

# Active Aging: Hiking Health and Healing

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## Abstract

This article examines the illness and recovery experiences and perceptions of physically active middle aged and older adults participating in hiking groups. These perceptions are examined within the local milieu of their group and the larger social context of biomedical norms of healthy older bodies. Discourse on the body was viewed through the lens of medical anthropology and data were analyzed using embodied ethnography. There were 15 participants (53 percent female) and all were of European descent. The hiking group served as a liminal space where participants could explore all aspects of their health with the support of others who had undergone similar life experiences. The physical activities they engaged in as a group were therapeutic and transformational for several members. Their group activities created a deep sense of community and aided in their healing processes. Holistic health programs such as hiking groups could provide an alternative or ancillary treatment options. However, cost, location, opportunities for socialization, and the physical abilities of potential participants should be seriously considered before adopting a hiking program for this demographic.

*Active aging, health, middle-aged, older adult, hiking, embodied ethnography*

## CHLOÉ'S STORY

In early October of 2010, R (lead author) arrived in a parking lot at 6:30 am for a hike in the Rocky Mountains of southwestern Canada to meet the group of middle-aged and older adult hiking enthusiasts he had been hiking with once a week since August. On this outing, R was introduced to a new hiking group member, Chloé. Her story touched on common themes identified in this ethnographic study and is illustrative of a collective experience. The following is R's journal entry from that day:

It was a very large group today with 26 people. The large number of people, according to one of the hikers, was due to an optimistic forecast of sunny and warm weather, in contrast to the rain and snow we've had for the past couple of weeks. Also, the hike did not have much in the way of elevation gain or distance; therefore, it was not excessively strenuous for the

physically compromised and promised contrasting views of the mountains to the west and open prairie to the east.

Chloé was a 58-year-old retired teacher and cancer survivor. A few years ago, when she was diagnosed with breast cancer, she decided to be as proactive as possible and discovered research suggesting that exercise, specifically heavy aerobic exercise, could potentially prevent cancer from returning. She acted quickly and started to walk every morning for a minimum of an hour, searching out challenging, hilly terrain. Chloé believed that her active lifestyle contributed to her healing process; the walks eased some of the negative side effects of chemotherapy and improved her overall sense of wellbeing. It also aided in maintaining a healthy body weight vital, she believed, to her recovery from six cancer related surgeries. She did take painkillers after her first surgery – her nurse was a former student and she followed her advice – but suffered “terrible side effects.” She decided not

to take the painkillers after her next and consecutive surgeries and discovered she did not experience a lot of pain and healed quickly. Chloé had met other cancer patients who were inactive and overweight and found that they had difficulties healing. She attributed her lack of pain and quick healing to her vigorous morning walks.

Chloé feels lucky:

*[It came at a nice time, if you can have a nice time for cancer [laughs]. My son was in grade 12.... So that six months that I was off, happened to be his last semester at school. He'd be finished at two. He would come home every day and we would cook supper together. So, that was five months of extra time that I'd never ever would've had otherwise. He also went for walks with me [laughs].*

Chloé's story is thick with emotion. She was unwilling to allow her sickness to provide the narrative for her treatment and healing. Chloé discovered that the simple act of walking in a natural setting helped her manage her cancer, bond with her family, and opened her up to future adventures and experiences.

Some of the psychosocial and physiological benefits Chloé experienced through her physical activities (PA) have been well documented in biomedical research. PA, such as hiking and walking, has been shown to decrease the risk or reduce the symptoms of several potentially debilitating health conditions such as coronary heart disease, type 2 diabetes, breast and colon cancer, and depression (Paterson and Warburton 2010:38; Physical Activity Guidelines Advisory Committee 2008; World Health Organization 2010:8-10). There is also ample research that demonstrates the psychosocial and physiological benefits of PA in aging populations (Atalay and Cavlak 2012:71-79; Langlois et al. 2013:400; Paterson and Warburton 2010:38; Teixeira et al. 2013:307). It is clear that aging populations can benefit from PA, but research conducted by Katz (2000:135-152), Davey and Glasgow (2006:21-27), Asquith (2009:255-269), and Tulle (2008:340-347) suggests that the benefits are sometimes overstated to the point where physical activity is depicted as a panacea that can counteract the effects of aging. The authors argue that the buoying up of physical activity as a cure-all fails to recognize the challenges some individuals face later in life that are outside of their control; such as financial insecurity, congenital or genetic conditions, or poor life choices earlier in life (Asquith 2009:255-269; Davey and Glasgow 2006:21-27). Asquith also points out that there is a financial cost to social physical activities that not all older adults can afford. Transportation to and from a physical activity centre requires money for fuel, public transportation, or a taxi (Asquith 2009:255-269). Furthermore, research conducted by Litwin and Shiovitz-Ezra (2006:225-242) into

the association between activity and wellbeing suggests that the quality of social relationships was more highly correlated with wellbeing in Israelis over the age of 60 than activity. The authors argue that the failure to address the complexities of successful aging could result in increased marginalization. This study will attempt to address some of the complexities of successful aging through the research method of embodied ethnography.

