaper". This appeared to have contributed to feelings of embarrassment and shame: *"I've had blockages and different things from the scar tissue so it's affected my social life to a certain degree"*. The past few years for Marshall had involved the experience of an enlarged prostate and the issues with urination and sexual functioning that this

condition can cause:

Marshall	*That's an aspect of life that for me began with prostrate trouble, ah, and that's about 10 years ago where I developed difficulty in urinating and subsequently from family doctor to a specialist and now I'm on a medication for benign prostate inflammation, enlargement.*
Elaine	*Okay.*
Marshall	*So that, that has me no more problem with urinating, as long as I take that pill and so health concerns, have reduced, that particular condition has reduced the ability to have sex.*

Cedric recounted his experience of being diagnosed with prostate cancer and the subsequent surgery involved with his treatment. While he found the initial diagnosis *"shocking"* he felt that recovering from the surgery had proven to be equally difficult to deal with as it had left him quite weak and incapacitated:

> *A year ago, where are we at now, a year ago last May, I had prostate surgery, prostate cancer and it was successful I think, I'll know for sure when I go back in January for another test... but that was a real shock because I've never been in a hospital since I was probably 16 when I was, no 18 when I had a dislocated elbow so to go to a hospital to have to get an anaesthetic is pretty shocking, well I remember when the doctor told me, it took about a year before they really diagnosed...I mean that was a real, the word cancer was, because I didn't really think about it so that was a real shock so anyway I had the surgery last May, a year ago last May, and then when I started walking again, it's pretty major surgery, I mean it's almost as bad as heart surgery in terms of recovery because I was in the hospital for five days and then you can't lift anything over 10 pounds for I think its two months or something like that and when I first started walking other than walking around the house, my first walk was from the backyard to the front yard and then gradually I went up around the block and then I went to a bigger block.*

In Cedric's case, prostate cancer treatment may have triggered another underlying illness, leaving him with a permanent limp:

Cedric	*As I started walking regularly, I noticed that I was limping, and at first I just thought that I'm just learning to walk again but it didn't go away so to make a long story short, it turned out that I had early stage Parkinson's and that was sort of diagnosed I guess about a year ago.*
Elaine	*Wow.*
Cedric	*So that was a bit of a shock too because I never suspected that. I thought maybe something happened during anaesthetic, first I thought it might have been a stroke, because you hear about that under anaesthetic and then I thought maybe he touched a nerve in my leg or something but all the doctors say no I don't know for sure, but anyway, my family doctor said, he said it was a coincidence but one of the doctors said maybe what happened was because you were getting the Parkinson's before the surgery and because of the surgery, the inactivity caused it to happen so anyway, so that's what I have now.*

6.3.2.1.5 Sexual Health Issues

Decreased sexual desire and functioning were reported by quite a few of the men in this study. The men discussed the relation of their sexual health issues to chronic health issues, medications or simply the aging process. Most used humour when discussing the issue. Calvin, for example, joked about how his heart medication decreased his interest in sex:

> *"The thing about these pills is that it takes the drive away you know, it's not the most important thing in your life anymore. I guess when you are young, like one guy on Jay Leno one night and the guy says" how do you know you are getting old" and the guy says "I'm not sure, but I think you start dreaming about food."*

Bernard also made a joke when he described how his sex life was now virtually non-existent due to a heart issue and the fact that his health prevented the use of Viagra to aid with sexual functioning. He did mention, however, that he and his wife remain happy in their relationship, despite no longer engaging in intercourse:

Bernard	*Sex life, forget it, don't bother asking me about that, well with that heart condition, see Viagra is out of the question, because Viagra is, and you know the old story eh, there is only enough blood for one organ, not two.*
Elaine	*Yeah.*
Bernard	*So yeah that's where it stays eh?*
Elaine	*Yeah.*
Bernard	*But it's not the be all and end all eh? I'm still happy that we're together, and ah, 52 years already.*

For one of the men, Oscar, older age had caused him to feel as though he had become sexually invisible to women:

> *I can remember just another, a guy, oh, two friends, this was in the states, the guy was a Tai Chi teacher and probably my age, anyway, teaching in a university town, and his friend, somebody he had known for a long time, coming in and just sort of talking and he said you are so lucky being surrounded by all these beautiful young women and this guy says, I'm invisible, (laughs), they can't see me...just sort of a big part of your social interaction, sort of you know, attraction between people and how it all changes, so I guess you get invisible in that way, you are no longer seen as a possible sexual partner, which is interesting.*

While this loss of sexual interest could have the potential to reaffirm for these men that their bodies were failing, they did not appear to dwell on 'how things used to be', suggesting that they have found ways to adapt. Many of the men described the companionship they felt with their

wives or partners as well as alternative ways of demonstrating their attraction to the opposite sex (i.e. complimenting women, taking them out to dinner). In Keith's case, some of the body changes he had experienced as he aged necessitated that his wife (of more than 60 years) sleep in another room. While they no longer shared a bed, Keith offered several examples of the ways he continued to convey physical affection for his wife:

Keith	*...neither one of us went to bed without hugging and reminding each other that we are in love with each other.*
Elaine	*That's so nice.*
Keith	*We still do, although now, of course actually, when you get a bit older and you snore.*
Elaine	*(laughs).*
Keith	*You have to have a bed of your own, which I am, I am in one room and my wife is in one room. She spreads, she's got a queen-size bed and she covers the whole bed.*
Elaine	*(laughs).*
Keith	*First she's this way and then she's that way and then she's that way and myself, I guess body temperature, I'm much too warm to be close to her because then she starts to perspire because she can't sleep, so it got out of necessity that way, fine and dandy, you've got your bed and I've got mine.*
Elaine	*Yeah.*
Keith	*But we still hug every night.*
Elaine	*That's so nice.*
Keith	*And we still a kiss every night.*
Elaine	*That's nice.*
Keith	*And we still remind each other every night that we still love each other.*
Elaine	*Yeah and you've been married for how many, 60?*
Keith	*61 years.*
Elaine	*Wow that's amazing (laughs).*
Keith	*(laughs).*

6.3.2.2 Death and Friends Passing Away

Accompanying many of the health problems faced by the men was a realization, for many of the men, of their own mortality. While several of the men had faced their own life-threatening health crises, several mentioned that as they got older, more and more of their friends were passing away. This caused a certain degree of reflection with regard to their own failing bodies and questioning about why they were still here when others were not. Emmett, for example, found that with age, he was attending more funerals: *"But that's all part of getting old,*

funerals eh, there are more and more funerals that you attend to." Terrence found that as he aged, he was seeing more of his peers' names in the obituary pages of his hometown paper:

Elaine	*Do you find that, I mean those are difficult things when you lose people that are very close to you? Has that impacted your sense of getting older or does it change the way you think?*
Terrence	*To a degree it does, but not, ah, not that I let it bother me. Ah, I mean people that I went to school with, most of them are gone. I get the papers from [my home town] and when I get them I know somebody that of course most of the people my age are gone.*

For Bernard, watching friends die was a difficult process:

Bernard	*I've got friends that are in that position now and one just passed away, yeah, seven years, and didn't recognize his wife at the end.*
Elaine	*Oh how devastating.*
Bernard	*Why am I here then eh?*
Elaine	*Yeah, yeah, so that makes you, I mean when you see people, friends of yours, it makes it much more real then doesn't it?*

For Oscar, getting older required saying goodbye to old friends (who were passing away) but also making room for new ones: *"You lose your friends, you know, people die, um and ah, (laughs) and you keep making new friends, younger friends you know."* Cedric recounted a story about an old acquaintance he had run into in a doctor's waiting room that had later passed away. He wondered out loud why it was that, despite doing all of the right things with one's health, some individuals still died:

> *I was in the waiting room in the hospital for one of [my] biopsies, a former, a long-time-ago colleague from high school, a phys-ed teacher was in there and he was over in the corner sort of talking to some other people and I sort of didn't talk to him or speak to him right away and when I got up to go in, he spoke to me then something about how are you doing and I made a really stupid comment saying well not too bad but obviously we wouldn't be here if there wasn't something wrong and then I found out about a couple months later he died, and I felt so bad, I mean it probably didn't mean anything to him, but I thought what a stupid thing to say, he's trying to be friendly, he was a really friendly, gregarious, outgoing guy and everybody liked him and the fact that he recognized me and was trying to be friendly and I say something stupid, I mean it's just, he sort of caught me off guard and I wasn't thinking and so that kind of bothered me but then he died and I'm thinking, he's a phys-ed teacher, and he's been in great shape and he's exercised and he's done all the right things and he still dies.*

Cedric went on to describe how the time spent in the hospital recovering from surgery to treat his cancer, and the gentlemen that he met there, had caused him start to worry more about death. He later consulted a counsellor to help deal with these feelings.

> *I mean I'm sure you know people your age even who've died in car accidents or cancer or various things so when I was in the hospital for five days, I was in the ward with three other men who were in really bad shape and I feel so bad for them, they had multiple problems um which I won't go into now but I mean they were really sick and I mean one of them I am pretty sure has died since...it does make you think about your future and how long it's going to be and I've worried about this actually before I even had, before I had cancer, before I had anything I actually started worrying about how to deal with dying, because we all have to die (laughs), we don't want to admit it and in North America, nobody wants to talk about it, although its getting a little better but basically nobody wants to talk about it.*

6.3.2.3 No Longer Being Perceived as a Physical Threat

A few of the men commented that as they aged, they no longer felt or were perceived as 'alpha males' within their communities (i.e. dominant male). This may have contributed to feelings (or acknowledgement) of a weaker or failing body that lacked the ability to compete with younger men for dominance. For example, Oscar joked that while he was never physically intimidating, as an aging man he is no longer considered a threat to those he might encounter on the street:

> *I was never a strong, athletic type of person, an alpha-male or anything like that but there is a sort of a sense in which ah you know you realize that men that you meet on the street like nobody is sizing you up as who would win in a fight and that kind of thing or who is the toughest guy or something like that, like you are out of that, (laughs).*

Oscar went on to describe his feeling that one's social standing decreased with age. Consequently he felt that older persons are no longer viewed as *"useful"* within society and are often assumed to be benign (i.e. sweet, nice):

> *Old people become kind of invisible you know, to the extent maybe that people, um, a certain extent to which when people meet each other they evaluate each other on how useful could this friend could be, the high status person is probably more useful as a friend than a low status person, so in terms of that equation, you are kind of eliminated, you know, yeah so you're, I don't know, I'm not sure... well in the physiotherapy clinic that I go to the people who work there are all younger people and they are very nice and um, I think I, I think maybe sometimes I'm being treated in a certain way which is maybe*

something like, this is, I don't know, a sweet old man, you know, this is a nice guy, so you are treated with a certain kind of difference, which ah, you know, which is nice but it's sort of just a little different than if you are just an ordinary, it's a slightly different category.

