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An exploratory study of club-based sports participation by older people in Ireland, Australia and Japan

By

Yoshio Oro

Thesis submitted to the School of Social Work and Social Policy Trinity College Dublin in fulfilment of the requirement of the Degree of Doctor of Philosophy

December 2013
Declaration

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When we get old and even when we are taken to the poolside with the help of a wheelchair, we can swim like fish, lightly and smoothly...

I would like to continue swimming until I am 100 years old.

Koyuki, Masters Swimmer, in her 60s, Japan
Summary

Older people's sports participation is a conspicuous trend in the world today. However, most research studying older people's physical activities concentrate on physiological aspects, rather than socio-gerontological aspects, with little emphasis or focus given to the dimensions of older people's sports activities. This research explores the poorly understood phenomenon of older people's participation in the club-based sports activities in international contexts (Ireland, Australia and Japan). The rationale of selecting golf (a low-intensity sport) and swimming (a high-intensity sport) is based on their relative popularity among older people. The rationale of selecting the three countries is based on the significant social and cultural differences between them, which enables comparisons with the view to understanding how context shapes older people's organised sports activities.

The main aim of this thesis is to examine older people's participation in two different sporting activities: one low-intensity, the other high-intensity, and look at this issue across three different continents. This research examining the meaning and experiences of club-based sports activities for older people explores (1) why and how older people (aged 60 years or over) participate in organised sports activities in sports clubs; (2) what the contributions of sports activities to older participants are; (3) how, why, when and by whom sports organisations for older people were established, and (4) what challenges they might be currently facing. The overall theoretical and conceptual frameworks that orient this research are the life-course perspective and the cross-cultural perspective in social gerontology.

In order to explore these issues, this research employed qualitative research methods, as they are best suited to conducting research on older people's experiences and perceptions of sporting activities. The research participants comprise of two groups. One is a group of 41 sports body organisers namely five organisers of swimming and nine organisers of golfing in Ireland, seven swimming organisers of swimming and six organisers of golfing and four organisers of golfing. The other group consists of 133 older people participating in sports, comprised of 69 women and 64 men, namely, 51 older golfers and 18 Masters swimmers in Ireland, 31 older golfers and 21 Masters swimmers in Australia and 36 older golfers and 17 Masters swimmers in Japan. The bigger difference in the number of older golfers than swimmers is due to the play style of sports and gender difference. Golf is played on public and/or private golf courses where male golfers play separately from female golfers. On the other hand, there is no gender difference between male swimmers and female swimmers while swimming. The total number of participants in this research is 174. Qualitative interview methods i.e. face-to-face
interviews with sports body organisers and focus groups with older people were used to interview them.

This thesis demonstrates that older people keep active in sporting activities at their sport settings in their later life, contrary to the stereotypical labels attached to older people such as 'physical frailty' and 'vulnerability'.

The key findings of this thesis are as follows:

(1) Family members, teachers, medical doctors or friends motivate older people's sporting activities from the early-life stage to the later-life stage in their life courses. Besides, early life-course events tend to affect older people's behaviours and outcomes in their later lives. However, such effects vary by socio-structural factors such as gender, family status and socio-economic forces.

(2) Older people have a strong wish that they would like to continue their sporting activities for as long as possible. Their assiduousness is underpinned by six 'feel-good factors'. For older people who participate in sporting activities, to stop their activities is to stop living because sports participation is their 'life force'. Therefore, even if older people have age- or sport-related injuries they are determined not to give up their sport. Instead, they seek to prevent negative changes in their sports activities by means of selecting alternatives, optimising the activities that they are still able to do, compensating for the negative changes, adapting to and coping with their current situations.

(3) Sports clubs are good settings for older participants in this research to enhance their social networks via comradeship, which can have an influence on their ability to age 'successfully'. Social networks that sustain both socialisation and sports participation are a vital factor for older people to continue their sports activities after retirement and/or after a temporary suspension by bereavement, ill health and age-related issues.

(4) Alongside socialising, club-based sporting activities are very significant for those older people who enjoy competition. Competition is underpinned by the older people's spirit of challenge. Their sense of achievement enhances their self-esteem through self-efficacy.

(5) Older participants in this research envisage keeping the same aptitude for sporting activities as they age, and even into their 'Fourth Age'.
It is acknowledged that powerful selection effects are at work among the people interviewed for this thesis (e.g. positive life-course effects and sociable personality), which further result in ‘virtuous circles’ whereby sports participation drives various positive outcomes such as physical health and mental wellbeing.

The thesis concludes by calling for further research to examine why physically inactive older people who have already understood the merits of organised sporting activities do not participate in sports. Furthermore, this thesis will hopefully enhance not only governmental awareness of older people’s sporting activities which can be beneficial in terms of reducing medical expenditure and improving quality of life but also public awareness of the necessity to make older people more physically active through sports.
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It took me a full five-year time to implement this exploratory research on older people’s participation in club-based sports activities with scarce reference. My privilege is to express my greatest gratitude to the supervisor, Professor Virpi Timonen, who oriented and guided me patiently over the years. When I suffered from a great mental and physical tiredness after travelling to collect data in the three countries for ten months, her warm-hearted encouragement led me to regain my confidence in the research. Without her greatest encouragement, I could not have completed this research. I can never thank her enough.

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I could not often go to the Social Policy and Ageing Research Centre (SPARC) in the TCD (Trinity College Dublin) due to my residential area. However, whenever I visited SPARC, Ms. Collette Garry and Ms. Caroline Forsyth, research administrators, and fellow PhD students also cordially welcomed me. I will never forget their friendship.

My motivation to come to Ireland was to take the course of Diploma at the Irish Centre for Social Gerontology (ICSG) newly founded in 2006 at NUI (National University of Ireland) Galway. At that time I was a complete novice in the domain of Social Gerontology. The then director, Professor Eamon O’ Shea, kindly and meticulously guided me to become a social gerontologist. The present director, Professor Thomas Scharf, was very friendly to me and welcomed me as if I were a member of the ICSG. Dr. Kieran Walsh, Deputy Director, always opened the door of his office for me as the former supervisor for my diploma project, whenever I went to ask for his advice and Dr. Áine Ní Léime also welcomed me whenever I visited ICSG. Their helpful
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I was very fortunate to be surrounded by many friends at my residential area (Renmore in Galway) over seven years. Among them, I especially express my gratitude to Mr. Frank and Mrs. Ann McCurry. They kindly invited me at their house a lot. Mrs. Ann McCurry’s sister, Mrs. Margot Ormond was a classmate at the Diploma Course as well. It was very kind and friendly of her to welcome me at her house with her husband, Mr. Gerry Ormond whenever I visited them. Both families diverted my loneliness to happiness.

My house owner, Mr. Joseph McGovern (M. Sc.) was an academic. He majored in Microbiology and took the degree of Master of Science. His hobby is reading books. Therefore, he has many books about nursing and social care. Some of his books related to my research. He kindly let me use his reference books. I owe him a lot for the writing of this thesis.

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Chapter One

Introduction

1.1 Introduction

Most research studying older people’s physical activities concentrate on physiological aspects, rather than socio-gerontological aspects, with little emphasis or focus given to the dimensions of older people’s sports activities. The main aim of this thesis is to examine older people’s participation in two different sporting activities: one low-intensity, the other high-intensity, and look at this issue across three different contexts namely Ireland, Australia and Japan. This thesis sheds light on the meaning and experience of organised sports activities for older people, as well as the broader organisational and societal underpinnings of such activities. This thesis, therefore, illuminates physically active older people’s subjective understandings and the social and cultural contexts of their participation in organised sports.

I conduct this research with the view to finding out (1) why and how older people (aged 60 years or over) participate in organised sports activities in sports clubs; (2) what the contributions of sports activities to older participants are; and (3) how, why, when and by whom sports organisations for older people were established, and (4) what challenges they might be currently facing. Three different contexts, namely Ireland, Australia and Japan are studied in this thesis. This research generates valid and reliable data via appropriate research methods, in order to know the meanings and experiences of older people’s sporting activities, which are socially and culturally constructed.