Hiking groups in particular offer unique opportunities for aging populations that can supplement or enhance the benefits of physical activities previously discussed. Research on middle-aged and older adults from North America and Sweden showed that meaningful activities like hiking provided opportunities for creativity, achievement, nurturing competency, and social interaction (Reichstadt et al. 2010:567-575; Silverstein and Parker 2002:528-547; Tang et al. 2010:603-612). Furthermore, these activities contributed to a positive sense of wellbeing and life satisfaction among participants. Research specific to hiking activities for aging populations has provided insight into motivation (Sugerman 2001:21-33), perceptions of age and aging (Weiss and Tomasa 2010:473-475), quality of life (Lloyd and Little 2005:147-181) and successful aging (Boyes 2013:644-665). Participation in meaningful activities like hiking allows individuals to display their abilities, explore their potential, and form unique identities (Stebbins 1982:251-272; Stebbins 1992). It is the formation of unique identities through hiking activities in middle-aged and older adults, as they relate to age, health, and healing, that will be the focus of this study.

The relationship between physical activities and the subjective experiences of the individual have not been extensively explored in the literature on aging. Pheonix and Grant (2009:362-379) and Grant and Klug (2007:398-414) argue that literature on physical activity and the aging body has been primarily focused on quantitative data collection methods, as indicated by the above literature. The authors suggest that these forms of knowledge do not provide a complete picture of the complex relationships between the aging body and physical activity. Qualitative research conducted by Laz (2003:503-519) supports this argument. The author found that her sample of adults over the age of 50 (n=15) discussed specific dimensions of embodiment (activity, health, energy, appearance, and illness) when they considered their age (Laz 2003:503-519). Furthermore, Laz's participants made social comparisons associated with age and ability when interpreting their bodies. Laz's study demonstrates the unique information qualitative research into aging, specifically embodiment, can produce. However, there is a paucity of research investigating how the embodiment of specific physical

activities, such as hiking and walking, form perceptions of aging, health, and healing.

This article addresses this gap in the literature through the qualitative research method of embodied ethnography. Drawing on four months of participant observation by the lead author "R," we describe how the perceptions of aging, health, and healing are formed, transformed, maintained, and embodied through hiking activities. Our analysis provides insight into the individual, social, and political forces influencing how the aging body in this habitus is experienced. Finally, our research unpacks the complexities associated with PAs, socialization, and the perceptions of aging among older adults.

### AGE, HEALTH, AND HEALING

The youthful, physically active body has become the ideal body image in North American culture (Dworkin and Wachs 2009). The obsession to obtain this body has undergone intense scrutiny since Robert Crawford (1980) introduced the concept of Healthism. Crawford asserts that capitalism co-opts "health" for profit by elevating the ideal and morally superior, "normal," healthy, youthful body above the undesirable and morally corrupt, "abnormal," unhealthy, or "old-looking," body. Faircloth (2003) suggests that the dominant forms of visual media in our health, youth, and beauty obsessed culture project constant reminders that a beautiful body is the key to happiness. Consumer culture propagates and enforces insecurities created by our self-preservationist culture to promote strategies to counteract the perceived deterioration and decay associated with aging (Faircloth 2003). The end result is a consumer obsessed with purchasing the latest products and services for obtaining and maintaining the ideal body (Dworkin and Wachs 2009; Powell and Longino 2001:199-207).

Biomedical research has increased the divide between young and old bodies. Glenda Laws (1995) argues that essentialism in biomedical research attempts to assign universal biological causes to the aging body. Laws suggests that this single-minded approach rejects the socially constructed intricacies of aging. Therefore, the categorical assignment of biological changes creates a negative image of the aging body: it is an unattractive body increasingly susceptible to disease, loss of control, and ultimately, death (Vincent 2003:675-684; Vincent 2006:681-698). However, there has been pushback against narratives of the aging body involving the medicalization of non-life-threatening health issues associated with

aging. Wentzell (2013:3-22) investigated Mexican men's resistance to using erectile dysfunction (ED) drugs. The author found that the health narratives supported by medical and pharmaceutical companies stressed the importance of penetrative sex for healthy aging in men. The men's decision making process on whether or not to begin ED treatment involved discussions with their wives and doctors and they also considered the cost and safety of treatments. Wentzell discovered that the men's decisions were swayed by their doctor's silence on the issue and their wives' advice that they should respond to their ED by adopting an age appropriate sexuality. Several of the men rejected the ED drugs and adopted a life path valued by their community in which they became more family oriented (Wentzell 2013:3-22).