Oscar, who was a Tai Chi instructor, also stated that as he aged, he felt he no longer had the ability to be physically intimidating to others. In the story he recounts below, he appears to compare his strength to that of a woman's:

And I was at a Tai Chi thing, ah teaching thing in the states and one of the, there is an exercise that people do, its, it's the kind of well it has the aspect of combat in the sense that you are pushing each other and basically you are working together to learn how to absorb and deflect pushes and how to push another person and sense where there balance is right so you don't, you don't do it in order to defeat your opponent, just work together but I was doing this with a woman who was about my age, I guess and she just sort of said right at the beginning that she is used to doing this with strong younger men and so on and always feels a little intimidated by that and I said well just think of me as a woman (laughs), you know, probably weaker than you are and this kind of thing (laughs), (inaudible) you know but there is, I'm sort of making a joke about it, but there is that, that sense that you know I am an old man and I don't always remember that, but it's true.

Blair used a biological terminology in his explanation of why he felt older age for men no longer necessitated the need to dominate. He felt that the need to be 'macho' no longer existed as men aged, likely because they were no longer looking to produce children with a mate:

Elaine	*So in terms of masculinity, do you feel like there, um, well first of all, what is your conception of masculinity and has that changed as you've gone through?*
Blair	*Yeah, oh yeah, definitely. Ah, masculinity at one time was macho, and it no longer is macho...I wouldn't have said that earlier because there were men who were male but they weren't masculine.*
Elaine	*Umhmm, so what would those type of men be like?*
Blair	*They wouldn't be aggressive. It's a testosterone thing, it tapers off and then you start to realize and it is generally recognized that it's not all shoot 'em up, bang, bang, alright? We no longer have to be the alpha male; I think that is the best way of putting it. I don't know at what age that changes...at some point in time, there is no need to be the alpha male. Probably that has to do with the need to propagate. Probably, but I haven't done any research on it. More content to be part of the herd.*

6.3.3 The Careful Body Concept

One of the ways the men may have learned to adjust to their limited and failing aging bodies was through the formation of a careful body. This more thoughtful body was aware of

limitations and of its own mortality and employed various tactics to prevent injury, disease and illness. Such strategies can include modifications with regard to activities, not taking unnecessary risks with one's body and showing increased concern for issues related to health and wellness. Garrett perhaps summarized the ideology of the careful aging body concept best: *"I think as you get older, the demands you are willing to place on yourself change because you realize you are finite."*

6.3.3.1 Modification of Activities

By changing activities or the ways they participated in these activities, the men demonstrated a consciousness of the capabilities and limitations of their bodies. This level of concern did not necessarily prevent participation in certain activities but instead called for changes with regards to the amount of physical activity and its level of intensity. For example, Jerome, who had taken on a part-time job as a landscaper in retirement, described needing to be conscious of how much work he took on at one time: *"I still feel that I can put in a good day's work if I have to...I've just backed off doing a lot of the things that I could do."* Cedric, who had been diagnosed with Parkinson's disease and had quit hockey temporarily, discussed his experience returning to skating. While he experienced a limp while walking, he felt that skating could be an activity he could still perform well:

Cedric	*Okay, it is difficult because like I'm fairly mobile, I mean, actually I went skating yesterday just to see if I could skate. I made the mistake last week and got talking about hockey again and I've still got my equipment, I bought new skates just about a year before I quit and I didn't really break them in. My old skates the blade had got so thin that they couldn't hardly sharpen them anymore.*
Elaine	*Oh my goodness, wow.*
Cedric	*They are 30 years old at least, but I like them, but anyway to get a new blade costs as much as new skates so I got new skates so I gave them to my son when I thought I wasn't going to and then I thought, I read some stuff about Parkinson's and even some of the other stuff, my brother-in-law is a doctor too and apparently, um, the muscles that you use for walking are not necessarily the same you use for other activities like cross-country skiing, I haven't tried that yet but I've got to try that and*

too to see if I can do it. But I went skating yesterday and actually, I can skate better than I can walk.

Cedric went on to explain that while he wanted to return to hockey, he felt that he might be better suited to a team of older players (as opposed to the group of younger players in their 40s and 50s that he had been playing with previously):

> *I'm not going to run into hockey too soon but I want to, I just heard about another older group, an older not-very-good group that wants to play so that would be the group for me if I can find them, so but I want to make sure I can skate because we just went in one direction and I want to make sure I can go in the other direction (laughs).*

Marshall, who had been accustomed to helping friends with building projects since he was young, explained why he felt the need to modify the activities that he assisted with during home repairs with age. He felt that, while he could still help with carrying equipment and performing some manual labour, he had to acknowledge that he had certain physical limitations:

> *So now I can use them on my home but I'm finding that I can't do the roofing anymore, ah, I'm not that steady on heights and so I don't do that anymore. I'll hand you the bundle, you can carry it up there and you can stay on the roof but I won't do the roofing anymore and those are the things at my age I can accept. Ah, I don't want to fall off the roof (laughs) it's so simple. And the things that require physical manual labour, I know that I can only do so much. I still try, sometimes too hard but I'm learning and I have to set my limitations a lot lower than when I was 25 or 30, sometimes I think I can still do it and I wind up I need an Epsom salt bath.*

Philip, who was extremely fond of engaging in physical activities with his family, found a way to continue to participate, despite his physical limitations:

Philip	*I've given up on the water skiing. Now if I get whacked or something (inaudible) shoulder out of whack or like with ease, if ah, if you hit the water the wrong way...I'm content to drive the boat...you try to find some other way of doing things that will compensate for the things that you can't do.*
Elaine	*Yeah.*
Philip	*Okay, I can't water-ski but I can drive the boat.*

Raymond discussed the fact that he enjoyed riding his bike to work but rode almost exclusively on the sidewalk, as he felt that vehicle drivers in the city were reckless and posed a threat to his safety:

Raymond	*I still cycle, I cycle back and forth to [work].*
Elaine	*Do you really, from here? Wow.*

Raymond	*Yeah, actually I cycled yesterday. Would have cycled today but the roads were too slippery.*
Elaine	*Yeah I guess in the wintertime that kind of inhibits.*
Raymond	*Yeah, I can, you can cycle on the packed snow, it's not too bad if you stay on the sidewalk.*
Elaine	*Do you find, I'm just curious because I've heard a lot of complaints, particularly with cyclists that [drivers] are not careful at all.*
Raymond	*...there have been a couple of times of people turning left and I think it's twice now that I pretty near got hit.*
Elaine	*Oh wow.*
Raymond	*Yeah, so people are a bit careless.*
Elaine	*Yeah.*
Raymond	*So I ride the sidewalk most of the time.*
Elaine	*Yeah.*
Raymond	*I find it safer.*

Shovelling and clearing snow were activities that most individuals living in northwestern Ontario are accustomed to performing during the long winter months. Over the course of the interviews, a few of the men discussed needing to take a more careful approach to this task, as it was quite demanding on the cardiovascular system and could potentially involve heavy lifting and increase the risk for back and arm strain. Calvin, for example, mentioned employing the use of a snow blower as he aged to help make the task of shovelling less demanding: "*I cut a little grass and sit down for a little...or move a little snow in the winter and even though you had the blower, I mean, you still had that.*" Emmett, whose wife had passed away in her mid 60s, found that aging required a more conscious effort on his part to not overextend himself when it came to activities such as shovelling. In some ways, his wife's early passing may have affected his perceptions concerning his own mortality and physical limitations:

Elaine	*Do you find you are much more aware of your own, I don't want to say frailty, it's not the right word, but like you say tomorrow, you could be gone, you just don't know, like do you find you are much more aware of that as you get older?*
Emmett	*Oh yeah.*
Elaine	*Has that been with your wife passing away or?*
Emmett	*Oh yeah, I'm aware that I shouldn't shovel a pile of snow and do a six hour job in two hours, ah, you know, yeah its good, yeah shovel snow, but don't go at it like a maniac because you know, yeah 70 years old, and ah, don't, I used to do all the neighbours snow, like five neighbours.*

Marshall felt that retirement and a more flexible daily schedule allowed him to take a more

relaxed approach to snow shovelling. While he had once raced to get such activities done in the past, he now took a more leisurely pace:

> *Ah, even the shovelling. Now I have the time. It's not like I have to get the driveway shovelled before I got to work. Now I can let the snowplough go by (inaudible) and use a smaller shovel, it takes longer and I go at it slower so I don't hurt myself. Those are the things that I choose to do and I can always get somebody, pay somebody to do it.*

For some of the men who had experienced an injury, modifications to activities were necessary to avoid re-injuring their bodies. For instance, while Oscar had been an avid mountain biker in retirement, a shoulder injury had forced him to rethink whether the risks necessary for the sport were worth the potential for re-injury and whether he should be modifying his activity level:

Oscar	*I sort of feel as though I have to be more cautious, I don't want to re-injure my shoulder after this you know difficult surgery, so until a couple of years ago, I did quite a bit of mountain biking and when I was in school I coached cycling and you know, so I like to go down hills as fast as possible, you know, over rocks and that kind of stuff so it's quite a physical, you know, kind of balance and I really like but I didn't ride my bicycle last year and I will again in the spring time but just sort of realizing that I might have to rethink some of the things, you know, some of the hills I used to ride down and maybe I'll have to walk down them and things like that.*
Elaine	*Umhmm.*
Oscar	*Skiing, some of the hills that I used to just shoot, maybe I'll snowplough most of it.*
Elaine	*Yeah.*
Oscar	*That kind of thing you know, sort of being, yeah being sort of cautious.*

Garrett discussed how a leg injury required him to be a bit more conscious about how he descended into valleys when hunting:

> *"I go hunting, I just came back from North Dakota week and a half ago and when I look at the terrain, I am very careful if there is a real valley and I used to be the guy that would walk down the hill and do the valley and run up the other side. I don't do that anymore because I have too much trouble going down things, it's not bad going up but going down, my leg doesn't function well."*

Garrett also felt that his cross-country skiing routine would need to be modified due to his hip replacement:

Garrett	*Well since I had this hip done last winter and there wasn't any snow and so I didn't try.*
Elaine	*Yeah.*

Garrett	*Because I can't afford to fall because I can't fix it a third time...I will try, but in a very more modified manner.*

6.3.3.2 Not Taking Risks with One's Body

For some of the men, aging had required a re-evaluation of the amount of risk certain activities and chores posed to their bodies. Several of the men described how they had not been accustomed to needing to evaluate the potential for risk or harm during their younger years: *"When you are younger you are sort of indestructible...you never really, and you heal faster so it doesn't matter."(Oscar).* Bernard described his belief that he had taken too many chances with his body as a younger man and that older age required a more cautious approach to risk:

Bernard	*You know at one time everybody is invincible eh? Youth eh?*
Elaine	*(laughs) yeah, I know.*
Bernard	*And I'm surprised that I'm still here with some of the chances that I've took and some of the experiences that I've had, but now I'm a little more cautious.*

Emmett expressed the changing perceptions regarding one's mortality that can be experienced over the course of a lifetime and the realization that one's body is aging:

Emmett	*Oh yeah, when you are young boy, you are invincible and when you get older.*
Elaine	*Yeah, you start to realize that.*
Emmett	*You hear the bones cracking.*
Elaine	*Yeah, wow, yeah.*
Emmett	*Oh yeah.*