The next Section 1.2 seeks to consolidate the background of the research, which deals with (1) global ageing patterns, (2) ageing demographic contexts in each country, (3) reported physical activity rates in each country and (4) policy goals for physical activity for older people in each country. Some older people are physically active, while some are physically less active in their daily lives. Policy in many countries is concerned to make older people more active in their daily lives. The examination of the background in this research is necessary to know the current extent of sports in/activity among older people and governments’ measures or strategies of health promotion for older people. Section 1.3 deals with research aims and design. Section 1.4 shows the outline of the thesis structure.
1.2 Background

Ageing is one of the most important global issues today due to fertility decline and increases in life expectancy. According to United Nations (2013), just eight per cent of the world population was aged 60 years and over that is approximately 841 million in 2013. By 2013 that percentage had risen to 12 per cent and is expected to reach 21 per cent in 2050 equated to 2,020 million. In 2050 older people aged 60 and over will outnumber the population of children (0-14 years) for the first time in human history (United Nations 2012). United Nations (2013) projected that globally “the number of persons aged 60 and over is expected to more than triple i.e. 2,984 million by 2100” (page. xviii). The phenomenon of population ageing will have accelerated by 2050 when approximately one out of every five persons will be in this age group. Moreover, the proportion of people aged 80 and over i.e. the ‘oldest old’ account for 120 million in 2013 “corresponding to 1.7 per cent of the world population” (P. 9). By 2050, the number is expected to be 392 million and 4.1 per cent of the global older population is estimated to be aged 80 years and over.

The number of centenarians is growing even faster. It is projected to increase tenfold, from approximately 343,000 in 2012 to 3.2 million by 2050 (United Nations 2012). In accordance with worldwide population ageing, the World Health Organisation (WHO 2011) has expressed great concern about the health of ageing populations. The WHO survey on non-communicable diseases proclaimed that physical inactivity is one of the behavioural and metabolic risk factors which are “a leading cause of the death and disability burden in nearly all countries” (WHO 2011: 6). The leading risk factor for mortality is raised blood pressure (responsible for 13 per cent of deaths globally), followed by tobacco use (nine per cent), physical inactivity (six per cent) and overweight and obesity (five per cent). The WHO survey showed that physical inactivity is one of the leading factors that make people unhealthy.

In the Irish context, An Roinn Sláinte (The Department of Health, Ireland 2012) recently published Health in Ireland: Key Trends 2012. It proclaimed that the Irish population has unprecedentedly risen since 2003 “more than 15 per cent to a figure of 4.6 million”, and noted “the acceleration in population ageing” (Health in Ireland 2012: 4). According to Health in Ireland, the number of older people aged 65 and over had been ca. 531,600 in 2011, which increased to ca. 549,300 in 2012 and was calculated 24.3 per cent up since 2003 and 3.3 per cent up since 2011. (Health in Ireland 2012: 6). The number of older people aged 65 and over is projected to be over one million by 2031 (Health in Ireland 2010: 8). In brief, the number of people in older age groups is increasing in Ireland similar to other countries in the world.
The National Survey of Lifestyles Attitudes and Nutrition (SLÁN 2007) was conducted in 2007. Using the International Physical Activity Questionnaire (IPAQ), the Survey categorised that high physical activity is the score of ‘over 10,000 steps per day’, and moderate physical activity is that of ‘approximately 5,000 to 10,000 steps’, while low physical activity is that of ‘less than 5,000 steps’. The Survey showed that overall, 71 per cent of all respondents were physically active with the scores that fell within the moderate (47 per cent) or high (24 per cent) range (SLÁN 2007). The levels of activity (moderate and/or strenuous exercise three or more times per week for at least 20 minutes each time) (SLÁN 2007: 4) have not changed much over the past ten years from SLÁN1998 to 2002 and to 2007 – 38 per cent in 1998, 40 per cent in 2002 compared with 41 per cent in 2007. In terms of older people aged 65 and over in Ireland, the percentage of ‘physically inactive’ respondents is 31 per cent. Among them, 44 per cent of Irish older people were physically inactive because of injury, disability or medical condition, while 17 per cent of them were ‘not interested’, eight per cent ‘no time’, six per cent ‘interested but not willing to spend time’, one per cent ‘no facilities’ and 24 per cent ‘other’ (SLÁN 2007: 52). The self-rated health survey conducted by SLÁN 2007 showed that the highest percentage of respondents who rated their health as ‘poor’ were in the 65+ age group, that was six per cent.

In the Australian context, similar to most developed countries, Australian population is ageing as a result of sustained low fertility and increasing life expectancy (Australian Bureau of Statistics 2012). From the previous year to 30 June 2010, the number of older people aged 65 years and over increased 94,800 people representing a 3.3 per cent increase. In ten years between 1990 and 2000, the proportion of the population aged 65 and over increased from 11.1 per cent to 13.5 per cent (ibid.). Australian Government (Department of Health and Ageing, Australia 2011) projected that the proportion of people aged 65 years and older in the population of Australia would increase from 13 per cent (2001 figures) to around 18 per cent by 2020, and by 2051 this could be as high as 29 per cent. The number of people aged 100 years and over increased by 580 people (18.2 per cent) to reach 3,700. According to Australian Bureau of Statistics (2012), “the number of centenarians increased by 18.5 per cent, compared with a total population growth of 30.9 per cent over the same period” i.e. 1990-2010 (ibid.).

According to national data (Armstrong, et al. 2000), less than half of Australians aged 65 years and over conduct sufficient physical activity to produce health benefits (via the accumulation of 150 minutes or more of moderate and/or vigorous activity/week). Physical activity prevalence rates are lower among women than men. About a third of the ‘insufficiently active’ are completely sedentary (Bauman 2004). The rates of sedentary behaviour increase with age.
In the Japanese context, about 30.79 million (24.1 per cent) of the total (127.5 million) population are aged over 65 and 11.9 per cent (ca. 15.2 million) are aged 75 or over. The proportion of the cohort aged 75 and over is estimated to rise to 40 per cent over the next 50 years (Ministry of Internal Affairs and Communications, Japan 2012). According to a survey conducted by the Ministry of Internal Affairs and Communications in 2011, the participation rate in sports activities by the cohort aged 60 to 70 is 60 per cent. The participation rate in physical activities declines markedly to below 40 per cent for people aged 75 and older. For this age group, physical activities comprise mainly walking or light exercise.

At the backdrop of these surveys, the current trend of great emphasis on older people's positive participation in physical activities is evident in recent national strategies of health promotion for older people in Ireland, Australia and Japan as in many other countries. In 1996, the United States Surgeon General's Report on Physical Activity and Health recommended that older adults do a moderate amount of physical activity such as walking, preferably daily in longer sessions, while shorter sessions of more vigorous activities such as fast walking or stair-walking were also recommended. (The United States Department of Health and Human Services 1996). Based on recommendations by World Health Organisation, "Adding Years to Life and Life to Years", a health promotion strategy for older people in Ireland was formulated by the Department of Health in 1998. According to this Irish national policy for health promotion, "in a national survey of involvement in sport and physical activity, only 43 per cent of people aged 65-74 had participated in any physical activity in the previous year, compared to 71 per cent in the 45-54 age group and 60 per cent in the 55-64 age group (Department of Education/Health Promotion Unit, Ireland 1996: 37). After that, the following Irish national guideline was formulated especially for older people aged 65 and over: "At least 30 minutes a day of moderate intensity activity on five days a week, or 150 minutes a week and focus on aerobic activity, muscle-strengthening and balance" (Department of Health and Children, Health Service Executive, Ireland 2009).

In the Australian context, the Australian government recommends that:

1. Older people should do some form of physical activity, no matter what their age, weight, health problems or abilities are.

2. Older people should be active every day in as many ways as possible, doing a range of physical activities that incorporate fitness, strength, balance and flexibility.
3. Older people should accumulate at least 30 minutes of moderate intensity physical activity on most, preferably all, days.

4. Older people who have stopped physical activity, or who are starting a new physical activity, should start at a level that is easily manageable and gradually build up the recommended amount, type and frequency of activity.

5. Older people who continue to enjoy a lifetime of vigorous physical activity should carry on doing so in a manner suited to their capability into later life, provided recommended safety procedures and guidelines are adhered to (Physical activity Guidelines, Department of Health and Ageing, Australia 2010).

In the Japanese context, the National Health Promotion Movement in the 21st century (abbreviated as: Healthy Japan 21) was formulated in 2000 on the basis of the proposal of a lifelong health project by Japan Medical Association (JMA). The policy of ‘Healthy Japan 21’ is to encourage all citizens to be healthy and free of disease. ‘Healthy Japan 21’ focuses on healthy dietary habits, promotion of physical activities, diagnostic tests and reduction of tobacco use. In accordance with the ‘Healthy Japan 21’, Ministry of Health, Labour and Welfare (MHLW) formulated “Exercise and Physical Activity Guide for Health Promotion 2006: To Prevent Lifestyle-related Diseases” (abbreviated as: Exercise Guide 2006) for the promotion of safe and effective physical activity and exercise among the general population. In terms of physical activity, the ‘Exercise Guide 2006’ recommended nationals to aim at the following two goals:

(i) Let’s enjoy walking anytime and anywhere: 10,000 steps per day (70,000 steps per week);

(ii) Let’s work up a good sweat by exercise suitable for you: total 60 minutes per week (Exercise Guide 2006: 20).