The medicalization of aging did cause us to consider how and if we categorize our participants by age. Initially we used Statistics Canada's (2007) and the Centers for Disease Control and Prevention (2011) definitions of middle-aged as 45-64 years of age and older adult as 65 years or older. We were uncomfortable applying essentialized categories to our participants since experiences of aging are arguably more informative for understanding variations in meanings of an aging body. In other words, universal aging process are arguably not uniform, but vary by sociocultural expectations and individual experiences (Featherstone and Hepworth 1998:147-175). Marshall and Katz (2012:222-234) argue that the traditional use of chronological age as a description of the aging process does not provide an accurate description of the aging experience due to changes in traditional roles as a result of increased longevity. However, as Laz (2003:503-519) points out, we do have an "age" which is culturally constructed and provides a point of reference for how we experience our bodies as we age. Therefore, this study will focus on the dimensions of embodiment (as they relate to age, health, and healing) we discover through our embodied ethnography approach, which is the collection of data through the physical presence, and participation, of a researcher to study the processes at work in the everyday experiences of a group (Bourdieu 1977; Csordas 1990:5-47; Schepher-Hughes and Lock 1987:6-41; Turner 2000:51-60).

Participant discourses on health and healing will be analyzed from a medical anthropology perspective where health is viewed as a culturally constructed ideal of well-being and healing as both a sufferer and medically defined resolution to a sickness where the sufferer is restored to wholeness (Janzen 1981:185-194; Janzen 2002; Schepher-Hughes and Lock 1987:6-41). In this study, health and healing will be defined by our participants' ideas, actions,

representations, and the institutions that they view as embodying health (Scheper-Hughes and Lock 1987:6-41).

## HIKING

Hiking in the context of this study is defined as walking in a mountain setting. We will use Ingold's (Ingold 2004:315-340; Ingold 2010:S121-S139) description of walking as a rhythmic activity with a "pattern of lived time and space" where walkers are continually adapting, and fine-tuning, their gait to the environment (332). According to Ingold, walking requires a high degree of intelligence that incorporates all the experiences of being human. Furthermore, the author argues that it is the landscape that shapes how people experience their environment and not vice versa. Ingold suggests that we create a vast network of personalized trails through our nuanced physiological responses to our routes of pedestrian travel in landscapes that change with the seasons and shape our experiences: it is how we explore our world, physical body, and socially constructed self (2004:315-340; 2010:S121-S139). Ultimately, walking provides a lens through which to view and interpret our life experiences. It is "a way of thinking and knowing" (Ingold 2010:S135) where hikers must be fully engaged with their body to respond to an ever-changing environment and the other hikers around them (Csordas 1993:135-156).

## METHODOLOGY

The data for this study were collected during R's three month participation (September to November, 2010) in the hiking and walking activities of three different groups from the town of Foothill: The Women's Walking Group, Men's Walking Group and the Foothill Hiking Club (FHC). This article will focus on the FHC. R used his body as a "tool of inquiry and vector of knowledge" (Wacquant 2004:viii) and it served as one mode of data collection. R has been engaged in outdoor activities for over 20 years (he was 41 at the time) and grew up hiking, climbing, and skiing in and around the locations for this study. His experiences of hiking provided R with some cultural capital with participants and insight into the activities of hiking.

R's data on his own experiences of hiking provide insight into how hiking feels, but he also used ethnographic methods of observation to document how hikers moved over the landscape in field notes, and audio recorded his discussions while engaged in hiking activities (Angrosino 2007; O'Reilly 2004). Interviews were unstructured with a basic outline allowing for reflexivity and lasted between 5

and 50 minutes, depending on the topic (i.e. if R needed a quick clarification on a theme or if he had to conduct a full interview). The interviews included questions about participant's hiking activities and experiences, relationships with other members and family, work history, health history, and their age. Interviews were then transcribed and coded. Data collection and analysis proceeded together and were an iterative process. Once a theme was identified, it was incorporated into future interviews and validated by re-interviewing participants who preceded the theme's identification. Themes were also compared against the other forms of data collected to ensure their validity.

Our research group consisted of seven participants who were middle-aged (75 percent female; female mean age was 58 and male mean age was 61; age range was 51 to 63) and eight older adults (29 percent female; female mean age was 66 and male mean age was 71; age range was 66 to 78). The total number of participants was 15 (53 percent female; mean age 64; age range was 51 to 78). All participants were of European descent with 22 percent at low income level, 56 percent at low-middle income level and 22 percent at upper-middle or higher income levels (Statistics Canada 2013). Participants were chosen using convenience sampling (Bernard 2012) where participants are chosen in the field according to availability and willingness to participate as well as their representativeness of the social phenomenon being researched. Thus participants were members of the FHC, and actively participated in hiking activities during the ethnographic fieldwork. Theoretical sampling (Eisenhardt and Graebner 2007:25-32) was also used to ensure equal representation from both genders; however, more women than men participated in hikes during the research period.