Terrence offered an opinion regarding the amount of risk he felt youth take today and the belief that, if he had taken such risks, he would likely not be alive today:

Terrence	*Yeah, and of course young people have changed too, of course, drastically.*
Elaine	*Yeah.*
Terrence	*If I did the same things that they do now, I wouldn't be here or I'd be dead.*

Other men found that getting older required them to completely avoid physical risks to their bodies:

Elaine	*So things like taking unnecessary risks or something like that?*

Blair	*That's right, where in younger days and this is a good example, I'm pretty sure, ah, I might have seen the rocks across the stream and easily skipped from one to the other to get across.*
Elaine	*Right*
Blair	*Now I really would question whether I would have the strength in my legs or the balance. Now having started the Tai Chi thing, I have better balance and more strength than I used to have, but what [my Tai Chi instructor] said and this came out of research, that the older we get, that the less we are able to unconsciously judge where our feet should go, we never used to think about it, we just walked, we just ran, we could run across a beach of boulders and not be, now we would be, we would be worried of where the next foot should go, so that is very true.*
Elaine	*Right, so much more consciously thinking about what you are doing and what your body can do*
Blair	*That's right*

Emmett found that as he aged, he was no longer willing to take the physical risks with home repairs that he once had, as he feared that an accident could prove serious:

> *"Yeah I would never think about going up on the roof of the house anymore or climb a long ladder and that, no, no, I would not do that, you know, because I'm leery of it, all I need to do is fall down once and that's it."*

For some men, it was not an activity but the risks associated with confronting another individual that needed to be carefully considered as one aged. While the willingness to confront others is often a characteristic associated with masculinity (Courtenay, 1998; Frank, 1991; Gray et al., 2002), from the prospective of a more careful body, engaging in confrontations or altercations can pose unnecessary risk. For example, Bernard felt that while he might not always be happy with the way things operate in older life, he did not see a reason to create an excessive amount of fuss over the matter:

Bernard	*I'll go along with what the rules are and if I am not happy then I'll go and try to change them eh?*
Elaine	*Umhmm.*
Bernard	*But you know, there is no use starting a war over it, you know?*

Bernard later went on to state that if he felt he was being treated unfairly he would be much more likely to approach the situation in a nice way, as respect often yields positive end results:

Elaine	*So when you go out to the grocery store or the mall or library or you know, whatever, running errands and stuff like that, do you find that you get treated like differently like just by people that you come into contact with, like strangers?*

Bernard	*Oh you know, if somebody did, did not, I think I would say a little bit to him in a nice way...I give them respect you know and I always maintain that I can get a lot more done being nice than being a nasty b-a-s-t-a-r-d.*
Elaine	*Yeah.*
Bernard	*Yeah, I mean why, I mean we'll have a discussion and let's resolve our differences, you know, but you know if you persist then you know I'm going to get nasty too. If you declare war then they, I'm going to say, well no, let's talk it out eh?*
Elaine	*Yeah, yeah.*
Bernard	*I mean there is no use beating one another over the head eh?*
Elaine	*Yeah, yeah.*
Bernard	*And if we can't resolve it then we'll all walk away.*

6.3.3.3 Concern About One's Health and Wellness

Worrying about one's health, seeking medical advice and taking medications/vitamins were also ways that the men demonstrated a more cautious body. This new regard for one's health could be a reaction to an increased number of limitations and medical conditions; however, it might also be an adapted response to lessons learned from years of ignoring one's body (i.e. not visiting a doctor, not treating health conditions proactively). For many of the men, having an awareness of one's family history regarding specific diseases was an essential element of a careful body. This information allowed the men to stay on top of regular check-ups and testing for specific diseases or conditions, with the hope that they could catch any health problems early. For Arnold, a family history of diabetes caused him to worry about the health issues he had been experiencing and likely contributed to him seeking medical advice and testing: *"My family has a history of diabetes and so I thought it was something diabetically, or other things and I had check-ups at the doctor and he said no you don't have any of the Diabetic area problems at all."* Bernard, whose family also had a history of diabetes, sought testing to determine whether he had the disease:

Bernard	*Yeah there is diabetes in both sides of the family, I'm okay.*
Elaine	*You've been lucky.*

Knowing one's family health history was not only used to determine one's risk for disease. For some of the men, a family history of longevity (i.e. living into old age) brought additional incentive to engage in activities that would reflect a more careful body:

Elaine	*So when you think of older age or getting older, do you have any images that you think of or anything that you, perceptions of what you have of what that means?*
Bernard	*My father is 95.*
Elaine	*Wow, wow.*
Bernard	*When he turned 90 and I turned 60, I figured oh I really had better start taking better care of myself (laughs). So, I guess I don't expect that I'm going to be dropping out soon, beyond that, come what may.*

While Cedric expressed some concern over his family history of depression and cancer, he also felt that the fact that many of his relatives had lived relatively long lives boded well for his capacity for longevity:

Cedric	*I keep looking at our family history and its basically pretty good. Um, my father died when I was young, he actually died of suicide.*
Elaine	*Oh wow.*
Cedric	*And he had a brother who did the same thing, so there is depression, and my sister suffers depression but I, as far as I know, haven't had it yet. And um, my mother, my grandmother and my great-grandmother all died at 76 with cancer, so and my mother had two mastectomies before that and she had a heart problem but they think it was caused by rheumatic fever.*
Elaine	*Oh okay.*
Cedric	*So the only real history that I know about in my family is cancer actually and depression. And my grandparents on my father's side, well they, like all my grandparents lived till their 70's, mid 70's so there is an element of longevity so, um, from that point of view I'm not too worried, but you are always worried you know.*

For several of the men, monitoring the status of one's health was a way of helping to maintain a more careful approach to the aging body. This process of health monitoring required keeping an eye on physiological signs associated with illness (i.e. low/high blood pressure, high cholesterol, low/high blood sugars), visiting health professionals regularly and possessing some knowledge about conditions and treatment options. Bernard, for example, stated that, while he was medication, he often went into a local pharmacy, which had a free blood pressure monitor, to keep an eye on his low blood pressure:

Bernard	*But that's where we stand, but with the medication, that's how we control that, my blood pressure and I just go across the street and put my arm into the machine there.*
Elaine	*Get it checked.*
Bernard	*It'll come out and they are pretty accurate.*
Elaine	*Yeah.*
Bernard	*Yeah, they match what the doctor does when I go to see him and then that's where, that's where we are now, see there are my slips, from ah, yeah pulse 56, 99/58, systolic 98, diastolic 58, pulse 50,*
Elaine	*Wow, that's low.*

In the case of Marshall, his ongoing recovery from alcoholism had caused him to develop an entirely new perspective regarding health care professionals and to make more of an effort to report his symptoms and work with his physicians to have conditions diagnosed and treated:

> *I work at becoming more of a partner with my doctor, with the nurses, whoever, that's part of what I'm doing here. I now recognize that I don't have the expertise, that I need help in all areas of my life and one of those is in health concerns...I have learned ah, with my health, um, that I have to report symptoms. I may not, I'm really good at denial, okay, I have a proven history of that. I have to be upfront and honest and when I do have symptoms, I need to report them so I find the system is harder to access now so that adds to my reluctance to report, yeah, it's a hassle.*

Oscar found that understanding his injury and the treatments aimed at increasing healing allowed him to feel better informed about his body and, perhaps, more in control of his recovery: *"I am a person who likes learning, and so basically when, you know when I injured my shoulder, so I've been doing physio[therapy] and I've been learning anatomy, I've been learning the shoulder anatomy and my physiotherapist has to explain okay why am I doing this and what if I did it this way."*

6.3.3.4 More conscious about health

For the men, a more careful aging body also appeared to involve taking a more proactive approach to one's health and making sure that elements were in place to help to maximize health in later life. In many cases this process involved the choice to work to make one's body stronger and healthier from the inside: *"The me that I have to work on now is from the inside and whatever I choose to do, I have to make healthy choices for Marshall now"* (Marshall). For

Bernard, being more careful with regard to the types of foods he was consuming was important as he aged:

> *"As long as I'm healthy, I'll slow it up. And by healthy, I don't know, ah, we don't go out to eat. Very seldom, the only time we eat is when we go on holidays. And then we eat in restaurants, but the rest of the time is just simple fare. I think we've been to McDonalds twice in the past 10 years."*

Terrence also expressed that with age, he had become much more aware of the foods he was putting into his body:

Elaine	*Some of the gentlemen had said to me that they are much more aware of their bodies and you know health related things and trying to maintain a healthy lifestyle?*
Oscar	*Yeah, it's true. You watch what you buy, you watch what you cook.*

Exercise had also become a priority for many of the men, as physical activity was seen as a way to both improve health and prevent injury. At retirement, Cedric, for example, had consciously decided to make his health a top priority by engaging in greater amounts of physical exercise: "*Well the thing is once you retire, everybody thinks you are retired so you can help them out...so but I deliberately decided, well basically two things, one when I retired I was going to concentrate on exercise, I was going to put that on a really high priority.*" The type of exercise one was performing was also seen to be important for several of the men, particularly when one was attempting to rehabilitate a specific condition or injury. For instance, Cedric, following his Parkinson disease diagnosis, took up Tai Chi as a way to help improve his balance in addition to beginning physiotherapy to help improve muscle stiffness:

> *I don't know how much you know about Parkinson's but it's a chronic disease and there's no cure and you don't ever get better, you only get worse. I mean the one doctor told me that it is on the right side now but it will probably be on the left side. My family doctor said I could go five or six years like this, I don't know if he's just trying to make me feel good or not, but that is part of why I do Tai Chi because Tai Chi is good for balance, it's good for all kinds of, when I first had Parkinson's, as well as the leg, my back I had really, I had a very stiff back and my shoulders were very stiff and I started to go to a physiotherapist and the physiotherapist did a bunch of tests...he worked on my back and my shoulder and gave me a bunch of exercises and then he said, you know, there is some neurological problem, but I'm not qualified to diagnose it, so you have to go and see your family doctor so he wrote a letter for me to the family doctor and I don't know why I'm telling you this, except he told me about motion and that you have to keep moving and he gave me a lot of stretching exercises that were very helpful.*

Keith felt that performing certain movements during physical activity in his older age had helped to rehabilitate a back injury he had sustained as a youth: *"I think the golfing helped because in golfing you are pivoting all the time."* Oscar, a Tai Chi instructor, was able to explain during his interview some of the benefits of the martial art for aging individuals and the ways the activity could improve future health outcomes:

Elaine	*So you were talking about your Tai Chi, after, you know that's been something that has been ongoing for a while now eh?*
Oscar	*Yeah, so that is almost, I guess almost ten years now, so, it's very, for me it is very satisfying to do it, especially to teach it because it is so beneficial to people, you know, just one of the, one of the things, one of my students fell off a chair right and she said that doing the Tai Chi really helped because when I fell off the chair I kind of relaxed and I didn't hurt myself very badly you know.*
Elaine	*Oh wow*
Oscar	*And people they just don't fall, like in a purely practical everyday thing, they just don't fall as much because they just learn to be more secure in their bodies, standing on one leg, moving more with loose, relaxed hips, everyone is so stiff.*
Elaine	*Yeah.*
Oscar	*So I think it's good.*

While not always a thought at the forefront of Ontarian's minds, health insurance proved to be a particularly important concern for one of the study participants. While all Ontarians are covered under the Ontario Health Insurance Plan (OHIP) for all medically necessary procedures performed by licensed practitioners within a clinic or hospital, items such as medications or particular forms of alternative treatment (i.e. naturopathy, massage therapy) are often not covered (Ministry of Health and Long Term Care, 2009). During one's working years, such items are often covered under employer health insurance plans; however, this coverage generally ends at retirement. Consequently, when Marshall retired from his career as a college instructor, he found that one of his top priorities became ensuring that he had adequate health insurance coverage for his health needs. He discovered during the process that his status as an alcoholic in recovery resulted in higher insurance premiums:

Elaine	*Yeah and that's really interesting because a lot of the, a lot of the you know the people that I've talked to have also said that, you know,*

financially that is a really big thing, especially when you retire you know and so you know, planning ahead and making sure, yeah, it is really big deal and it's all part of the whole process and yeah.