The Japanese Exercise and physical activity guide did not specifically target older people, but Japanese citizens in general including older people. In fact, how to make citizens, especially older people, shift from inactivity to activity is highlighted as a matter of the greatest concern in most countries around the world as exemplified by the above-mentioned national strategies of the three countries.
1.3 Research aims and design

The main aim of this thesis is to examine older people’s participation in two different sporting activities: one low-intensity, the other high-intensity, and look at this issue across three different contexts namely Ireland, Australia and Japan. This research strives to make a contribution to deepening the knowledge of older people’s participation in sports activities together with the societal underpinnings of organised sports for older people.

National strategies have so far looked at older people’s health and participation in sports mainly from the physiological perspective. Researchers have shown that regular physical activity can produce long-term health benefits. Not only older people but people of all ages can benefit from being physically active no matter how different their shapes, sizes, and abilities are. However, older people do not participate in physical activities merely because of the benefits of exercise for their physical and cognitive functioning. Accordingly, it is very important to probe individual, societal, and governmental benefits which accrue to older people from sports activities. Therefore, this thesis approaches the phenomenon of organised sports activities conducted by older people from the socio-gerontological perspective in terms of health gains, pleasure, quality of life and socialisation.

There are three main research methodological approaches, namely quantitative, qualitative and mixed approaches (Creswell 2003). My research does not “start with the test of a theory” (Creswell 2003: 6) but rather attempts to make sense of the social world. Therefore, the qualitative research method best suits to this research. Qualitative research methodologies orient this research towards developing an understanding of the meaning and experience dimensions of older people’s participation in organised sports activities. Qualitative research uses semi-structured or open-ended questions in order to find the meaning of participants’ inner world. The meaning is grounded in the experiences of participants in a research. I made use of the qualitative research approach to know what kind of meanings are embedded in older people’s sporting activities i.e. “the multiple meanings of individual experiences, meanings socially and historically constructed, with an intent of developing a theory or pattern” (Creswell 2003: 18).

1.4 Thesis structure

Chapter Two is a literature review which outlines earlier research on older people's sporting activities. In this chapter, key literature on older people, their shift from inactive to active lifestyle through sporting activity, current theories of ageing in social sciences and the meaning of sport
and sporting clubs are reviewed. The reasons for older people's inactivity are probed into through the literature. Lack of knowledge about benefits of participating in exercises has been identified as a major cause of inactivity (Allender et al. 2006). Drawing on the literature reviewed in Chapter Two, this research can shed light on some of the key cross-cultural factors underlying the differences among older people participating in club-based sporting activity.

Chapter Three explains the choice of research methods. For the purpose of probing into older people's experiential worlds, this research adopts qualitative methods. By conducting qualitative research on older people's sporting activities, the factors not directly observable such as meanings, feelings, purposes and motivations which orient and direct older people to their sporting activities become evident. These factors are particularly important in qualitative research. This chapter addresses the rationale for adopting qualitative research methods to this research in detail.

Chapter Four addresses the activities of golfing and swimming bodies in Ireland, Australia and Japan. The data pertaining to golfing and swimming organisations in the three countries are necessary to comprehend their respective features which have direct and indirect impacts on older golfers and swimmers at their club settings. The data are collected at the interviews not only with managers of golfing and swimming clubs but also with executives of those organisations. The purpose of this chapter is to probe the 'common features and differences' of golfing and swimming organisations in three countries. This chapter is classified into sections in accordance with the two sports i.e. swimming and golfing and three countries i.e. Ireland, Australia and Japan. The intention of this structure is to present clearly the specific features of golfing and swimming organisations in each country, and the common features and differences that sporting organisations have in the three countries.

Chapter Five addresses the experiences of older golfers and swimmers who are aged between 60 and 80. Older people partake in sporting activities at various stages of their life courses. Therefore, the life-course perspective facilitates the classification of older people according to the life stages when they started to play sports. We know little about the pathways that older people take into active participation in club-based sports. This thesis contributes to understanding these pathways by seeking out older people with very long sporting careers, but also those who have come to practise sports intensively only at later stages of their lives. It is interesting and valuable to compare such different pathways. Hence, this chapter classifies older people according to the timing of starting their sporting activities across their life courses. They are classified into 'childhood/adolescent starter', 'young adult/late young adult starter', 'middle-age starter',
middle-age resumer', 'old-age starter' and 'old-age resumer'. By classifying older people, this
chapter examines common features and differences between individual older swimmers and
golfers in terms of motivation, competitiveness and social mixing at their club settings. It is an
interesting domain of research to examine older people's motivations for starting or resuming
their sports activities at different stages of their life courses.

The final Chapter Six deals with the overview of this research targeting both sports organisations
and older people performing sports activities. From a comparative perspective on older people in
the three contexts, there are common features and differences in the activities of both sports
organisations and older adults. Furthermore, how sports organisations and older people envisage
their future activities is discussed, and some suggestions for future research are made.

1.5 Conclusions

Personally, I am a Japanese retired academic living in Ireland and also a sportsman playing tennis
for more than 30 years at a tennis club in Japan. Therefore, I was motivated to know whether
older people in my age in other countries positively participate in sports activities or not. When I
started to learn Social Gerontology, I did not hesitate to pick up older people's sporting activities
as my research theme. It is because I recognised that although physiological contributions of
physical activities to older people have been now unambiguously established through many years
regarding the benefits which accrue to older people from doing exercises, there is a dearth of
qualitative research which explores older people's participation in organised sports activities. This
is why I decided to employ myself on exploring the hitherto poorly understood phenomenon of
older people's participation in club-based sports activities from the socio-gerontological
perspectives.

Occasionally, the mass media highlights some older people participating in sports activities when
they made specific records in competitions such as World Masters Athletics and FINA
(Federation Internationale de Natation) World Aquatics Convention. For example, an Australian
Newspaper 'Southern Star' interviewed Ruth Frith, a 102-year-old Masters athlete, when she
broke the world records in shot put, discus, javelin, heavy weight and hammer throw in her age
range at the 2010 Australian Masters Athletics Championships. Recently, when a Japanese
professional skier and alpinist, Yuichiro Miura, aged 80, reached the summit of Mt. Everest on
the 23rd of May 2013, his photos circulated worldwide and made a great impression on people of
how he broke the record for the oldest person to climb the highest mountain in the world (The
Australian; The International Business Times, The Irish Times; The Japan Times; The Los

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Generally, however, the mass media’s coverage of sporting activities of older people has been very rare except in those extraordinary cases.

As the result of increased longevity, the number of older people has grown remarkably in developed countries. Older people now realise that they can expect to live several decades after their retirement and that they can have much time to start or resume a sport or a hobby. Many older people have experienced sports as leisure or competition at some stage in their life courses, because playing sports is a mandatory activity as part of a curriculum or an extra-curricular activity at schools in many countries today. With the exception of seriously disabled people, almost all people have had some experience of playing sports when they were young. Many older people who participate in sporting activities are motivated by health promotion and prevention of diseases according to their health-oriented life styles after retirement. However, the long-term life-course effects of having played sports in earlier life might also be important. Therefore, I try to gain a deeper understanding of older people’s sports activities, a topic that has received insufficient scholarly attention, with a specific focus on older persons’ own experience of participation in sports activities.

This research is directly relevant for future public policy-making in countries where older people’s sports activities have not yet been highly developed. The future policy and strategies in those countries should be concerned with empowering older cohorts to become more active and healthier through sports activities and events specially organised for and by older people.
Chapter Two

Literature review

2.1 Introduction

Population ageing, arising from lower fertility and lower mortality rates (Timonen 2008: 6), has become a dominant phenomenon in all countries in the modern world (Bond et al. 2001, 2007). Although Cumming and Henry anticipated in 1961 that ageing is a gradual and inevitable process, all individuals today are affected, to a greater extent than was previously anticipated, by the ongoing increase in life spans. From the prevalent negative perspectives, ageing has been considered to have presented many barriers (Nicholson 2004) to older people in performing activities of daily living and preventing them from having good quality of life in their later life (Grant 2008).