Our findings are organized beginning with a brief description of the town of Foothill and history of the FHC. This will be followed by R's experiences on his first hike. The study is then divided into sections that discuss the dimensions of embodiment through the habitus of hiking: resistance to medicalization and healthy bodies and healing.

## FOOTHILL HIKING CLUB

Foothill has a population of 13,760 and it is considered a bedroom community of a major city, with approximately 40 percent of the labour force working in areas outside of Foothill. Thirty-seven percent of Foothill's population are over 45 years of age (approximately 18.8 percent female

and 18.6 percent male) and nine percent were older than 64 (five percent female and four percent male). Therefore, approximately 46 percent of Foothill's population was over the age of 45. The average household income for the community was in the upper-middle income range for Canada (\$72, 756 - \$118, 285) (Statistics Canada 2010; Statistics Canada 2013).

The FHC was created in April 2002, after a local doctor approached one of his patients, Phil (78 years old), an individual with the determination to see a project through to completion, to create a walking and hiking program in Foothill. The doctor was concerned for the health of his aging male patients. Phil accepted the challenge and the hard work began. He organized a seminar, attended by 20 men of all ages, and went door to door to introduce the all-male walking group to the community. At the same time, Phil created the co-ed FHC. As of September 2010, the FHC had close to 50 members. There is a nominal annual membership fee (\$40 CAD) for the FHC and participants were expected to help out with fuel costs (\$15 CAD) if they are car-pooling. There is also a \$5 CAD drop-in fee for non-members. The FHC received financial and administrative assistance from the Recreation and Culture section of the Town of Foothill. This allowed the groups to purchase insurance, equipment, and run courses on how to prepare for backcountry travel, general first aid, and wilderness first aid. The courses were mandatory, due to insurance restrictions, for FHC trip leaders. The FHC met at a local park every Tuesday and left exactly at 7:00 am.

New members to the FHC are asked to hike with Group B because the hikes were less demanding than Group A. This allowed for group leaders to assess the fitness and experience level of new members and provided new members with the opportunity to decide if the group was the right fit for them. Both groups usually hiked in the same area, but traveled different routes. Sometimes the groups hiked to a common area for lunch and then split apart: Group B would either return to the parking lot or take a less strenuous route than Group A.

#### FIRST DAY

The first day of hiking was a test for R. Phil, the trip leader, wanted to R to hike in Group B so he could find out if R's fitness was good enough to go with Group A on the next hike. R convinced him that he had done a lot of hiking in the past and ensured him he was fit enough for the Group A hike. But Phil was still leery. He informed R that there have been people who joined the group in the past who looked

fit and capable, but ended up becoming a burden on the group because of their lack of experience, preparedness, and fitness. He stressed that the day is very important to participants and most of them plan their week around the weekly hiking trip, therefore, they do not want to spend their time babysitting someone who should have been prepared. It can be an unpleasant experience for the new member and group. This sentiment was repeated several times throughout R's time with the group. Phil wanted everyone to have a positive experience, so he made sure people were prepared and knew what they were getting into. However, Phil did make it clear that accidents do happen and the group leaders have emergency training if anything does go wrong.

While FHC members were gearing up for the hike, two buses pulled into the parking lot. To R's surprise, both buses were from senior hiking groups. It was a surprise to R because some of the people exiting the buses did not look like they were able to hike the trails in the area. R knew the area well and there were not a lot of easy hikes for the types of bodies he saw exiting the buses. He heard a few of the FHC members voice what he was thinking. Immediately R questioned why he and the FHC members, who were in the same age range as the new arrivals, viewed the newcomers differently. R concluded that they did not look physically capable of navigating the rugged terrain. There was a frailty to some of the newcomers that was unsettling. R would like to think that he was immune to the negative stereotypes of aging, but they are so pervasive in Western culture that it is difficult not to slip into assumptions about the aging body such as, "These people look old, how can they do what I can do?"

Dionigi and O'Flynn (2007:359-377) encountered a similar type of ageism in their research on older athletes. The authors found that older athletes held dearly to notions of physical activity improving their physical abilities and prolonging their lives because they feared the opposite and their level of physical activity "reinforced the undesirability of old age" (2007:372). Therefore, the juxtaposition of the physical demands of hiking and the rugged mountain setting with what was perceived as frail older bodies, exaggerated the undesirability of old age in R and FHC members. However, their perceptions were proven wrong. Although some of the newcomers did need walking aids – almost everyone in both the FHC and the newcomers' group used walking poles, so the aids were not viewed as something age specific – they did not have any problems with the terrain.