Marshall *The most worrying that I found in retirement has been centered around health insurance and finding a carrier because once I withdrew from the [school] pension plan, after five years, I was out of that group, I had to find an independent source for health insurance and ah, so asking around, that is where the [senior's centre] came in really handy.*

Elaine *Oh.*

Marshall *Ah, asking around among the guys or other people who I knew that were retired, what do you do for your health insurance, oh I belong to this or I belong to that and so I investigated all of that and I wound up with an agency that meets most of my needs but because of, when filling out all these things, they ask you so many questions and one of my limitations or disabilities is I'm a recovered alcoholic so that, no matter where I go for health insurance limits me to just basic health insurance and I pay a good premium for that, I believe a higher premium for that. I am at risk, although I haven't drank for 25 years now.*

6.3.3.5 Becoming More Attuned to the Signs Given by the Body

Most of the men agreed that one needed to become more knowledgeable about the conditions that could pose a risk to one's health with age. It was also felt that one also needed to pay attention to the signs one's body might be giving that a health issue was present. Raymond, for example, discussed how he now pays more attention to his body: *"you tend to worry a little more about the odd aches and pains whereas before I never used to."* Arnold also expressed that aging requires one to pay attention to the 'signals' that their body might be giving that something is wrong:

Elaine *I'm just wondering if this is different for you, some of the gentlemen that I have talked to said they are much more aware of their own bodies and what they can or can't do especially if they've been diagnosed with something like cancer in the past or heart problems if something isn't quite right, they get much more worried about what it could potentially could be because of their history. Is that the same for you or is it different?*

Arnold *No, no, no, when you are at this age, you are always wondering if your body is giving you some sort of a signal. And you know, every once in a while, I'll feel a little chest pain or down here, I thought maybe I was having appendicitis although my wife says, she poked me there and said no you haven't got appendicitis because I poked you there it wouldn't be that. But I went up to emergency and they concluded that I passed a very small, ah, stone, that was the only thing they could figure out had*

happened is that I passed because while I was in the hospital, the pain went away.

Elaine *And you haven't had it since?*

Arnold *I haven't had it since you see, so if you have little things like that you wonder if they are telling a story.*

Oscar discussed how a shoulder injury had caused him to become much more attune to his body and what pain might be trying to tell him. While he did not describe himself to be a hypochondriac, he did feel that he has become a bit fixated on the idea of re-injury:

Elaine *Do you find, um, I mean you were mentioning about being, being more cautious now that you are getting older but um, do you find that you start, I don't want to say worry, because worry isn't the word, but if you feel something in your body that it's much more, that you pay much more attention to what is going on that you and again, this might be different for these older gentlemen than for you?*

Oscar *I would say, I don't know if it's more, you know you get a pain in your chest and you sort of thing, oh my God is this a heart attack? Is this cancer? Or something like that, but I don't, it is something, I mean it is something that crosses my mind but I don't know whether it is more then, you know 20 years ago I had some chest pain and I thought well is this a heart attack, like you know I went to, not emergency but I went to a clinic or something like that and I know the doctor there, it wasn't my family doctor and she asked me a few questions and I know she thought is this a person who uses the medical system a lot and imagines things and all that, but I think I don't worry about it too much but it does cross my mind. But if I feel you know some pain in my shoulder then I sort of think have I re-torn the tendon you know and is this pain a bad one or just a normal pain, you know there is a bit of that, sort of a little obsessive, but I probably talk about my shoulders more than my wife is really interested in. (laughs).*

Elaine *(laughs) and so that is more a function of because you injured it before, you are much more aware of?*

Oscar *Yeah, I'm a little scared of re-injuring it and that kind of thing, I don't know, you know, caution, I sort of think about, I probably worry about my wife slipping and falling than I do about myself getting injured, I don't know (laughs).*

Cedric, however, felt that having too much knowledge about health issues or having friends who had experienced a negative health event might cause a person to become paranoid about their body:

Cedric *Oh the other thing about getting old is I seem to get, or have, or imagine more symptoms of things going wrong. A friend of mine just a few weeks ago had bypass surgery and he had pains in his chest and he went*

to emergency and they kept him and he ended up getting surgery within a couple of weeks. So, since I was shovelling snow, I can feel stiffness in my shoulder, I'm thinking is that stiffness in my shoulder or is that a heart attack, I mean, I, you know, don't have a history of heart attack and I hope I don't, but you know, and I used to teach physiology and anatomy so I know, in some ways I know too much don't type as well as I used to either but fortunately with spell checker, it's not too bad.

Elaine *Yeah.*

Cedric *But the symptoms of, you get a little tinge, I have read somewhere that if you get any kind of pain like that, if you wait for two minutes and it goes away, don't worry about it anymore. But if it's longer than that you should worry. But I've had, I had sessions of, I'm trying to think of how many, two I think, anxiety attacks, not recently like, I guess the first one was 15 years ago, and I was sure I was having a heart attack and I went to emergency and that was when [the town general hospital] was still here because that is where I went and they did a whole bunch of tests and then the doctor came out, I was there in emergency for I don't know about four hours or so and then the doctor came out and said "Well Mr. Smith (pseudonym) I have bad news for you, there is nothing wrong with you and you have to go home" (laughs) and I thought oh, that's wonderful but then I felt bad that I bothered them and took up all of their valuable time.*

Elaine *Yeah.*

Cedric *Um the onset of it, but it is still a bit scary, even though you recognize, because you are never sure, is it really an anxiety attack or is it something else. I shouldn't be telling you all this because you are going to get all these symptoms. But, I think you know what I mean, you do get, you do wonder about and then occasionally, if you get a twinge in your head, I wonder, is that a stroke.*

Marshall also expressed that he felt many older individuals become too consumed with their health as they age as well as a desire to attempt to avoid becoming too paranoid himself:

> *I do find a certain preoccupation with my own physical health. I think that comes with age. I know from hanging around from all the older AA's, older people in my life, that their main subject becomes health and I try not to fall into that, I try to find other areas to communicate with others. I don't want to fall into that, that health-centered way of living.*

As was stated previously, the men in this study were found to simultaneously exhibit a number of body concepts with ties to both capable and impeded bodies. While few of the men were found to exhibit each of the six body concepts (i.e. masculine, physical, northern, limited, failing and careful bodies), through their interviews the men offered numerous examples of the complex experiences they had within and through their bodies. The body was also shown to play a role in helping to define the participant identities as older men.

6.4 The Role of Interaction in Shaping Bodies

As was mentioned previously, the notion of interaction was found to be woven tightly into many of the men's experiences of and within their bodies. This interaction became most apparent not only when the men discussed the ways that being an older aging man had affected their abilities to interact with family, friends and their communities but also through their discussions of socially-defined concepts such as masculinity and aging (Butler, 1995; Courtenay, 2000; Lorber, 1994; Silver, 2003; Thompson, 2006). Indeed, the role of interaction with regard to the men's outside world was found to be most apparent in body concepts that were largely socially defined, including the masculine body, the northern body and the limited, failing and careful bodies.

Take, for instance, several examples of the role of interaction in shaping capable bodies within this study. When Oscar discusses the culture within men's locker rooms (often involving subtle forms of masculine competitiveness in the form of comparisons of penis size) and the ways he feels his self-conception of his 'manliness' (i.e. his masculinity) is most profoundly defined through his relationships and encounters with women, he is identifying ways in which others help to define his body (pg. 69; the masculine body). A similar example can be seen in Cedric's discussion of his reluctance to utilize the facilities in his local senior's centre, despite the fact that he was over the minimum age necessary to frequent the centre (pg. 71; the masculine body). For Cedric, a place (the senior's centre) had the capacity to identify him, and his body, as 'old'; an identity that he presumably felt was negative. Indeed, place was also found to have the capacity to affect Cedric and Marshall's conceptions of masculinity and belonging when they described not feeling as though they 'fit in' within the masculine culture in their northern community because they did not hunt, fish or undertake home renovations (pg. 78-79, the northern body). For these men, societal norms and expectations for their geographical area and culture shaped

their experiences *as* men and had the power to marginalize (i.e. create a feeling that the men did not belong in their community and, perhaps, that they were somewhat inferior as men).

Interaction was also found to play a role in shaping impeded bodies within this study. For example, Arnold (age 71) described that while he had some health issues, he was *"able to do everything that I would normally expect to do at this age"* (pg. 84; the limited body). In this comment, Arnold is likely conveying that he had pre-conceived notions of what the age of 71 should feel like and what activities he should still be able to perform. This notion of age and what a certain age should feel like or involve, would likely have been shaped by his peers, the individuals he had encountered during his life who were in their early 70s and, perhaps, by the medical community and the media (i.e. television, magazines, newspapers). Additionally, interaction was seen to affect the men's sense of their bodies and of their masculinity in descriptions of an inability to keep up with spouses, children and grandchildren (pg. 88-90; the limited body). Many of the men had likely spent much of their lives interacting with such individuals within a particular context (i.e. the men may have been accustomed to being faster, stronger, in possession of more physical endurance) and the limitations imposed on their bodies as they aged had altered this context, often requiring the men to adjust and, in some cases, reconsider elements of their identities (i.e. their roles as a husband, a father and a man within society).

While many of the men's experiences of their bodies within the confines of the failing body were largely physical in nature (i.e. disease, injury), several important examples of interaction with others were found to shape this body concept. For example, death, particularly when it occurred among the men's peer group, was seen to have a profound impact on the men's perceptions of their bodies (pg. 99-101; the failing body). The loss of these relationships and the reminder of the men's own mortality that a friend or family member's death provided were seen to impact the men's perceptions of health and of age. Several of the men (Oscar and Blair) also

reported that their perceptions of no longer being considered to be a physical threat within society as they aged had impacted their identities as men (pg. 101-102; the failing body). For these men, being in possession of a strong, disciplined and 'macho' body was likely seen as being essential for one to be perceived as 'dominant' within society. Such a body would also likely be more commonly associated with younger men. Thus, while these older men would likely have greater amounts of life experience (i.e. pose more of a mental threat) and perhaps be more financially successful than their younger male counterparts, the men perceived their inability to physically keep up with such competitors as negating any threatening identity that they might hold within society.