Recently, however, the definition of old age has changed. Researchers have looked at the "individual differences and plasticity namely latent potentiality in the ageing process" (Aldwin et al. 2006: 85). Some older people are affected by severe disability in their midlife life, "whereas others are running marathons in their seventies and even eighties (albeit rarely)" (brackets in the original) (Aldwin et al. 2006: 85). The theory that differences among older individuals stem from "the plasticity of biological ageing" has been put forward (Aldwin et al. 2006:85). Researchers suggested that health-oriented lifestyle such as doing exercise every day slows down the speed of ageing (Aldwin et al. 2006). In order for older people to be active as long as possible in their later life, they require physical competencies (Katz 2000). To study how older people positively engage in activity that engenders wellbeing in their later life and how they try to overcome the biological barriers is one of the central research themes for gerontologists (Chakravarty et al. 2008; von Faber et al. 2001).

This chapter is comprised of the following sections. Section 2.1 reviews some key parts of the literature on theories, conceptualisations and categorisations of ageing in social sciences. Section 2.2 reviews the literature about health, inactivity and activity in the older population with a focus on how older people can overcome their inactivity and participate in sporting activity despite prevailing ageism. Section 2.3 reviews the literature on how older people participate in organised sporting activities in clubs. Section 2.4 identifies and highlights the gaps in the literature in order to put forward the case for this thesis i.e. why this thesis is original and required to fill the gap in
the literature. Reviewing literature contributes significantly to orientating and implementing this exploratory study of older people’s club-based sporting activity in Ireland, Australia and Japan.

2.2 Theories, categorisations and concepturisations of ageing

In order to commence this project, I recognise that at the first stage I have the need to develop a better theoretical understanding of ageing at first. This is a research project on older people so that I need to locate my research on a solid basis of socio-gerontological theories of classic theories that will be followed by the next stage. The next stage is to recognise how older people are categorised biologically, psychologically or socio-gerontologically. Many researchers have so far categorised old age. Based on their researches, this thesis attempts to categorise old age. At the last stage in this section, I discuss conceptualisations of ageing according to the negatively stereotypical images and positively successful images of old age.

2.2.1 Classic theories of ageing

Three basic theories of ageing namely disengagement theory, activity theory and continuity theory have been used as an example of classic theories of ageing. In this section these three theories are explained respectively.

(i) Disengagement theory

Disengagement theory, activity theory and continuity theory are widely cited and applied in the discipline of social gerontology. The disengagement theory postulates that as individuals grow older the reduction of life span brings about less social connection and fewer social roles in later life (Cumming and Henry 1961). It argues that ageing involves “an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between an aging person and others in the social systems he belongs to” (Cumming and Henry 1961: 14 In: Hochschild 1975: 553). In other words, withdrawal or disengagement is a mutual and gradual preparation of individuals and the society prior to the ultimate disengagement that is death (Bengtson et al. 1999; Bond et al. 2001, 2007; Hochschild 1975; Maddox 1969). Therefore, the withdrawal or disengagement amounts to a mutually adaptive relationship between an older person and the society in terms of preparation i.e. older people’s preparation for death and the society’s preparation for the loss of its members (Cumming and Henry 1961).
Since the publication of the disengagement theory, many sociologists have debated its validity and its applicability to older people’s ageing process (Hochschild 1975; Maddox 1969). Hochschild (1975) detected “an escape clause problem” (p. 555) in the cross-sectional data of the “Kansas City Study of Adult Life” used by Cumming and Henry. That is: “not all (italics in the original) very old people were disengaged” (Hochschild 1975: 557). This makes the context confusing. It is not clear whether the very old people were members of a “biological and possibly psychological elite” (Cumming and Henry 1961 In: Hochschild 1975: 555) who were still engaged in successful ageing or members of the very old cohorts who were disengaged either in successful ageing or unsuccessful ageing. Another point of refutation is related to inevitability of disengagement (Maddox 1969). When people’s life span expands into very old age, the very old people display “substantial indicators of social and psychological disengagement” (Maddox 1969: 81). However, many personal and societal factors have a risk of oversimplification under the designation of inevitable and intrinsic disengagement (Maddox 1969). Due to much heterogeneous activity among older people, “no universal pattern of ageing characterised by disengagement” (Timonen 2008: 10) has been detected.

In term of older people’s sporting activities, some inevitable disengagement occurs in sports participation due to physical diseases. However, older people who forced to disengage in sports participation try to continue their activities such as role models in their communities to contribute to the community wellbeing, underpinned by their experiences in sports activities.

(ii) Activity theory

In terms of the activity theory, Havighurst (1961), one of the co-researchers with Cumming and Henry in the “Kansas City Study of Adult Life”, postulated the activity theory after the disengagement theory. Havighurst (1961) argued that both theories are related to successful ageing. As mentioned above, the disengagement theory was much refuted by researchers, while activity theory was rather welcomed (Havighurst 1961). It is pointed out that Cumming and Henry initially took the position of successful ageing (Maddox 1969: 82). In the widely welcomed trend of the theory which advocated the necessity of activity for successful ageing, Cumming and Henry intended to formalise an alternative to the activity theory “as a foil against which to advocate their own approach” (Marshall 1999: 437). Henry and Cumming (1959) expressed their inclination of using “the middle-age status as a model of desirable social and personal development” (Havighurst 1961: 8). In this discourse, Havighurst regarded any deviation from this model as “negative and undesirable” due to “a failure to conceive of old age as a potential development stage in its own right, having features qualitatively different from middle age”
Therefore, the activity theory relates to how long older people can successfully maintain the activities and attitudes of middle age, whereas the disengagement theory relates to how older people successfully adapt to the process of disengagement from active life (Cumming and Henry 1961).

On the other hand, Cumming and Henry (1961) held that in their youth people’s engagement in society is not strong; then their “involvement and commitment” in society is strengthened to the peak in the middle age (Atchley and Barusch 2004). People gradually withdraw from involvement and commitment in society as they get closer to their mandatory retirement or any disengaged statuses and prepare for the final disengagement. Henry’s theory was not supported by many researchers (Atchley and Barusch 2004). It is because successful ageing is contingent on how older people find positive substitutes for activities, adapt to changes and cope with them positively, while in Atchley-and-Barusch’s opinion, disengagement occurs from “an involuntary result of extreme disability” (Atchley and Barusch 2004: 11).

(iii) Continuity theory

The continuity theory postulates that adult development is continuous and never completed (Atchley 1989). Predicated on this principle, Atchley and Barusch have posited that people continue to be active even in their old age, but often in new and different ways. Older active people know how to adapt to changes and manage them. In order to adapt to changes, older people actively construct and organise “their ideas about themselves and their activities, their relationships and their environments” (Atchley and Barusch 2004:124), toward which they want to direct their development. According to Atchley and Barusch (2004), the core of older people’s development is to develop, to maintain and to preserve “adaptive capacity” (italics in the original in Atchley and Barusch 2004:125).

This adaptive capacity is increased, maintained and retained by what people learn about themselves and their world (Atchley and Barusch 2004). In the following section I need to understand what kind of specific criteria has been used to categorise old age.

2.2.2 Categorisations of ageing

It is necessary to look at categorisations of ageing for this project because older people’s participation in sporting activities varies according to their life stages in their life courses. From
the life course perspective, older people’s life events at their various life stages have influences to their sports participation.

The concept of life courses had to be changed because of the radically increasing life expectancy of the world population (Bond et al. 2007). From the perspective of life stages in social gerontology, the ageing process was conventionally categorised into “adolescence, young adulthood, adulthood, middle age, later adulthood and old age” (Atchley and Barusch 2004: 8-9). According to Atchley-and-Barusch’s categorisation, the ‘later adulthood’ seems to be an equivalent of ‘older’ age, which is “considered as beginning in an individual’s 60s” (Atchley and Barusch 2004). Therefore, people aged 60 years and over are referred to by the terms ‘aged’, ‘elder’, ‘elderly’ or ‘older’ people, and ‘senior’ (Atchley and Barusch 2004) and ‘veteran’.

The word ‘senior’ is mainly used in the U.S. The Internet site of SENIOR CITIZEN SPORTS 2009 is set up by National Senior Games Association 2009, while ‘veteran’ is used for the Veterans golf in Australia, which is mainly comprised of older golfers aged 55 and over. As those terms are interchangeably used, there seems to be no consensus in their usage (Atchley and Barusch 2004). Besides, people aged 60 years and over have been categorised as ‘the elderly’ or ‘older’ according to the definition of the United Nations (Diczfalusy and Benagiano 1997). The age groups within the 60 years of age and over population are conventionally understood as septuagenarians, octogenarians, nonagenarians and centenarians. However, according to Atchley and Barusch (2004), “the onset of old age (emphasis in the original) typically occurs in the late 70s to 80s”.