The rest of the hike that day was an illuminating

experience for R. Group A did the longer hike which was a 16 km loop with 726 m in elevation gain and Group B went to a small alpine lake and returned the same way (approximately the same distance as Group A, but not as much elevation gain). Group A was a mix of four women and five men. The group embodied distance, elevation, and time to complete hikes. This was exemplified when the groups split up after lunch and Group B went back the way they came and Group A continued the loop. R went with Group A and it was a long slog in rain, sleet and snow to the top of a col (a gap between mountain peaks) that connected two valleys. The group spread out according to fitness level and comfort with the terrain. The easier route was through rock bands in the scree (loose rock), but there was some very minor climbing that could be minimally challenging for some. Participants would look after each other and help the ones that needed it through the tricky sections. The scree was less intimidating, but more challenging because the scree would slip so that each step forward was almost half a step on solid ground. Everyone waited at the top of the col for the slower members and allowed them to have a rest before the trip down. While waiting for the slower members, Phil showed R the altimeter to let him know that they had gained 600 m since their lunch spot and after the hike, Phil told R the length of the hike and how long it took them to complete it (approximately 7 hours). He told R, "Not bad for a bunch of old guys." He was right, and R had to remind himself that Phil was 78 and the youngest person in Group A was 59. They were an extremely fit and capable group to tackle this type of hike. R (41 years old) had also gained the acceptance of the group by not slowing them down.

## RESISTANCE TO ESSENTIALISM

Similar to Chloé's experiences with cancer, biomedicine has both figuratively and literally shaped the lives and bodies of some FHC members: surgeries have corrected malfunctioning hearts, removed cancer, and repaired injured joints. Pharmaceuticals have allowed members to control chronic health problems, such as heart disease, diabetes, and cancer. However, biomedicine was also viewed with distrust due to concerns about the over prescription of pharmaceuticals and biomedical essentialism associated with their ages. The Cartesian dualism of biomedicine has frequently been discussed in anthropological literature (Helman 2001; Schepher-Hughes and Lock 1987:6-41; Shilling 2012), but for our participants, biomedicine had its own dualism: it was viewed with gratitude and distrust, both a preserver and destroyer of life, something to be avoided and simultaneously

embraced.

Lou (66 years old) had a dualistic view of biomedicine. He visited his cardiologist three times a year to monitor his hypertension and his cardiologist was always impressed with his good physical condition. Lou attributed his good health to staying active and managing his weight, "If your waist line is too big [laughs] and you're overweight, you're putting more pressure on your heart and your vessels to supply the blood." Lou's neighbours – inactive and obese according to Lou – frequently told him he was acting like a 20 year old due to his active lifestyle; furthermore, they did not understand why he did not take it easy in his old age. His response to their criticism was that he had a choice to be obese or not. Lou's view of his body coincided with biomedicine's reductionist view where disease is determined by deviations from measurable somatic norms (Engel 1977:129-136). From Lou's perspective, the normal body had a specific weight and size that, when deviated from, resulted in an improperly functioning cardiovascular system. This was a common discourse amongst participants.

Lou also had arthritis. In the same way that Chloé mitigated her post surgery pain with exercise, Lou managed his arthritic pain through physical activity. He believed that the release of endorphins, through exercise, eased his arthritic pain. Additionally, Lou used acupuncture to control his pain and, like Chloé, he was determined to "stay away from medicine as much as possible." Other participants shared Lou's avoidance of pharmaceuticals.

Foothill Hiking Club members attached a moral value to medications they believe could be avoided, or doses reduced, if they remained active: such as medications for pain relief, diabetes, or heart disease. Similar to Dionigi and O'Flynn's (2007:359-377) and Laz's (2003:503-519) findings, participants considered people who were able to control their illnesses through physical activity as strong-willed, healthy, and of good moral character. Furthermore, they did not judge participants who had to take medications due to the severity of their conditions. They considered these individuals to be of good moral character for being proactive and joining their group to improve their health and fitness.