Finally, the careful body concept offered examples of the role interactions with individuals and with the world played in the men's experiences and perceptions of their bodies. For example, when Marshall described no longer climbing up on his roof to do home repairs (pg. 104), when Cedric described his desire to switch to a recreational hockey team that was made up of players that were closer to his age (rather than younger member) (pg. 103-104), when Philip described how he would now rather drive the boat than water-ski himself (pg. 104) or when Raymond described how he now felt safer from accidents when he drove his bike on the sidewalk rather than the road (pg. 104-105), each man is offering an example of the precautions they feel are necessary to deal with others and with the world. Indeed, in the case of this particular body concept, recognizing the role interaction plays in shaping the body is not only necessary for the purposes of understanding but also, perhaps, for the preservation of the body entirely.

CHAPTER SEVEN: DISCUSSION

The findings from this study articulate a variety of important concepts related to men's bodies and how the aging process may impact individual experiences related to these bodies. Both positive and negative body experiences related to the physical nature of the body (corporeality) as well as the experience of living within a body (embodiment) were mentioned. The body also appeared to be a critical tool used by the men to showcase and express their masculine identities, in addition a tool used to help create meaning in their lives. Attempts to gain a sense of what men's experiences of aging within their bodies might involve yielded six major body concepts, falling under the umbrellas of capable bodies (i.e. the masculine, physical and northern bodies) and impeded bodies (i.e. the limited, failing and careful bodies). The men's experiences of and within these bodies were found to be both biological in nature (that is, foundationalist) as well as socially constructed (that is, social constructivist), thus both of these social theories related to the body will be incorporated into my discussion and, when possible, findings will be compared to the literature.

To begin, the theme of multiple bodies existing within one aging men's body, which was found to exist for the men within this present study, has been outlined previously within the literature (Drummond, 2003; Laz, 2003). Laz's study, for example, found that older men could report experiences of ill health while still finding ways to express that they were in possession of functional and active bodies. Similarly, Drummond's examination of older, retired men found the concurrent presence of both functional and failing bodies. Indeed, both Laz's and Drummond's findings identify divergent body concepts that are mirrored within my present study, which displays the simultaneous presence of both capable and impeded bodies. Rather than utilizing the aging body definitions already outlined by Drummond (i.e. the functional and limited bodies), I have chosen to assign the main body concepts in my description of aging men's bodies different,

yet still corresponding titles (i.e. the capable body and the impeded bodies). This decision was largely motivated by the descriptions given by Drummond (2003) regarding the nature of functional and limited bodies and the fact that his terminology does not entirely encapsulate the experiences of the men from my present study.

7.1 Defining and Deconstructing Capable Bodies

For the older men in Drummond's study (2003), being in possession of a functional body meant being able to use one's body the way one wanted without experiencing pain. The ability to 'do' with one's body was considered by Drummond to be intimately tied to several masculine character traits (i.e. strength, endurance, stamina). This functional body concept was certainly found to exist for the men in my study who, over the course of their interviews, were able to provide numerous examples of the ways they used their bodies to participate in desired activities, hobbies, travel opportunities and social situations. Additionally, the men expressed the ways that these sorts of opportunities helped to shape their masculine identities. The capable body I have identified, however, is seen to be divergent from Drummond's functional body concept in that the men in my study rarely mentioned body esthetics, as was the case in Drummond's study. For Drummond's men, the aging process required a greater focus to be placed on what one's body could do rather than how one's body looked, hence Drummond's 'functional' body name (i.e. the term 'functional' is defined as being designed to be practical or useful as opposed to attractive). In my study, discussions related to capable bodies were also found to focus on one being physically able to engage in various activities, but the men were found to rarely mention such capabilities in relation to one's physical appearance. Consequently, I felt that the term 'capable' (i.e. defined as having the ability, fitness or quality necessary to do or achieve) was a more appropriate body identity title for the men in the present study.

7.1.1 Gender Continuity and the Body—"Gives me Kind of a Sense that I am a Man"

It seems particularly important to note that for the men in this study, aging was not a process that was seen to lead to discontinuity with regard to gender (Silver, 2003). While the men were all retired and had likely lost some of the social status and power associated with being a full-time member of the workforce, they continued to find ways to embody masculine identities and participated in perpetuating cultural beliefs concerning masculinities (Courtenay 2000; 2009). For many of these men, the ways in which they perceived and experienced their masculine identities were not found to be much different than they likely had been when they were younger. The men were also found to exhibit many of the characteristics often associated with masculinity, including fearlessness, dominance, aggressiveness, independence, self-control and sexuality (Courtenay, 2009; Thompson, 1994). The body was seen as an essential tool used during the exhibition of these masculine characteristics (Connell 1995; Moore, 1996), though each man had varied approaches to such displays (Courtenay, 2000).

Some of the men appeared to utilize their choices to not worry about things like their health, the aging process or death as ways of conveying masculine characteristics such as fearlessness and risk-taking (Courtenay, 2009). These men avoided dwelling on elements of their life or health that were out of their control and demonstrated a desire to not 'fuss' over their bodies or offer any recognition of physical vulnerability (Courtenay, 2000; Gray, Fitch, Fergus, Khalovskiy & Church, 2002). This state of mind for the men, perhaps, helped to reinforce conceptions of masculinity that assert that 'real men' should not be overly concerned about their health (Broom & Tovey, 2009). Interestingly, this finding was found to contrast the belief of several of the other men concerning the appropriate levels of attention that should be paid to one's body (see 'Growing More Careful' section later in this chapter).

Alternatively, other men chose declarations of physical dominance over others (and particularly, over other men) as a way of adhering to masculine identities with age. Such beliefs certainly connect with several of the components outlined by Sabo and Gordon (1993) as being integral to masculinity in Western societies, mainly the desire to be superior to others and the desire to seek power (in this case, physical power). It should be pointed out that in the cases of Emmett and Blair (the men who specifically discussed their self-perceived physical dominance over others), the threat of physical violence or harm posed to the men in the scenarios they described was likely quite minimal. Consequently, their verbal assertions of physical dominance over others were likely only 'boasting', perhaps for the purposes of impressing the younger, woman interviewer.

Self-control, another characteristic commonly associated with masculinity, was also found to be present for the aging men and was often exhibited when the men discussed their ability to control the intake of substances that have been known to be addictive or habit-forming (i.e. alcohol or cigarettes). Indeed, smoking and excessive drinking are behaviours that have been found to be prevalent among men (Australian Government Department of Health, 2008; Broom & Tovey, 2009), and the participants in this study offered some recognition of medical evidence that suggests such behaviours could be detrimental to one's health. Interestingly, the men who had decided to quit or cut back on these activities over the course of their lives often did not do so for health reasons. Instead, they often mentioned that the activities just did not appeal to them or that they did not want to conform to aging men's stereotypes they saw as negative or associated with decreased social power (i.e. they didn't want to be one of the "geezers" out drinking at a bar).

Sabo and Gordon's (1993) four key components of masculinity also outline a desire to be different than women as being an integral component of masculinity, a belief that was also alluded to within the interviews with the aging men in this study. Indeed, within their interviews, the participants appeared to acknowledge a gender dichotomy, even with age, where the

masculine was placed in opposition to the feminine. Consequently, it remains logical that such proclamations are indicative of a belief on the part of the men that becoming less masculine with age might result in one being perceived as more feminine. Though many of the men described how they had never directly thought about what masculinity might mean within their own lives, they readily distinguished feelings and activities they felt were more masculine (e.g. being tough, physical, handy) from those they perceived as more feminine (i.e. cooking, cleaning, talking about one's children), again suggesting that they did not associate older age with genderlessness and perceived themselves as being different from women.

Sexual desire and prowess are components strongly associated with many masculine identities and were certainly found to exist, in some form, for the older participants in this study (Calasanti & King, 2005; Levin, 1988; Thompson 2006). It was interesting to notice that when the topic of masculinity was mentioned, many of the men immediately began talking about their sexual lives and attitudes, suggesting that they perhaps equated masculinity with sexuality. While several of the men discussed attractions to the opposite sex and a willingness to show sexual interest, the men were careful in the ways they broached the topic with the interviewer. None of the men used crude or overt language when discussing sex and those who were not married used terms like 'companion' or 'lady-friend' when they referred to their girlfriends or lovers. These choices were likely influenced by generational attitudes regarding sex (i.e. that sex is an act performed within the confines of marriage) and perhaps a belief that sex and sexuality are not topics to be discussed in any great detail with a woman, particularly one that might be the age of one's daughter or granddaughter.

Masculinity, in many ways, is intrinsically tied to youthfulness, as many of its characteristic components tend to be ones that diminish with age (i.e. strength, endurance, stamina) (Charmaz, 1995; Gubrium & Holstein, 2003). While the physical experience of aging for men may involve no longer being able to physically carry out many of the same tasks that one

once could, several authors have suggested that much of this perceived diminished capacity is socially constructed and imposed (Butler, 1993; Lorber, 1994; Silver, 2003). Several of the men in this study proclaimed that, despite advancing age, they continued to feel young within their bodies. Such assertions may have helped to keep the men in touch with some of the ways they had physically experienced their masculinities throughout their lives. They may have also helped to affirm that while the men were *older* men, they were still *men.*

Some would suggest that accounts of '*feeling* young, despite *being* old' are evidence of Ryle's 'ghost in the machine' concept (1949), that being, a youthful or ageless personality residing within an aging physical vessel (Comfort, 1996; Hepworth, 1991; Kaufman, 1986). It remains my opinion that what the men in this study were likely trying to convey with these types of statements was not that they were young souls trapped within an aging physical form but, instead, that they did not identify with the socially constructed notion of what their age *should* feel like (Andrews, 1999). For these men, while age was a number, it also came with attached social perceptions and expectations and an individual did not necessarily become 'old' simply because they had reached a specific age (Butler, 1993; Lorber, 1994; Silver, 2003)

This concept of age being a social construction remains one that applies to many stages and 'milestones' spanning the full life course. Take for example the stage in life when a teenager suddenly passes from adolescence into adulthood on the day of their eighteenth birthday. The youth likely remains the same person that they were the day before; however, they are suddenly perceived by society as being mature enough to make autonomous decisions with regard to their lives (i.e. they have transitioned from child to adult). Similar logic applied to the period in life when one transitions into 'older age' (often in our society on one's 65th birthday) suggests that 64 and 364 days will likely not feel much different than 65 for an individual; however, the social expectations for the physical experiences of these two ages would likely be quite different. Perhaps when these men stated that they did not want to identify themselves as old or be seen in

places that are associated with older age (i.e. seniors centres), they were establishing a distance from the stereotypes associated with this age group and the diminished or eroded masculinities that these stereotypes often perpetuate (Silver, 2003).