As Atchley (1987) pointed out, Turock (1981) had already categorised a subdivision of ‘old age’ into ‘the young aged’ (65-74), ‘the old-old’ (75-84) and ‘the very old’ (85+). (Atchley 1987:15 In: Bytheway 2005:368; Williamson and Asla 2009: 77). The last age group ‘the very old’ is called “the oldest-old” today (Williamson and Asla 2009: 77) or “deep old age” (Dionigi 2004). Research undertaken from the perspective of psychology categorised people aged between 60 and 70 years into ‘the young-old’ and people aged between 70-105 years into ‘the oldest-old’ (Baltes, 1998). Another study postulated that individuals’ life should be divided into four ages (Lamdin and Fugate 1997): ‘The First Age’ ranges from birth to 20 or 25 years, which is characterised by school going, entering the society and preparing for work; ‘the Second Age’, which ranges from 26 years to 59 years, is the period ranging from being employed in a job, building a home, child-rearing to retirement; and ‘the Third Age’ ranges from 60 to 80 years or so (Baltes and Smith 1999, 2003; Laslett 1991; Williamson and Asla 2009). ‘The Third Age’ begins soon after retirement when people still have much vitality for engaging in activities and much time (twenty
to thirty years) to start or carry out various projects in life (Laslett, 1991). Baltes and Smith (2003) have summarised the 'scientific good news' relating to 'the Third Age' as:

(i) Increase in life expectancy: more older people live longer;
(ii) Substantial latent potential for better fitness (physical, mental) in old age;
(iii) Successive cohorts (generations) show gains in physical and mental fitness;
(iv) Evidence of cognitive-emotional reserves of the ageing mind;
(v) More and more people age successfully;
(vi) High levels of emotional and personal wellbeing; effective strategies to master the gains and losses of old age (self-plasticity).

The classification of the last group -‘the oldest old’— is often expressed in the name of ‘the Fourth Age’ (Baltes 1998; Laslett 1989, 1996), which is the final stage from 81 years and over; currently the verified oldest living age is 116 years old. Researchers argued that ‘the Fourth Age’ is characterised with “frailty, [increasing] dependence, and the imminence of death” (Lamdin & Fugate, 1997: 30-31 In: Williamson and Asla 2009: 77; Laslett, 1996; Baltes and Smith 2003). According to Baltes (1998), the more inactive people aged 60 to 100 years become, the more they lose their quality of life, because chronic diseases and inactive lifestyles of the oldest old people are associated with diminishing quality of life.

Administrative definition of old age is used in many countries. Categories such as “60 and over” used to be used in administering many different services and concessions (Bytheway: 368). However, in Ireland 65 years of age is used as the pensionable age. Recently, Japan also has adopted the pensionable age system which prescribed 65 years as the starting age of pension recipients. The pensionable age has been employed as the criterion for the division of the middle age and the older age in many countries. The usage of the chronological age for the pensionable age is clear-cut. Adjacent to the pensionable ages, Nicholson (2004) applied the label ‘working ages’ to men between 16 years and 64 years and to women between 16 years and 59 years in the Scottish context. The World Health Organisation (2007) also decided the chronological age of 65 years as the threshold for people to enter ‘the elderly’ or ‘the older’ age category (Williamson and Asla 2009). People aged 65 years and over were also categorised as ‘elderly’ or ‘older’ and people aged 80 years and over as ‘old old’ (Diczfalusy and Benagiano, 1997).

The chronological criterion, fixed at 65 years of age as the ‘pensionable age’ for legislative or administrative purposes such as shown in the Irish and Japanese contexts, is convenient as an “indicator of the ageing of the individual” (Bytheway 2005: 363). However, all older people aged
65 years and over comprising the older category cannot universally be regarded as ‘older’ in many important senses of the word ‘old’. All older people do not reach the older age category in the same frame of mind. From the psychological perspective, it is argued that chronological age does not represent older people’s perception of themselves (Gubrium and Holstein 2000. In: Cooper and Thomas 2002: 703). In this respect, the chronological age is only meaningful as a benchmark in categorising the life stage after 65 years for the benefit of legislative policy in mechanically allocating pension or various insurances with no concern to the individual’s self-conception. Among older people who belong to the same age category, some perceive themselves as younger, some as older. Therefore, the boundary of age categories is variable “depending on the meanings given to the body and the self” (Hepworth 2000: 2). Hepworth (2000) suggested that as far as age category is concerned with the life of older people per se, “any qualitative research focused on how people live needs a methodology that is sensitive to age differences within the oldest category” (ibid. p. 369).

However, Bytheway’s perspective is negative to the sub-division of old age. He argued that “research that uses classifications based on chronological age to study the situation of older people is strategically important, if not essential, in challenging ageism” (Bytheway 2005: 370). Regarding the categorisation of old age, Bytheway (2005) posited four issues: first, open-endedness of the age category of 75 years and over; second, the effect of age re-categorisation on the perception of the oldest old people; third, how a sample adequately represents the oldest-old group aged 85 years and over; and lastly, the implication of the words ‘last’ and ‘oldest’ (Bytheway 2005: 370).

(i) ‘Open-endedness’ implies the broadness of the category. Using the example from “Income and expenditure by age, UK 1999-2000” sourced from Down (2000), Bytheway argued that “serious age-associated changes hidden within the oldest category” (Bytheway 2000:369) mislead the data analysis, which, however, may not matter with statisticians (Bytheway 2000).

(ii) ‘The effect of age re-categorisation on the perception of the oldest old people’ means that the age category of 85 years and over is made dissociate from the previous age category of ‘young-old’ people (Bytheway 2000). This argument was postulated on Laslett’s (1989) third-age theory that young-old category aged 65 years and over who are characterised by still promising self-fulfilment should be distanced from the Fourth Age category aged 85 years old and over who are characterised by “final dependence, decrepitude and death” (Laslett 1989:4 In: Bytheway, 2000: 369).
(iii) ‘How a sample adequately represents the oldest-old group aged 85 years and over’ refers to scarcity of data from that age category (Bytheway 2000). When a sample frame contains more than one oldest-old person together with a majority of previous age category that is young-old age group, they might be included as data. However, a single data from the oldest old person cannot represent the whole of the oldest-old age category (Bytheway 2000).

(iv) The words ‘last’ and ‘oldest’ imply the risk of “marking the final period of dependence, decrepitude, and death” (Bytheway 2000: 370) of the oldest-old age category. Those words negatively stereotype older people in the extreme forms and exclude from “opportunities, services, or treatments” (Fries & Crapo 1981 In: Bytheway 2000: 370).

These issues are especially associated with the weakness of both quantitative and qualitative research on the oldest old people. Bytheway (2005) did not directly criticise either approach, but referred to “empirical research” (Bytheway 2005: 370) including any research on the basis of factual data taken from experience and observation, that is, any research using interviews. He questioned “how the interviewees were located and who they represent” (Bytheway 2005: 370). His final question was if there are alternatives to interviews with the samples of people over a particular chronological age in the study of age in later life (Bytheway 2005). Predicated on the question, he gave the readers four strategies to find the alternatives: “Recruit volunteer older people”; “focus more on transitions”; “use other criteria”; and “turn to images and models” (Bytheway 2005: 372). Among others, the strategy of “focus more on transitions” may help the development of logicality in the classification discourse of old age.

Recently, some questions have been asked with regard to age boundaries, i.e. whether there is continuity across old age or discontinuity when people cross the boundary of 70s, 80s or 90s; or whether there is necessity of differentiation between the ‘Third Age’ and the ‘Fourth Age’ (Baltes, 1998). In order to solve these questions, Baltes (1998) looked at three models as first, “the model of active life expectancy; second, “the compression of morbidity model” and third, “the incomplete architecture of human development model” (Baltes 1998; Bowling et.al 2005).

(i) The first model or concept of active life expectancy is related to the time of life when individuals can live without chronic disability and can perform the functions necessary for independent, active living. On the other hand, inactive life is the time when individuals can perform these functions only with dependence
on others (Crimmins et al. 1996 In: Baltes and Smith 1999). The purpose of the study by Crimmins et al. (1996) was to examine how disability, recovery, and mortality interact to determine active life expectancy and how the latter is also affected by social characteristics such as gender, race and education of the older population.