In addition to pharmaceuticals, several key informants had become desensitized to the plethora of potential accidents and illnesses associated with their age group that were endlessly reported in the media. R was told

on several occasions that if they worried about all the potential hazards of life, they would never leave home. It is a reaction to what Scheper-Hughes and Lock identifies as the “medicalization and the overproduction of illness” (1987:27). The medicalization and overproduction of illness is also linked to Laws’ essentialism in which specific biological changes and diseases are associated with chronological age. Therefore, as experienced by Lou being told to act his age, there are specific activities an aging person is not expected to engage in. This also contributed to how they viewed their own age. A frequent response from key informants when asked if they considered themselves healthy was, “for my age.” This response was an acceptance that by a certain age a physiological decline will be experienced (Laz 2003:503-519). This was mainly due to biomedical research filtered through media outlets and presented as anti-aging products and recommendations for a youth obsessed culture (Cardona 2008:475-483). They were constantly being reminded that an older body was not welcome in Western society (Cardona 2008:475-483). This was illustrated when a key informant told R that his presence had brought a certain “vitality” and provided the group with a feeling of importance, “Now we can puff our chests up and say, ‘we, are being, studied.’” His life before retirement consisted of academic research and teaching. He missed it desperately, resulting in feelings of abandonment:

I don’t feel I have a purpose. It’s annoying that people try to attain this [retirement], and when they get there, [as] in my case, I want to be helping. I want to be contributing. I buy into this thing though [that] you should be paying back to society, and now – I can’t go to the university and say, “I’ll do lab work. Well our salary, cap... No-no I’ll work as a lab tech or something at half the salary. No-no we can’t because our grid (a union hierarchy of jobs and wages), doesn’t allow it.” It doesn’t make me happy.

Hiking provided this informant with something to do with his spare time. He was an avid photographer and would share his photos with other members. It provided an opportunity for him to socialize, be active, and indulge his creativity. Therefore, hiking can be viewed as a form of protest against biomedical essentialism. Instead of submitting to the aging expectations, group members had taken the privileged position of institutionalized established norms and placed it on par with their ability to consider alternatives when dealing with their health and age (Helman 2001:501; Scheper-Hughes and Lock 1987:6-41). They allowed biomedicine to provide the diagnosis, occasionally the “cure,” but they also had a voice in the

decision making process. This form of empowerment created a unique social identity that we explore in the next section.

## HEALTHY BODIES, HEALING, AND AGE

The values of a society can be expressed through symbolic equations and metaphors that delineate individual roles through daily activities (Csordas 1990:5-47; Geertz 1973; Scheper-Hughes and Lock 1987:6-41). According to Csordas and Scheper-Hughes and Lock, these symbolic equations and metaphors can be used to create an idealistic vision of health and reveal how a group views a healthy body in relation to a healthy society and a diseased body in relation to a dysfunctional society (Csordas 1990:5-47; Scheper-Hughes and Lock 1987:6-41). The symbolic structure of the FHC is located in the physical act of bipedal motion (Ingold 2004:315-340). Our observations and experiences with the group coincide with Ingold’s (2004) argument that the routes people walk becomes an expression of their lived time and space. For example, walking for Chloé was linked to her overall sense of wellbeing. She endeavoured to walk routes that were difficult enough to ensure she was exercising at a high intensity. She embodied active aging and attributed it to her healing. This also influenced how Chloé viewed the inactive body during her cancer treatment. She equated the inactive and obese body to being lethal to a person’s overall health because she saw inactive and overweight patients having difficulties healing, whereas her active body did not experience the same problems healing. However, her perspective on activity does not recognize that these individuals may have faced challenges beyond their control or associated with their diagnosis and treatment regimens (Asquith 2009:255-269; Davey and Glasgow 2006:21-27). Chloé thought that someone should help them become more active to improve their conditions. This building of health and healing symbolic equations holds true for FHC members. Members shared in the physical experiences of their environments and the changes their activities made to their bodies. These experiences also made them uniquely aware of their age and body parts susceptible to injury.

Joint health of the lower body was a major concern for all FHC members. Injury to a knee, ankle, or back could severely limit their mobility. FHC members attached meaning to an upright and mobile body in the same way that, as pointed out by Scheper-Hughes and Lock, “old stock” American farmers from the Midwest attached meaning to the backbone of their bodies and “upright”

posture (1987:18). When these hard working individuals were bedridden, it was extremely damaging to their ego. Their society equated wellbeing with an ability to remain upright and mobile. Erwin Straus (1966:164-192) in his paper "The Upright Posture" identified the symbolic importance of an upright posture. According to Straus, in Western society "to be upright" has literal and metaphorical meanings: the literal meaning is to physically stand up without assistance; the metaphorical or symbolic meaning is linked to a person's morality (1966:530). An upright person, or as expressed by our participants as "a stand-up guy," is a person of good moral character. Foothill Hiking Club members attached similar symbolic meanings to the reclining body as Midwest farmers by viewing it as lazy or disabled. It represented a loss of independence and a potentially demoralizing, even fatal, situation if an individual was forced to endure long periods of inactivity or lying down.