7.1.2 Bodies Remaining Physical—"You don't necessarily have to be a big muscle man"

The presence of a body that was both willing and capable of engaging in physical activity was displayed quite prominently within participant interviews and likely played an important role in the men's masculine self-perceptions. From the perspective of hegemonic masculinity, a strong and physically capable body is an essential tool; a machine that must be kept in proper working order to remain associated with the bodies of 'real men' (Connell, 1995; Shilling, 1993). In their discussions of the specific ways they were physically active, the men may have been attempting to showcase the ways that they were maintaining their body's physical capacity while also demonstrating defiance of negative aging body stereotypes (e.g. the 'physiological neediness' of the aging body) (Gilleard & Higgs, 2000). If the body is, indeed the ultimate "arbiter of truth" (Butler & Rosenblum, 1991, p. 507), the participants' bodies spoke to their association with capable and physical masculine identities.

As was mentioned previously, the participants involved in this project were recruited from a senior's centre, suggesting that they were engaged in activities with age and felt that being active had some sort of importance in their lives (i.e. for enjoyment, health, socializing purposes). With regard to the specific nature of their physical activity, the participants described a wide variety of activities that varied in their levels of intensity. For example, several of the men described participating in cardiovascularly demanding activities such as hockey, cycling, weight training, cross-country skiing, canoeing and swimming. These types of activities place intense stress on the body and, consequently, are often likely associated with younger, physically active bodies. Some of the gentlemen mentioned the pride that they took from the notion that they were

actively engaged in activities that society might deem them 'too old' for. These men defied the notion expressed by Silver (2003) that aging involves the loss of some of the body's functionality, for they had managed to maintain their participation in physically demanding activities and sports well into their 60s and 70s. This, however, was not the case for all of the men (see subsequent 'Adapting to Limitations' section in this chapter). Other men described participating in activities that were slightly lower in intensity, though still somewhat demanding on the body (e.g. curling, walking, golfing, and Tai Chi).

While the men acknowledged that exercise and physical activity were important to overall physical health, particularly as individuals age, many described that they felt activity was necessary in order to help keep strong, increase vitality and to promote balance and resilience. Such assertions further support the belief that the men were less concerned with the appearance of their bodies than with the ways being physically active could help them to remain active in the future and allow them to enjoy the coming years. Additionally, it could be argued that wanting to remain strong and vital may have also been associated with a desire to physically embody popular archetypes related to masculine bodies (i.e. men should have the capacity to accomplish physical tasks, men should be able to heal and rebound from injury) (Lorber & Moore, 2007; Nettleson & Watson, 1998; Turner, 1995).

Many of the findings from this study related to the nature of the men's physical activity have been found previously in the literature. In her work related to men's leisure activities, Genoe (2007) found that with age, older men tended to engage in the same types of activities they had enjoyed as younger men. Indeed, the men in this study described several activities that they had had a lifelong passion for, including hunting, fishing, swimming and cycling. In these cases, continuity with regard to physical activity (and perhaps identity) could be seen though the life course (i.e. men who considered themselves 'active' in their younger years tended to want to maintain an active lifestyle as they aged). Genoe also noted that men who had participated in the

workforce in physically demanding positions tended to look for volunteer or recreational activities that would allow them to continue with this level of physical activity after retirement. Indeed, this continuation of physically demanding work post retirement was found in this study. For example, in his interview, Raymond, a retired heavy equipment manager, stated that he had found a part-time job post-retirement working in a warehouse hauling and assembling items, perhaps indicating his desire to continue identifying with a physically active profession. Finally, Genoe also discussed the desires of older men to engage in activities they perceived as being more masculine. The men in this study described the various clubs they were involved with at the senior's centre. Many of these activities have, historically, had more male participants, including fix-it clubs or woodworking clubs. Other men described their participation in activities which might be viewed as being 'masculine' (i.e. hockey, golf, hunting, fishing). The men's continued abilities to physically participate in these sorts of activities likely helped to reinforce masculine identities with age and also helped to keep the men in touch with their interests from younger years.

7.1.3 Bodies Representing the Northern—"I'm an outside boy"

Though not as overt as the masculine and physical capable body concepts, the notion of a northern body was found to be present in the interviews and showcased the physical abilities the men still possessed in older age. While some debate might exist concerning whether the northern community utilized for this study would fit the popular definition of 'rural' (i.e. it has a reasonably large population, however, it is located several hours away from the closest city and has historically been dominated by industries such as logging and mining) (Campbell, Maynard Bell & Finney, 2006), the ways in which the men referred to the community imply that likely would define themselves as northern residents and may relate aspects of their lives and community to the rural (i.e. *"the hunting and fishing capital of this part of the province"*, Calvin).

Consequently, it remains a likely possibility that the men's bodies and, perhaps, their masculine identities, may have been shaped by their northern environment and its associated activities (Lobao, 2006).

In their work, Campbell and Mayerfeld-Bell (2000) and Dunk (1991; 2002) have discussed the notion of rural and northern masculine identities and the ties that these environments often have to archetypal images of 'real men' (e.g. the woodsman, the hunter, the laborer). These authors suggest that rural and northern associations help to bring men's bodies and their identities closer to nature; thus, rural and northern masculinities are sometimes perceived as being more 'organic' than other masculine identities. Several of the men in this study certainly exhibited ties to a northern masculine identity, whether it be through the employment they had once held (i.e. tradesman, paper mill worker, carpenter) or through their current recreational activities (i.e. hunters, fishermen, amateur builders). For quite a few of the men, their formative years spent living in a northern setting may have helped to shape a love of the outdoors and a long-term connection to a northern environment (Dunk, 1991).

Hunting proved to be an activity associated with northern life that was quite popular with several of the men. This activity has close connections to more primitive forms of masculinity, as it conjures up images of weapon-clad men stalking an animal through a dangerous forest setting, all for the purposes of providing food for their family (Dunk, 1991; 2002). Hunting is also an activity that requires physical strength and endurance, patience, self-control and bravery; traits often perceived to be characteristic of archetypal masculinity (Cheng 1999; Courtenay, 1998; Frank, 1991; Gray, Fitch, Fergus, Khalovskiy & Church, 2002). A hunter identity may have also offered an opportunity for the men to utilize and showcase items that are often considered symbolic of northern masculinity (i.e. a gun, a trap, a large truck) (Campbell, Mayerfeld-Bell & Finney, 2006; Dunk, 1991; 2002).

Additionally, several of the men mentioned that they enjoyed woodworking, carpentry, mechanical work or renovations in their spare time and at least two of the men felt that these sorts of activities were, in many ways, required to fit in as an older man within this particular northern community. With regard to masculinity, hands-on building activities that would allow the men to demonstrate skill (particularly, dexterity and hand-eye coordination) while also offering an opportunity to show off various power tools (symbols not only of skill but also, perhaps, monetary wealth) might offer a mode of expression for those wanting to remain associated with masculine references with Western popular culture (Dunk, 1991).

While one's environment certainly has the capacity to help shape one's identity, a decision to diverge from the 'norm', particularly within a small community, can affect one's feelings of belonging. This was certainly true for at least two of the men in this study (Cedric and Marshall), who described the ways they felt they did not fit in with the men in their northern community because they did not conform to many of the notions of what being a northern man should entail (e.g. they did not hunt, fish, build or renovate). For these men, the choice not to participate in many of the activities associated with retired northern life impacted their self-perceived masculine identities (i.e. they described that they felt less like a man).

Marshall, who identified himself as being gay late in his interview, mentioned specifically that he was not able to identify with many characteristics of archetypal northern masculinity (i.e. being gruff, driving a pickup truck, hunting and fishing). Marshall also mentioned the level of intolerance that northern masculine identities can have for homosexual lifestyles, causing him to feel isolated and not accepted by men and often, more welcomed by and connected to women. Indeed, stigmatized masculinities, which include homosexual masculinities, often possess less social power within patriarchal power structures, likely because they are considered to be more closely associated with feminine identities (Connell, 1995; Courtenay, 2002; 2006; Courtenay & Sabo, 2001; Reimann & Backes, 2006; Thomas, 2007). In

order to better fit into the masculine social circles within his community, Marshall had sought out role models for northern masculine behavior throughout his life (e.g. Marshall's most recent model was his brother-in-law).

7.2 Identifying and Understanding Impeded Bodies

While most of the men were quite willing to discuss the ways they embodied the masculine, the physically active, and the northern with age, the decision to discuss the ways that one's physical functioning had started to decline with age proved to be slightly more difficult. As mentioned previously, Drummond (2003) described the presence of a more limited body as men aged that was discussed through the men's descriptions of the ways their bodies had let them down (i.e. had not allowed them to participate in the activities they were accustomed to). Drummond's limited body concept involved men feeling that they were less physically flexible, less agile and less able to maintain physical endurance later in the life course. Drummond also suggested that aspects of older age required men to become more conscious of their physical actions. Interestingly, these limited body concepts were echoed in the impeded bodies exhibited by the men in the present study and, indeed, the presence of a limited body was found to be a sub-body category included within impeded bodies. Unlike Drummond's work, the present study sought to investigate the distinctions with regard to body concepts that might be involved when one's physical capabilities are altered or impeded (e.g. a limited or failing body that experiences decreased energy, modifications to activities, feelings of not being able to keep up) or when one exhibits behaviours that might be indicative of a body that is learning to be more mindful with age (i.e. the careful body that does not take unnecessary risk and is more conscious of diet and exercise habits). Consequently, I chose to use the term 'impeded' to define the general body concept that houses the limited, failing and careful bodies and to distinguish this body concept from that put forth by Drummond.

7.2.1 Adapting to Limitations—"If I can't do it the way I used to do it, I'll find another way of doing it"

Bodies that were beginning to impose limitations with age were expressed within the interviews and involved the ways the men had needed to adapt or cease their participation in certain activities, largely because their bodies could no longer keep up. While many of the men had mentioned that their bodies had remained physical and active with age, several of the men's' discussions about physical limitations were found to echo suggestions by Silver (2003) that aging can often be equated to loss with regard to the body. For the men who had lived all of their adult lives with limitations (e.g. Oscar broke his back as a teenager; Arnold had been born with a heart defect), body limitations were not necessarily seen as losses, but instead, as normality, likely because the men had spent decades adjusting to and accepting their physical limitations. For many of the other men, however, the loss of some of their body's functioning had begun to occur only recently due to age and had required some adaptation.

The most common body limitations reported by the men were related to their energy levels and abilities to keep up a fast pace in life. This finding was similar to that of Laz (2003), who found that older men and women often reported decreases in energy and stamina in later life. For some of the men, these sorts of physical limitations had affected their abilities to work and may have also necessitated their retirement. Consequently, the men's bodies could be seen to have the capacity to affect their social rankings within society, as they impeded their ability to remain a part of the workforce (Silver, 2003). Indeed, being limited with regard to their ability to 'do' (i.e. to work) had the potential to alter the men's masculine self-perceptions (Calasanti & King, 2005; Levin, 1988; Thompson, 2006).

One area that the men found to be highly impacted by physical limitations with age was their ability to drive. The capacity to operate an automobile, often viewed as a symbol of freedom and independence for drivers, is a privilege within society that requires that the body be

able to see, hear and react to what is happening externally. The men reported that as their eyesight and reflexes began to diminish with age, they were being forced to modify their driving routines, often impeding their ability to travel where they wanted. This reduced independence and, perhaps, a newfound reliance on others to get to certain places, had the ability to impact the men's feelings of autonomy, a trait often associated with masculinity (Sabo & Gordon, 1993; 2009).