(ii) The second model of morbidity compression is related to the continuity of the life span. It suggested that the more years people in the Fourth Age category add to their life, the more their morbidity and/or disability is increased and their life quality decreased (Baltes and Smith 1999). To this proposition, there are two completely opposite theories. One is a theory of direct proportion posed by Crimmins and her colleagues (1996 In: Baltes and Smith 1999). The other theory is a theory of inverse proportion posed by Fries (1980). Crimmins and her colleagues suggested that the 70-year-olds’ proportion of “dysfunctional-inactive years” in their remaining life time was 20 per cent, while 90-year-olds’ “dysfunctional-inactive years” were close to 60 per cent of their remaining life time (Baltes 1997; Bornstein and Lamb 1999: 67; Crimmins et al. 1996). The older the oldest-old people become, the higher the rate of mortality rises. In contrast, based on the projection of survival curves, Fries (1980) hypothesised the compression of mortality and morbidity (Bond et al. 2007). His basic concept was that Man is mortal, and the limits to what presently may be accomplished in decreasing mortality are set by the lifespan of our species (Fries 1980). He set an average life span of humans as approximately 85 years, with a distribution which includes 99 per cent of individuals between the range of 70 to 100 years of natural longevity (Fries 1980). He assumed from the “rectangularization of the survival curve” (Fries 2005: 131) that absolute compression of morbidity results from rapid decrease of age-related morbidity superior to age-related mortality rates. Setting the utmost or fixed biological life limit, Fries explained his conception of compression of morbidity and mortality that the closer the oldest old people live to the biological utmost life extreme, the more their morbidity and mortality are compressed into the life span before death (Fries 1980).

However, Fries’s concept of compression of morbidity and mortality is critiqued in that it was not the case due to the effect of great environmental change on survival (Bond et al. 2007). Bond and his colleagues (2007) refuted the thesis because ageing itself is almost certainly not programmed, and diseases can be further postponed within a fixed biological lifespan so that “compression of
mortality is increasingly less plausible” (Bond et al. 2007: 31). There are two points of what Bond and his colleagues (2007) discussed: the first is that the increased health, vitality and longevity of older people primarily drive the increase of life expectancy; the second is that the length of life span intrinsically relates to plasticity of ageing process. Therefore, the utmost age limit towards death is expandable when mortality rate of the oldest old people declines (Bond et al. 2007).

(iii) The third incomplete architecture of human development model is a concept proposed by Baltes and his colleagues (1997). Basic assumption of the concept is that “human development essentially is incomplete” (Baltes 1997: 366). This incompleteness is caused by two conditions: firstly, ongoing process of biological and cultural coevolution and secondly, relatively undeveloped biological and cultural architecture of human ontogeny for the later stage of life (Baltes 1997: 367).

In cultural and historical contexts, gains used to relate to obtaining material belongings as the social symbol or status of material affluence in cultural and historical context. However, today’s affluent world has changed older people’s focus not on tangible goods, but on intangible resources such as “a sense of security, personal dignity, opportunities to pursue interests, and to experience a satisfying life” (Smith 2001: 462). In other words, successful ageing in later life depends on older people’s subjective criteria as well as “on their measures of objective resources” (Smith 2001: 462). From the perspective of developmental psychology, resource gains are referred to as “social status, material belongings, knowledge, and professional expertise” (Riediger et al. 2006: 290). On the contrary, resource losses designate decreases in areas “such as physical fitness, health, sensory acuity, multitasking ability, or functional brain efficacy” (Riediger et al. 2006: 290). In the following sections positive aspects of ‘successful ageing’ (Section 2.2.3) vs. negative aspects of ‘ageing’ (2.2.4) of older people are examined.

2.2.3 ‘Successful ageing’

When older people carry out the never-completed process of adaptation (Atchley and Barusch 2004), they can “become satisfied both with their level of understanding of themselves and the world and with their ability to adapt to whatever life brings” (Atchley and Barusch 2004: 126). According to Atchley and Barusch (2004), continuity in older people’s lives helps to bring about ‘successful ageing’. ‘Successful ageing’ has been one of the most debated concepts in gerontology (Phelan et al. 2004; Torres 1999). Therefore, the term has been frequently used and discussed in many research papers by many researchers nearly three decades since Rowe and
Kahn published their original concept of successful ageing in 1987 (Aldwin et al. 2006; Bowling et al. 2005; Chodzko-Zajko et al. 2009; Dionigi 2004; Karlamangla et al. 2002; Lupien and Wan 2004; Menec 2003; Motta et al. 2005; Phelan et al. 2004; Roos and Havens 1991; Schulz and Heckhausen 1996; von Faber et al. 2001). Rowe and Kahn defined successful ageing as the ageing process of older people "with minimal physiological losses or none at all... [who] might be viewed as having aged successfully" (Rowe and Kahn 1987: 143-144).

In order to deal with normal ageing, the main standpoint of Rowe-and-Kahn's concept was to separate age-related "pathological changes from those that could be attributed to ageing process per se" (Rowe and Kahn 1987: 143). In the revised version published in 1998, Rowe and Kahn stated that older people who age successfully "have an ability to maintain ... low risk of disease and disease-related disability, high mental and physical functioning and active engagement with life" (Rowe and Kahn 1998: 53; Scheidt et al. 1999: 277). Longitudinal studies (e.g. MacArthur Study of Successful Aging) predicated on the Rowe-and-Kahn theory of successful ageing contain a weak point of producing an impression that only a small percentage of population can enjoy successful ageing in their later life (Lupien and Wan 2004). The main critique to Rowe-and-Kahn's theory is that there is a majority of population who cannot enjoy successful ageing due to the shortage of personal resources or capacity (Scheidt et al. 1999).

Another refutation from a life span developmental perspective of psychology is that Rowe and Kahn focused on losses, not gains, of optimal or successful ageing (Aldwin et al. 2006). Aldwin et al. (2006) held that the relationship of equilibrium between gains and losses is a substantial factor of optimal ageing. Optimal ageing is attained through "the equilibrium of gain-and-loss relationship that is maintained by avoidance of agents accelerating the ageing process and promotion of agents retarding it" (Aldwin et al. 2006: 99). From the life span developmental perspective, Baltes (1997) posited the concept of selection, optimisation and compensation (SOC) as life management strategies, which underpin the process of older people's successful adaptation to the process of changes (Herzog and Markus 1999). Regarding gain-and-loss relationship in older age, it has been assumed that when we get older, the balance between the gains and losses becomes increasingly more negative. It is argued that "the optimization of development (in the sense of achieving positive balance between gains and losses...) (brackets in the original) extends further and further into the later periods of the life span" (Baltes 1997: 377). Therefore, the predominant concern is with how older individuals adapt themselves to the ageing losses through SOC (Baltes 1997; Baltes and Carstensen 1999: 218). In terms of 'losses' and 'gains', Baltes argued that "A gain or a loss can change with age; [a gain or a loss] involves objective and subjective criteria; a gain or a loss is conditioned by theoretical predilection, standards of
The model of SOC has been applied as life management strategies by the studies of Baltes and their colleagues from the ontogenetic perspectives or life span developmental perspective (Riediger et al. 2006). They assumed that the model of SOC comprises of three processes namely the process of selection, the process of optimisation and the process of compensation. The development and ageing of individuals take place in the coordinative harmony of those processes (Baltes and Carstensen 1999). The collective SOC is related to three levels: at a personal or micro level, a family or meso level and at a society or macro level (Baltes and Carstensen 1999). From the perspective of personal proactive ageing, it is argued that selection comprises “elective selection” and “loss-based selection” (Baltes and Carstensen 1999: 218). The former means acknowledgement of restriction which leads to selecting fewer domains of functioning, whereas the latter means acknowledgement of restriction through “anticipation of losses in personal or environmental resources” (Baltes M. M., Carstensen 1999: 218). Therefore, the second process of compensation is necessary to adapt to the losses through activating or acquiring new substitutive means (Baltes 1990).

When individuals become old, they recognise that their cognitive function and/or physical performance are deteriorating. Especially, it is the case with situations which require a high-level performance, such as “competitive sports or situations that require quick thinking and memorisation” (Lupien and Wan 2004: 1421). Therefore, older people participating in sports activities seek to find substitutive strategies or means either to compensate for their reduced level of performance or to maintain the usual performative ability. The third process of optimisation means achievement of desired outcomes and goal attainment of successful ageing namely “minimization of losses and maximization of gains” in old age (Baltes 1997; Baltes and Carstensen 1999: 219). Therefore, optimisation implies that older individuals can manage to adapt successfully to changes of old age. Quoting an episodic example about a world-famous pianist Rubinstein (1887-1982), Baltes (2003) held that, in order to maximise gains and minimise losses in older age, it is important to attain the assistive ways of SOC (Baltes 2003). The theory of SOC is closely related to the notion of successful ageing. In order to undertake an exploratory study on the incompleteness of life span, Baltes defined that “successful development” (Baltes 1997: 367) (italics in the original) is “the relative maximization of gains and the minimization of losses” (Baltes 1997: 367). Gains and losses always turn up jointly in human development over the life span. However, this gain versus loss relationship primarily occurs in old age. Losses tend to increase more than gains as old age proceeds.
From the other perspective of collective ageing, it is argued that the SOC relates to collective successful ageing through interaction between an individual, family members and people in the society (Baltes and Carstensen 1999). To achieve successful collective ageing, “a mutually facilitative, coordinated group structure” (Baltes and Carstensen 1999: 220) is required. Mutual understanding of the group regarding goal attainment and management of their limited resources has to be shared, say, in the family and the society as well. Baltes and Carstensen (1999) argued that “collective SOC might entail the improvement of social systems and structures” (Baltes and Carstensen 1999: 221). This might be especially relevant to the case of health promotion, healthier environment and healthier lifestyle among older people who participate in sports activities at the club level in the society, where negative images of older people are still prevailing. In the next sub-section these negative images of older people (ageism) will be examined in detail.