Hal (69 years of age) tore his Achilles tendon the summer before he was interviewed. It had been a long recovery for him, but he refused to stop hiking. He believed that hiking would eventually heal his condition. Like Chloé, Hal was a cancer survivor and attributed his recovery to his physical activities. Hal had to undergo a six-hour surgery, followed by 12 hours in post operation, to remove a tumour from his brain. He was up and walking within a few days after his surgery to the chagrin of hospital staff. They told him he was a bad patient and his response was, "You want the most efficient sort of patient who lies in bed, but I'm not a patient anymore. I've had the operation. I've got my own way of getting fit now and I go for walks." Hal allowed biomedicine to treat his cancer, but, like Chloé, Lou, and others, he was determined to proceed with his healing on his own terms. He fully believed walking had helped his healing process and eight weeks after his surgery he was back at work.

After surviving his cancer, and seeing other members in the group with serious health problems still hiking, Hal believed his torn Achilles tendon was not enough of a health problem for him to stop hiking. He felt an obligation to his fellow hikers who hiked with more serious health problems than his. Therefore, Hal had to maintain his upright and mobile body image as a symbolic gesture of solidarity with his fellow hikers. Also, hiking just might heal him.

It was not just joints of the lower limbs that were a concern for participants, back problems were another frequently discussed health problem. Back pain is a common

problem in aging populations. In the United States alone, cases of back pain have increased from 7.8 million to 12.8 million between 2000 and 2007, with chronic back pain accounting for over half the increases (Smith et al. 2013:2-11). During this same time period, the average age of back pain sufferers increased from 46 years to 48 years (Smith et al. 2013:2-11). Furthermore, over 25 percent of older adults had chronic back pain as they entered retirement (Smith et al. 2013:2-11). So it comes as no surprise that back problems were a source of considerable discussion with FHC members. Participants would discuss how back pain in aging friends and family members had made it difficult for them to live an independent and mobile life.

[S]he [wife] unfortunately can no longer participate [in walks]. She's got back problems.... She never has a day that she doesn't have pain...

[W]e have some physical problems with my wife at home.... Once you are destabilized it's just incredible how bad it is when you can't get out and do anything. She's got a bad back.... When you can't even walk it's pretty miserable.

Their indirect experiences of their spouses' conditions had given them an appreciation for their bodies and the motivation to maintain an upright, and pain free, posture.

Maintaining an upright and mobile body were key symbolic acts by FHC members that demonstrated to others their independence and health status. Their attitudes towards the upright body embodied the connection between the individual and the group. Hiking with painful injuries or illnesses provided other members with inspiration and enforced the belief that their hiking will heal their injuries or mitigate side effects due to illness. For many, submitting to pain or sickness by reducing their level of activity was equated with a loss of mobility, independence, and overall health.

Several participants discussed how their mental pain was also managed or completely eliminated through their hiking experiences; as one key informant suggested, "It gives you the ability to cope with life a lot better when you do physical activities." It was a mind-body interaction that they were aware of and attributed to their overall sense of wellbeing. They frequently discussed the importance of hiking to improve their mental state, so there was an acknowledgment that the mind and body functioned as a whole:

[Y]ou keep your body loosened up, like I say you

release endorphins and I really do believe that it helps so you don't get depressed and people that sit around, feel sorry for themselves rather than get out and exercise, they just seem to go downhill in my opinion. Whereas, if you're out exercising, it just gives you a little lift...

Jemma, an FHC member who had been living in a very difficult marriage, found escape and comfort in her fellow hikers who provided her with a coping mechanism for her emotional pain:

Oh it [hiking] made all the difference, I felt like I was holidays all the time, because one day a week I had a fantastic holiday. I had people I enjoyed outside of the family situation, and the family situation had some conflict, so it was great to get out of that, and it gave me something to look forward to.

The camaraderie that Jemma experienced amongst her fellow FHC members was created through the sharing of leadership responsibilities and adventures. Leaders were both male and female and treated as equals during our observations. Although leadership was an undesirable position due to the extra responsibilities, members felt a duty to lead the group to ensure the continuation of hiking trips. Men and women hiked together, helped each other out, and shared in adventures resulting in the formation of deep bonds between participants. These bonds helped them mitigate the occasional negative experience associated with their age.

Foothill Hiking Club members were constantly challenging the stigma attached to age and the aging process. Jemma provides a couple of examples of how they used their activities to challenge traditional notions of aging:

[T]hey push themselves sometime to the limit and some of them have gone beyond their comfort level to achieve that and I feel that they're a good example to anybody who is looking at people who are getting older and see that they don't sit around [laughs]...I think as you get older – especially if you're retired – I think it gives you a new lease on life and makes you want more, or not, depending on the individual [laughs].