This reliance on others was also found to be present in discussions of the men's increased difficulty in keeping up with others and the chores required for their day-to-day lives. Specifically, the men's inability to keep up with female partners or children had the potential to pose significant threats to their masculine self-perceptions; as such situations disrupted patriarchal power structures (i.e. men are stronger and dominant to women/children) (Connell, 2000; Thompson, 2006). The process of aging and specific injuries or illnesses had, in some cases, necessitated that the men's spouses take over many of the 'masculine' chores around the house (i.e. the snow shoveling, minor repairs, heavy lifting). The men who had encountered these situations specifically mentioned that this dependence on their spouse and inability to take care of their home impacted their ability to feel like 'real men' and contributed to them feeling 'old'. Consequently, if the concept of 'old' is viewed as a social construction as opposed to just a defined age (Butler, 1993; Lorber, 1994; Silver, 2003), 'old' may be defined for many men as a stage when they are no longer able to carry out the tasks necessary for life and the tasks they see as their 'responsibility' (as opposed to those of their spouses, children or neighbours).

Limits posed to sexual functioning by an aging body were mentioned by the men as having the potential to negatively impact their masculine identities, likely due to the strong ties that archetypal masculinity has to sex and sexuality (Calasanti & King, 2005; Levin, 1988; Thompson, 2006). Feelings of embarrassment and decreased "potency" (i.e. decreased sexual power) were expressed when the men described not being able to keep up with their female

partner's sexual drive or, perhaps, when they were unable to keep up with a younger sexual partner. Indeed, if the body is viewed as a canvas upon which social institutions such as marriage (and, indirectly, sex) are painted, body limitations have the potential to cause older men's bodies to be viewed as non-sexual and, perhaps, less masculine (Connell, 1995; Laz, 2003; Thomas, 2000). Noteworthy is the recognition on the part of one of the men (Oscar) that decreases to sexual functioning are 'natural' with age. This sentiment echoes the perspectives put forth by Marshall and Katz (2002) that society has a certain expectation that men's sexual capabilities will decrease with older age. Indeed, this belief in a decreased sexual drive/capacity with age combined with the process of equating masculinity with sex (discussed earlier in this chapter) could perhaps explain why society might have a tendency to want to de-gender men as they age (Silver, 2003), likely due to a belief that older men can no longer have sex, thus they must be non-sexual (Calasanti & King, 2005)

While their bodies may have begun to encounter limitations with age, the men found various coping strategies, including finding other ways of approaching tasks, learning to deal with change (e.g. taking up lower impact recreational activities, re-learning the capabilities of their bodies) and resolving to be put more planning into their activities. Such strategies likely allowed the men to regain some control over their bodies, though they often required that the men's masculinities adapt to these changes (Thompson, 1994). For these men, having the ingenuity to find solutions to physical limitations and the perseverance to keep trying to accomplish activities could be viewed as traits belonging to newfound masculine identities.

7.2.2 The Failures of Bodies—"You feel you are losing some of yourself"

The aging process for many of the men was found to involve the presence of a body that was failing or in decline, often due to illness, disease or just the 'wear and tear' of life. In many

cases, the men had multiple health issues occurring simultaneously and many reported needing to take medications or undergo surgery in order to maintain functionality or, in some cases, to save their lives. Specifically, the men reported health issues related to their heart, prostate, vision and hearing, as well as experiences with depression. In these instances, many of the men's experiences fit a medicalized view of older age (i.e. that aging can be equated to an illness that robs individuals of functionality) (Silver, 2003).

Within Western society, the notion of functionality with regard to the body is often intimately tied to masculinity, thus circumstances that may impede this functionality can diminish a body's ability to be associated with archetypal masculine characteristics (Lorber & Moore, 2007; Nettleson & Watson, 1998; Silver, 2003; Turner, 1995). For the men who reported heart issues, for example, physical activity may have been restricted during their recovery from treatment surgery (or perhaps permanently if surgery was not an option). Therefore, the men's bodies would likely lose their association with the physical and active aspects of a masculine identity (Broom & Tovey, 2009; Connell, 1995; Courtenay, 2000). Indeed, the decline of one's body for the men was often found to be associated with feelings of embarrassment and, perhaps, shame.

For a few of the men, prostate cancer and its associated treatment options had impeded their ability to engage in sexual intercourse and often involved unpleasant side effects such incontinence. Consequently, the men faced restrictions in their ability to demonstrate masculine characteristics such as sexual virility and self-control (i.e. body-control), potentially affecting their statuses within masculine hierarchies (Broom & Tovey, 2009; Chapple & Ziebland, 2002). For many of these men, the body (and its associated health issues with age) was found to complicate life, thus it was not always seen as a tool but, instead, often as an obstacle (Shilling, 2008). Much like the men in Chapple and Ziebland's 2002 work, the men who had been diagnosed with prostate cancer had opted for treatment (i.e. prostate removal, radiation therapy),

suggesting that they had a desire to actively combat the disease and take control over their recovery.

Noteworthy were a few of the men's discussions about the preoccupation that older individuals were seen to have with their bodies and their ailments as they aged. Oscar described this process as discussing one's 'war wounds', suggesting that he likened the progression through life to the experience of living through a battle. His statement proved to be quite interesting, not only due to his choice of words (i.e. the term war wounds evokes images of the military and soldiers, identities that many of these men could relate to as veterans of WWII) but also the insinuation that older men may compete with regard to their ailing bodies (i.e. who has the worst surgical story, whose body has been through the most procedures). A desire for competition is a characteristic found to be quite prominent within masculine archetypes and appears to be one that endures into older age (Courtenay, 1998; Frank, 1991; Gray et al., 2002). While these men may have competed physically (i.e. capacity for strength and endurance) in their younger years, it appears that the nature of such competition may have changed as they aged, along with their bodies.

Several of the men also described how their advancing age and health issues had caused their bodies to no longer be viewed as a threat within society. Oscar, in particular, spoke at length about his view that he had lost much of his 'alpha male' status within society as he aged, largely because his body could no longer compete with those of younger men. For Oscar, his older body (and its associated health issues) had begun to limit his ability to convey the characteristics typically associated with more dominant men within Western society (e.g. youth, vitality, strength) (Charmaz, 1995; Gubrium & Holstein, 2003). Oscar also alluded to beliefs that this diminished physical presence as a man had decreased his perceived "usefulness" within society, once again affirming the popular ties within society between masculinity and a man's physicality (Connell, 1995; Moore, 1996).

Death figured quite prominently into discussions of failing bodies. Several of the men had faced death personally (e.g. being diagnosed with a fatal disease, having only a small percentage chance of surviving through a surgery) while others reported attending more and more funerals for friends and peers as they aged. In many ways, death was expressed by the men to have different meaning now that they had entered the later years of their lives. Many felt that they were closer than ever before to death and that they must learn to prepare for and accept its inevitability.

7.2.3 Growing More Careful: "The demands you are willing to place on yourself change because you realize you are finite"

Most of the men showed some recognition of a body that needed to become more careful with age. This body identity was found to acknowledge the importance of not taking unnecessary risks or overextending oneself and, particularly, the importance of participating in activities aimed at health promotion. Indeed, during older age, many of the men in this study were found to no longer take their bodies for granted in the ways they mentioned they once had when they were younger (Leder, 1990). Continuously, the men expressed the ways they felt that youth today were reckless with their bodies and reminisced about how they too had taken outrageous physical risks in their younger years. Such comments suggest that risk-taking is likely not a generational phenomenon among men and that perhaps as men grow older, they begin to acknowledge the threat such behaviour can pose to their bodies.

Older age could perhaps be viewed as a way of reminding men about the physical boundaries and needs of their bodies, thus preventing the body from fading into the unconscious mind (which is often the case when individuals are young and very able-bodied). This process did not necessarily require that the men abandon physically demanding activities that they had once pursued, though it was often found to include modifications being made to one's activities. With age, the participants in this study also appeared to recognize the value of their bodies as

tools for creating meaning within their lives (Shilling, 1993). As a result, the men often wanted to expend effort and care to preserve the maximum amount of body functioning possible (and, likely, also extend their independence) (Reimann & Backes, 2006).

As the men aged and began to become sick or injured much more easily, each appeared to pay more attention to the signs his body was giving that something might be physically wrong (Chapple & Ziebland, 2002). These body signals could include things like muscle stiffness and soreness, shortness of breath, panic attacks or simply becoming tired more easily. Many of the men had also begun to make adjustments to activities based on these signals (discussed earlier in the chapter), which involved tactics such as taking more breaks, spreading physical work out over longer periods of time and recruiting more helpers for physical jobs. For these men, their bodies were no longer found to reside in the background but had become a major focus in life that often required some accommodations (Leder, 1990).

The careful body with age required that the men challenge many of the behaviours associated with masculinity, including risk-taking and avoiding trips to medical practitioners. (Broom & Tovey, 2009). Efforts to catch health issues early or contain those that were already progressing required that the men actively make changes to their behaviours (i.e. quitting smoking, changing one's diet, exercising more frequently). The men also often chose to arm themselves with knowledge about their conditions, their treatments and potential side effects in order to make the best health decisions possible. These positive health behaviours could be seen to also echo some of the characteristic components of archetypal masculinity (Sabo & Gordon, 1993). Indeed, when the men practiced self control by modifying their negative health habits or made efforts to become more knowledgeable about their disease/illness/injury, they could be perceived to be attempting to establish some superiority over others, even if only over their peers who had not yet opted to make the same health choices. The aging process was also found to require recognition, on the part of the men, that older bodies could have inherent weakness

(Connell, 1995). While 'fussing' over one's body (i.e. paying attention to the body, being proactive about one's health) might have been viewed as non-masculine at other stages during the life course (Gray, Fitch, Fergus, Khalovskiy & Church, 2002), health promotion activities such as exercise, eating healthily and not pushing one's body to the limit appeared to be more accepted by the men as they aged, as such activities were seen to demonstrate that an individual was taking responsibility for their body.

CHAPTER EIGHT: EMERGING IDEAS

To begin, it should be noted that men's experiences of later life appear to be unique for each individual, shaped largely by geographic location, socioeconomic status, sexual orientation, family life, employment history and health. While authors such as Silver (2003) have suggested that men may become de-gendered as they age, evidence from this study suggests that the process of aging remains a gendered experience, even late in the life course. Indeed, aging identities and masculine identities can be found to co-exist in older men and for the later, may not be much different than those masculine identities experienced by men earlier in their lives. However, aging and masculine identities can often be seen to challenge one another as men age (i.e. as a man grows older and experiences larger heath concerns, his ability to perform many of the same activities that helped to define his identity as a man may be impacted). When such challenges occur, masculine identities are often found to adapt, likely to provide men with gender continuity and a connection to the masculine later in life. Interestingly, the experiences of aging and masculinity for older men appear to be rooted quite firmly within the body, whether this be a man's physical body or his experiences within his aging body.