2.2.4 Negative stereotypical images of older people

While many physiological researchers, sports scientists and governmental health promotion strategies have made a great effort to recommend older people to do exercise, the prevalence of negative stereotypical images that older people are dependent, frail and dysfunctional are still persistent in the society today (Angus and Reeve 2006; Ory et al. 2003; Timonen 2008). Angus and Reeve (2013: 137) have stated:

At the beginning of the 21st century, the new mantra—"healthy aging," "aging well," "positive aging," "successful aging" and "resourceful aging"—is used interchangeably and intoned often unreflectively by a society eager to find ways to reduce aged-related losses. Yet despite numerous empirical studies and public health promotion strategies directed at ways of "aging well," negative images of aging still have an enduring vitality.

Few would argue that it is an important new paradigm that debunks the unproductive and dependent image of older people (Holstein & Minkler 2003; Tornstam 1992).

It has been argued that the Industrial Revolution produced negative attitude towards older people. The labour market needed younger and stronger workers for heavy muscular labour, for which older people were regarded as unproductive and redundant. Society began to take negative attitudes towards older people and regarded them as “non-contributing burdens” on society (Branco & Williamson 1982 In: Nelson 2005: 209).
Even in these days, a taken-for-granted agreement that “young people have future potential for productivity” (Angus and Reeve 2006: 141) is prevailing in the society. According to Angus and Reeve (2006):

“Upon retirement, older people are no longer viewed as economically productive in our society. A narrow focus on productivity defined in terms of economic potential linked to capital investment and workforce participation makes governments increasingly unwilling or unable to invest in the social infrastructure necessary to support all members of a civil society. In this process, older people, as well as other disadvantaged groups including people with disabilities, are marginalized as unproductive and dependent” (p. 141).

After the Industrial Revolution during the nineteenth century, the information and communications technology (ICT) has highly developed to date with some scholars calling it the ICT Revolution (Cohen, et al. 2004; David and Wright 1999; Knell, M. 2013). According to changes in especially ITC technology, older workers are required to adapt to new tasks and learn new skills. For instance, at the backdrop of the ICT Revolution, almost all companies today require job-seekers to have ‘IT/computer literacy’ (Independence University 2013) namely “some basic understanding of computer hardware and software, especially word processing, spreadsheets and email” (The U.S. Workforce Solutions Upper Rio Grande 2013: 2). Therefore, “the ability to accept, learn and adapt to new technology” (Ibid.: 1) is necessary for employees who work at computers now. However, older workers are stereotypically regarded as “less productive, less flexible, less creative, less ambitious, harder to train” (Kulik et al. 2000; Ringenbach & Jacobs 1994; Sonnenfeld 1978 In: Shore and Goldberg 2004: 3) and “less economically beneficial” (Finkelstein & Burke 1998 In: Shore and Goldberg 2004: 3). Shore and Goldenberg (2004) have cited the following:

For example, in Ryther (Plaintiff-Appellee) v. KARE (Defendants-Appelleants) (1997), a supervisor told his 53-old sportscaster that he “had bugs under his eyes”; was “an old fart”; “wasn’t able to grasp the new computer system”; and “couldn’t handle the new technology” (p.183).

Quick adaptability to IT and acquisition of computer literacy are necessary requirements for older sportspeople as well. For example, an online golfing organisation (Society Golf) in Ireland and an online swimming club in Japan adopt a booking system by the Internet. The director of VVGA (Victoria Veterans Golf Association) (interviewed for this study) could use computers, and sent the Association Newsletter by e-mail to the members. When some members could not use the computer, he had to send the newsletter by mail, which annoyed him. In order to book participation in competitions by the Internet, older participants are required to have IT/computer
literacy skills. Therefore, older people have to positively learn how to use a computer henceforth in order not to be excluded from their sporting activities.

However, a qualitative study of older people's understanding and experiences of ageism in Australia has shown that older people repeatedly described themselves in negative terms such as: “not trying, withdrawn, isolated, irritating, self-oriented, living outside the mainstream, unattractive, uninteresting, frail, senile, silly, over the hill, narrow-minded, a burden, lonely, vulnerable, dowdy, and unproductive” (Minichiello et al. 2000: 259). Especially, in the nursing home sector, older people are labelled as “disabled”, “frail” and “easily vulnerable” due to deteriorating mental and physical conditions (Parsons, 1993; Passant, 1990 In: Johnson and Slater, 1993: 128). It is true that discriminatory attitudes of health professionals to older people are a daily occurrence in health service sectors such as hospitals, and homes (Laurent 1990), where older people are regarded as “stupid, decrepit, feeble, or unusually eccentric, wise or sweet natured and in any event to be patronised” (Laurent 1990:20 In: Parsons 1993).

The terminology used to express the persistence of negative social attitudes towards old age is confusingly complex (Schonfield 1982 In: Bytheway 1995). The words ‘bias’, ‘prejudice’, ‘discrimination’, ‘stereotype’ or ‘ageism’ have been used interchangeably in many research papers (Angus and Reeve 2006; Atchley and Barusch: 2004; Bytheway 2005; Giles and Reid 2005; Kane 2003; Lupien and Wan 2004; Parsons 1993). Atchley and Barusch (2004) have defined prejudice as “an unfavourable attitude” (p.439) toward older people, while they regarded ageism as the synonym of age prejudice in that “Age prejudice, (italics in the original) or ageism (emphasis in the original), is a negative attitude or disposition toward aging and older people” (Atchley and Barusch 2004: 439). The term ‘bias’ is used to signify preconceived opinion either for or against an older person or a group of older persons, which is also synonymously used with ‘prejudice’. For example, a newspaper reads ageism as “prejudice or discrimination against or in favour of any age group” (Jaksic May 25, 2003). The heading of the article in the newspaper is “Elderly face bias, stereotyping” (Jaksic May 25, 2003).

The definition that was given to ageism is “discrimination against individuals based on their age” (Angus and Reeve 2006:138; Bytheway 2005). The concept of discrimination is commonly used in the contexts of ethnicity and racism in sociology (Scott & Marshall 2005; Haralambos and Holborn 2003). For example, President Barack Obama of the U.S. told the members of National Association for the Advancement of Colored People (NAACP) that “The pain of discrimination is still felt in America” (Associated Press, July 17, 2009). The term ‘discrimination’ is not only applied to issues to do with racism and ethnicity. When gerontological studies look at
unfavourable attitudes against older people, the term 'discrimination' is used synonymously with 'age prejudice' or 'ageism'.

In 1969 Butler published a paper titled "Age-Ism: Another form of Bigotry", in which he argued that "we now tend to overlook a form of bigotry that is age discrimination or age-ism, and prejudice by one age group toward other age group" (Butler, 1969: 243). He used the terms 'age discrimination,' 'age-ism' and 'prejudice' interchangeably in his paper. However, the generally agreed definition of ageism was finally given by Butler himself, coiner of the word, in *The Encyclopedia of Aging* published in 1987. His definition is that ageism is "a process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this for skin colour and gender" (Butler, 1987: 22 In: Johnson and Slater 1993: 200). His last definition in the Encyclopedia is not ambivalent. The meaning of the word 'discrimination' is interpreted as "the practice of treating one person or group of people less fairly or less well than other people or groups" (Collins COBUILD English Dictionary 2001). The connotation of 'practice' is 'regularity' (Collins COBUILD English Dictionary 2001). Therefore, 'ageism' can be paraphrased as an unfair treatment which is 'regularly' given to older person/people. However, ageism frequently occurs in implicit ways that make older people unable to recognize it unless older people themselves conceive it (Minichiello 2000). The next section examines positive and negative attitudes towards physical (in)activity among older people.