[W]e went [hiking], and there were two 20 [year old] girls...and they looked at all us 'old people' and they said, 'Oh, we should have no trouble with this hike. If these people can do it we can do it' and I snickered to myself...so, they struggled, and they struggled. They were a little bit behind us, but we kept encouraging and talking to them and some

of our group were insulting like they thought, 'Oh this younger generation...' They had negative comments, but I said, 'You know what, no. Let's encourage them,' and so when we got to the ladder [to climb a cliff], they were already going to turn back, but we told them to join us and we helped them up the ladder and told them to watch for us when we left, so we could help them down. I thought that was so good. It probably helped them have a different attitude about aging and maybe helped some of the older people have a different – like, we've made a difference in their lives.

For the majority of FHC members, emotional and physical pains were unifying experiences. It defined their experiences of sickness and healing. Similar to Cholè's experiences with using walking to mitigate her sickness, group members controlled their pain through hiking. They viewed their hiking activities as liberating experiences that motivated them to continue their active lifestyles and provided them with a sense of control over their lives. However, the production of acute pain was also considered a part of the healing process and a rite of passage.

The physical strain and pain associated with the physical demands of walking and hiking acted as a rite of passage for group members. It was a therapeutic experience important to their healing. Hsu (2005:78-96) suggests that acute pain can break down barriers between individuals and create a space for interpersonal connectedness and healing. The sharing of these physically demanding experiences created a bond between group members and provided them with new social identities (Hsu 2005:78-96). Individuals recovering from sickness or injury were able to change their life narratives to ones where their health issues were not the only experiences that defined them.

Embodiment was an important feature to the contextualizing of our participants activities and their experiences of good and bad health and healing; however, it was not the sole focus of our participant interactions with each other and R. Of equal importance to their emotional and mental health was their experiences in nature; the feeling of being in a special space or place. Boyes (2013:644-665) research into successful aging coincides with our findings. Boyes found that the natural environment was integral to the experiences of his research group (80 members of an outdoor adventure group ranging in age from 54 to 83 years) and their successful aging. Margaret Rodman (1992:640-656) observes that the experience of place is unique to each individual and shared amongst members of a group; that is, places are compared,

manipulated, or interpreted to provide an idealized landscape. This was seen in the hiking groups by the taking and sharing of pictures. The pictures represented trophies of hikes completed or their constructed image of an ideal place. It was a way of confirming to each other that their experiences were unique and special, therefore, the group and its members were unique and special: they had a unique level of experience, health, and fitness to traverse long distances, ascend great heights, and navigate the difficult terrain represented by their pictures.

## CONCLUSIONS

In this paper we explore how a group of middle-aged and older adult hikers embodied their experiences of age, health, and healing. The major themes that identified dimensions of embodiment were: resistance to essentialism, activity, and camaraderie. Hiking was considered as an activity that would improve the aging body and make the body less reliant on medications and other forms of medical interventions. It was also a way to maintain a healthy weight and avoid the negative consequences of inactivity and obesity. Furthermore, hiking activities allowed middle-aged and older adults to challenge perceptions of the aging body and strengthen bonds between members through the adventures they shared.

The authors acknowledge that their description is not an accurate depiction of all middle-aged and older adult hikers. We are only able to provide evidence of a single group of hikers in a particular time and place. Future research on health and healing in this age group would benefit from an analysis of hiking groups that consisted of more diverse ethnic backgrounds. It would also be of value to establish if socioeconomic (SES) status influenced participation in hiking activities and if aging hikers from diverse SESs embodied their activities in relation to age, health, and healing in the same way as our participants. Furthermore, gender and aging was beyond the scope of this study and could be a source for rich analysis in this population.

Understanding the role of culture in how groups embody their activities as they relate to age, health, and healing is vital to providing tailored activity programs for specific aging populations (Lloyd and Little 2005:147-181; Weiss and Tomasa 2010:473-475). The FHC served as a meaningful space where participants could explore all aspects of their health with the support of others who had undergone similar life experiences. The physical activities they engaged in as a group were therapeutic

and transformational for many members. It created a deep sense of community and aided in their healing processes. The health benefits of gender- and age-based groups have been documented by Gleibs and colleagues (2011:456-466; 2011:1361-1377) and others (Haslam et al. 2008:671-691; Haslam et al. 2010:157-167; Haslam et al. 2005:355-370; Haslam et al. 2009:1-23). As the global population lives longer (World Health Organization 2012), healthcare professionals will continue to be challenged with maintaining the health of aging populations. Holistic health programs such as hiking groups could provide an alternative or ancillary treatment option to aging populations. However, cost, location, opportunities for socialization, and the physical ability of their target demographic should be seriously considered (Meisner et al. 2013).

## NOTES

<sup>1</sup> This is a pseudonym, as will be the case with all names of individuals and places referenced in this article.

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