While not all of the men were found to simultaneously display each of the six body concepts outlined in this study, most provided examples of the ways they identified with both capable and impeded body concepts. Consequently, the idea that aging for older men might involve the presence of multiple bodies that both reinforce and challenge conceptions of masculinity and of older age was found to exist in this study. The interviews that took place showcased men who could have components of their bodies that were limited or failing but still feel that, overall, they were physical, masculine and northern. For example, during his interview, a man who had recovered from prostate cancer might describe how he had experienced issues with incontinence in one breath and then mention that he typically participates in numerous hours of physical activity each day in the next. Another man might mention that he still very much

enjoyed participating in skiing, though he now had a bad hip and took a slightly more leisurely route down a hill. Still other men suggested that while their sexual functioning might not be what it once was, they still enjoyed flirting with women and had found ways to be intimate with women that did not necessarily involve intercourse. As a result, older men were seen to simultaneously straddle the realms of the capable and the impeded body.

Indeed, it would seem naïve to view capable and impeded bodies as mutually exclusive concepts or to attempt to view these bodies on a binary scale (i.e. as a body become more impeded, it must be less capable). Such thinking, which has been applied to the concepts of masculinity and femininity, serves only to prevent the possibility of multiple or simultaneous body identities and forces the categorization of older men as either 'able' or 'disabled' (Connell, 1995). It would appear that for older men, the aging process necessitates some recognition of one's limitations and physical failings, though this process does not necessarily require that one take on an entirely limited or failing body identity.

While societal norms, stereotypes and expectations appear to affect the way that older men perceive their bodies and their capabilities, there remains a very real physical experience of an aging body for men. For example, when an older man describes that he lacks the energy that he once had or that his joints ache when he climbs his stairs, he is describing experiences rooted not in society but within his body. These physical experiences of aging have the capacity; however, to affect the tasks that a man might be able to do and, thus, the way he is perceived within society (i.e. his toughness, his utility). While authors such as Butler (1993), Lorber (1994) and Silver (2003) have argued that diminished capacity is a concept that is socially imposed, the results from this study suggest that this reduced ability to carry out physical tasks remains firmly rooted in a person's physical body and, subsequently, are interpreted by society. Additionally, men's interactions with others and with society have the ability to shape the way that men interpret their bodies. Consequently, the physical experiences of aging for older men have the potential to affect the social perceptions of older men and these social perceptions have the ability

to shape the way men interpret their physical bodies. These perspectives are supported by authors such as Shilling (1993), Turner (1992) and Williams and Bendelow, (1998) who argue that foundationalist and social constructivist approaches must be integrated in order to more fully understand and define experiences of and within a body.

CHAPTER NINE: CONCLUSIONS

The goal of this research project has always been to understand and derive meaning from older men's experiences of the aging process and how these experiences might reinforce, challenge or change the ways that they perceive their own masculine identities. While not necessarily known from the start, the path to reach this goal is one based quite firmly around something we all have, yet don't necessarily acknowledge or understand: our bodies.

Gubrium and Holstein (2003) have described older bodies as 'unfinished business' (p. 206) and, indeed, for the men in this study, bodies were seen to be continual 'works in progress'. The same could likely be said for the men's masculine identities, for these too were constantly changing and evolving, often based on the men's bodies. While authors like Silver (2003) may assert that the process of aging involves the de-gendering of older individuals, who, often, are no longer participating in the social processes that help to define gender roles (i.e. work, raising small children) (Lorber & Moore 2007), the men in this study were found to continually find ways to express their masculinities and identities as men well into older age, often through the use of their bodies.

The participants sometimes chose to express characteristics associated with archetypal masculinity (i.e. when they were competitive, physically dominant, in control, proclaiming to be fearless), thus their masculinities in later life might be viewed as being similar to those exhibited earlier in their lives (Neugarten, 1977; Solomon, 1982). Other participants offered examples of the ways they had renegotiated their masculine identities to suit their capabilities, indicating that older age may require that men take an entirely new approach to the ways they demonstrate and experience their identities as men. Each man was seen to have a distinct approach to the construction of these masculinities, largely influenced by his specific environment, interests, physical health, sexual orientation and family status. Consequently, older men's masculinities

and, by extension, the experiences they have of and within their bodies, cannot and should not be viewed as homogenous.

CHAPTER TEN: FUTURE DIRECTIONS

This study has offered some insights into the bodies, masculinities and lives of older men, but has left several questions unanswered. Due to the fact that the body was not the original subject of interest for this investigation, the multiple bodies outlined exist only as a rough skeleton of the lived experience of and within men's aging bodies. Indeed, the subjects of masculinity, aging and the body have received only minimal attention within the literature; consequently these research areas remain largely untapped and yet highly important areas to expand our understanding of older men's lives. Specific investigation into the ways that older men's environments (i.e. the northern) may affect their perceptions of their bodies could help to further increase our knowledge of the specific Canadian context for the masculine within the northern (i.e. much of the literature examining rural life and masculinity, which certainly relates to the northern, has come out of Australia or the United States) (Campbell & Mayerfeld-Bell, 2000). Additionally, examinations of the ways men view corporeality and embodiment with age could help to produce a richer picture of what older men's bodies might entail and help to expand on the findings of this study.

Future investigations may also want to delve more deeply into the relationships that exist between older men and their health care practitioners, as these relationships can have tremendous impact on men's physical health as well as their masculine identities. Men's perceptions of health care practitioners and the ways that their relationships with practitioners change with age may be specific topics for this type of exploration. Indeed, understanding the circumstances that allow older men to feel comfortable seeking care from clinicians as well as the specific ways that health practitioners interact with older men (versus the ways they interact with younger men or older women) could aid efforts designed to encourage men to seek more proactive and early health care.

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APPENDIX A—VERBAL RECRUITMENT SCRIPT

Hello. My name is Elaine Wiersma. I am from Lakehead University. I am doing some research on understanding masculinity in older age. There's been very little research that has looked at this topic, and I am hoping that some of the men here will be willing to participate in the research. You would be asked to participate in an interview with me that would range from 30 minutes to two hours or so, on average about an hour. The interview will be audio-taped, but no one else will be hearing the tapes except for me. Participation is completely voluntary, and you can change your mind at any time. If you are over the age of 65, male, retire, and willing to participate in an interview, I would really like to talk to you. I need about 20 to 25 people to interview. I will be here at the end of the program, so please come and talk to me.

APPENDIX B—INFORMATION LETTER FOR PARTICIPANTS

Fall 2007

Dear Potential Participant,

I want to invite you to participate in a study that I am doing through Lakehead University. I am doing this research to better understand how older men think about aging and masculinity. Since little research has examined masculinity, I hope that this research study will provide a better understanding of aging and masculinity.

Your participation in this research project will include participating in an interview that will last approximately 30 to 120 minutes. The interview will focus on your perceptions of masculinity, your experience of aging, and changes in gender roles over the life course. The interview will be conducted at a time and place that suit your preference and convenience. Ideally, I would like to audiotape our conversations so I can better understand experiences and have an accurate record of our conversation. All information gathered throughout this study, including the audiotapes of the interviews, will be kept strictly confidential and will old be accessed by me and my research assistant. All information pertaining to the study will be kept in a locked filing cabinet at Lakehead University for seven years.

I do not anticipate that the nature of the conversation may be difficult, but your interviewer will be sensitive to this. If you decide to give your consent to participate in the study, I will be asking you to sign a consent form stating your consent to participate in an interview. Participation in this study is completely voluntary and you may choose not to participate. You may also choose to withdraw from this study at any time. Any decision not to participate or to withdraw from the study will have no impact on your experiences at the senior's centre.

This study has been approved by the Research Ethics Board at Lakehead University. This office is available for any concerns and comments pertaining to this study and can be reached at (807) 343-8283.

Should you have any questions about my study, please feel free to contact me at (807) 766-7250.

Thank you for your interest and potential involvement in this project. I look forward to working with you.

Sincerely,

Elaine C. Wiersma
Assistant Professor
Master of Public Health Program

APPENDIX C—INFORMED CONSENT FOR PARTICIPANTS

I have read the information letter provided by Elaine Wiersma, Assistant Professor, Master of Public Health program at Lakehead University, describing the purpose of her study. My consent to participate in this research project is made under the following conditions:

1. That I have read and understood the information in the study cover letter.
2. My involvement includes participating in an interview that will take approximately 30 to 120 minutes and will be scheduled at a time and place convenient for me during that week.
3. My participation is completely voluntary and all data collected will be used solely for teaching and research purposes.
4. All information will be kept strictly confidential, accessed only by the researcher and research assistant involved in the project. Pseudonyms for the facility and all participants involved will be used on all documents pertaining to the study and in all oral and written reports of the project. My name will never be used.
5. I may withdraw from the study at any time by simply notifying the researcher or research assistant, and I may refuse to answer any questions during the interview. My withdrawal from the research will have no impact on my experiences at the senior's centre.
6. It is not anticipated that I will experience physical or psychological harm.
7. The findings of the research will be prepared for publication ad professional conferences and journals. The data may be used for additional analysis in the future by a researcher.
8. Data will be published in aggregate form, and no individual participants will be identified in published results without their explicit consent.
9. All data will be securely stored in a locked filing cabinet at Lakehead University for seven years.
10. I may request an executive summary of the findings upon completion of the study. These will be available through Lakehead University after August 2008.

This study has been approved by the Research Ethics Board at Lakehead University

Name of Participant_____

Signature of Participant_____

Date_____

I consent to having the interview audio-taped
Name of Participant_____

Signature of Participant_____

Date_____

Signature of Researcher_____

APPENDIX D—INTERVIEW GUIDE

1) Tell me a little bit about yourself. How did you come to live in [study city]? Where did you work? What are you living arrangements?

Conceptions of Masculinity

You know that this research is about exploring masculinity, being a man, and older age. Some of these questions may be abstract, so I will try to ask questions in different ways to help you. If there are any questions that you are uncomfortable with answering, please tell me and we can move on. If you would like to stop the interview at any time, please tell me and we can continue at another time if you wish.

2) If someone were to ask you what it is like to be a man, what would you tell them?
3) What does masculinity mean to you? How would you describe masculinity? How would a man "exude" masculinity?
4) How is masculinity portrayed in culture and society? Is this different or similar to your conceptions? Do you think that society and culture have shaped your conceptions?
5) Have men changed throughout your lifetime?
6) Have conceptions of masculinity changed throughout your lifetime? Personally? In culture and society?

Conceptions of Old Age

7) What does getting older mean to you?
8) What are your perceptions of old age?
9) How do you think old age is viewed by society?
10) How would you describe getting older? If someone who is young, like me, were to ask you what getting older feels like, what would you tell me?

Old Age and Conceptions of Masculinity

11) Has your sense of your own masculinity changed as you have gotten older? If so, how? Why do you think this is?

Change in Gender Roles

12) People often say that men and women are different. Do you agree? If so, how do you think they are different?
13) How would you describe gender roles for men and for women?
14) Have gender roles changed throughout your life?
15) Do you think gender roles change as you get older?
16) One of the major life events that men experience, they say, is retirement. What was retirement like for you? Before you retired, how did you feel about it? How do you feel about it now?