2.3 Health and inactivity/activity in the older population

2.3.1 Inactivity

Much research has focused on physical inactivity as a major risk factor for poor health. Physical inactivity is increasingly prevalent in the modern world (Broderick *et al.* 2006; Crombie *et al.* 2004; Edwards 1998; Horton *et al.* 2089; Kovacic 2007; Marks 2006; National Ageing Research Institute 2003; Sallis 2003; Simonsick *et al.* 1993; The World Health Organisation 2009). In the Australian context, eight per cent of the total burden of disease is due to inactivity (National Ageing Research Institute 2003). A cross-sectional survey examined the reasons behind many older people's physical inactivity (Crombie *et al.* 2004). A randomly selected sample of 409 independently-living older people aged 65 to 85 years was collected by interviews at home. The findings were that 95 per cent of older participants acknowledged the benefits of physical activity; 79 per cent undertook enough exercise to keep healthy; on the other hand, 36 per cent did not do leisure time physical activity; and 17 per cent did less than two hours of physical activity per
week (Crombie et al. 2004). Crombie and his colleagues found that the most powerful deterrent was older people’s disinterest in physical activity (Armit et al. 2005; Crombie et al. 2004).

In the UK context, “the UK government has set a target for ‘70 per cent of the population to be reasonably active (for example, 30 minutes of moderate exercise five times a week) by 2020’. This target could be described as ambitious; only 37 per cent of men and 24 per cent of women in the United Kingdom currently meet this benchmark” (Allender et al. 2006: 826). Sixty-three per cent of men and 76 per cent of women (including older women) are inactive. Furthermore, some older adults were unsure about the right amount of physical activity (Allender et al. 2006).

The World Health Organisation (WHO) (2009) has warned that physical inactivity is a major risk factor; 1.9 million deaths annually are attributable to physical inactivity (WHO 2009). There are some powerful factors that bring about physical inactivity. WHO designated that deterrents for physical activity are “ageing, declining of physical activity and physical education in schools worldwide and urbanisation” (WHO 2009). Urbanisation contributes to “population overcrowding, increased poverty, increased levels of crimes, high-density traffic, low air quality and lack of parks, sidewalks and sports/recreation facilities” (WHO 2009). WHO (2009) held that these environmental factors deteriorate participation in physical activity. In addition to these deterrents to physical activity, the impact of modern technology cannot be overlooked.

2.3.2 Impact of modern technology

The progress of science and industry in modern times has greatly changed the pattern of people’s lifestyle (Scott and Marshall 2005) contributing to a shift from active lifestyle to inactive sedentary lifestyle. On the other hand, great improvements in older people’s wellbeing have been underpinned by a range of technologies. Technology is generally classified as assistive technology, medical technology, housekeeping technology and information & communication technology (ICT). Gerontechnology, a new branch of technology, has recently been developed with the view to improving older people’s quality of life and longevity with a wide range of assistive technologies including rehabilitation aids (Bond et al. 2001; Cowan and Turner-Smith 1999).

However, technological innovations have brought both advantages and disadvantages to older people. In terms of beneficial features of assistive technology, it can protect older people from mobility risks and compensate for deteriorating mobility functions (Borges 2006; Cowan and Turner-Smith 1999). The assistive technology mainly addresses people who are in need of special
devices for the purpose of keeping independence, safety, activeness and social connectedness in daily life or dignity in self-fulfilment (Cowan and Turner-Smith 1999; Freedman et al. 2005). With the help of the remarkably progressed computer science and technology, the recent medical technology contributes to bring healthcare into homes (Pentland 2004). According to Pentland (2004), his research group at the MIT Media Lab has succeeded in developing healthwear (italics in the original p. 42) that is “wearable systems with sensors that can continuously monitor the user’s vital signs, motor activity, social interactions, sleep patterns, and other health indicators” (ibid.). Pentland claims that the new systems which they developed will “revolutionise healthcare” (ibid). The housekeeping technology is particularly beneficial “for older people with motor constraints” (Borges 2006: 2) in terms of “user friendliness, comfortableness, barrier free design and safe domestic appliances” (Borges 2006: 2).

In the area of information & communication technologies (ICT) traditional telephones have been replaced by mobile phones, by iPads and smart phones all over the world. A mobile phone can help older people to save their lives in case of emergencies. Interactive modes of computer communication system (e.g. Skype and email) by the Internet are used by older people to maintain family relationships, independence, autonomy, dignity and quality of life (Borges 2006). Regarding the Internet usage rate among retired people in Ireland in 2011, CARDI (Centre for Ageing Research and Development in Ireland) (2012) conducted a survey on older people’s computer usage. According to the CARDI, “11 per cent of 65-74 year old people were using the Internet for online banking by 2011” (CARDI 2011: 2). Internet usage has been rising among Irish older people. Comparing to nine per cent of 2007, 21 per cent of older people aged 60-74 now use the Internet every day or almost every day and the percentage of the older people in the same age group who had not used the Internet in the past three months dropped from 81 per cent to 62 per cent (ibid.).

However, the survey (CARDI 2011) disclosed that over 300,000 older people aged 60-74 in ROI (Republic of Ireland) are not using the Internet that is equated to 79 per cent of the total population of older people in the same age group. In terms of Australian older people aged 65 and over, National Seniors Australia (2011) carried out the project on “Older Australians and the internet”. They disclosed that “Although the proportion of older Australians aged 65 years and over who use the Internet remains well below that for younger age groups, their usage has increased significantly from 30 per cent in 2007 to 40 per cent in 2009” (ibid. p. 13). In Japan, 70.1 per cent of older people aged 60-64; 57.0 per cent of older people aged 65-69; 39.2 per cent of older people aged 70-74 and 20.3 per cent of older people aged 80 and over made use of the Internet in 2012 (The Ministry of International Affairs and Communications, Japan 2012).
Despite the positive impacts of technology, its negative impacts cannot be overlooked. Reduction in face-to-face social interaction may arise from the convenience of technology (Czaja and Barr 1989). Some of older people have a lot of time after their retirement and some choose “to spend the majority of their time at home engaged in individual sedentary activities” (Czaja and Barr 1989). Due to the progress and wide availability of audio-visual technology, some older people spend a lot of their time watching television. In the UK context, it was estimated in 2012 that “Five million elderly people only have television for company as they see friends and family less than once a month” (The Telegraph 22 Nov 2012). This leads to great concern that it makes older people spend much time watching television and live a sedentary life for longer periods as they become older (Grajczyc and Zöllner 1997). In the German context, older people aged between 50 years and 64 years watched television for an average of 218 minutes per day, while older people aged 65 years and over watched television for an average of 253 minutes namely almost 5 hours daily in 1996 (Grajczyc and Zöllner 1997). The German study argued that “the older a person [becomes], the more he or she watches television” (Grajczyc and Zöllner 1997: 178).

A study by Gauntlett and Hill (1999) emphasised the substantial benefits from television not only as a comforter in times of older people’s illness and grief but also as a mental activator and a negotiator with the society and the world. However, television as a reminder of happier times made it “a double-edged bittersweet pleasure” (Gauntlett and Hill 1999). Television has a positive potential in offering older people “entertainment, information and companionship, being a substitute for primary interpersonal communication, a tool for structuring time patterns and keeping up the rhythms of long-established everyday rituals” (Grajczyc and Zöllner 1998: 176). Television can play the role of “lifeline”, open up a “window to the outside world” and give “satisfaction of life” (ibid.) to older people who do not have interpersonal social contact.

Despite the role of a positive provider of benefits, TV plays a negative role as well. Gauntlett and Hill (1999) found that “older people tended to ‘allow’ (single quotation marks in the original) themselves to watch more television as their social contacts and mobility diminished” (p. 858). Furthermore, Grajczyc and Zöllner (1998) assumed that watching television for a long time indicates older people’s solitary and neglected life. In the North American context, Cousins (2000) noted that “modern lifestyles tend to be sedentary: watching television, movies, or videos; reading; visiting; working at computers; playing cards or bingo; and knitting or sewing for hours at a time are good examples of some of the sedentary, and less healthy, elderly people’s activity options” (p. 290). Moreover, watching television is associated with both physical inactivity and obesity in older men and women aged 64 years and younger (Cameron et al. 2003). In this respect, the progress of technology has double-edged impacts especially on the lifestyle of older
people. Nowadays, television programmes sometimes encourage older people to do exercises while watching television. However, there has been no research to date on the possible impact of such behaviour.

Many studies have pointed out from epidemiological perspectives that health problems which result from physical inactivity include cardiovascular and coronary diseases, metabolic diseases comprising obesity and diabetes, skeletal diseases comprising osteoporosis and osteoarthritis, and other conditions including respiratory diseases, immunodeficiency, cancer and hyperlipidaemia. (Allender et al. 2006; Bassey 2000; Crombie et al. 2004; Dinan 1994; DiPietro 2001; Kovacic 2007; Marks 2006; NHS Health Scotland 2007; Simonsick et al. 1993; Sport England 2004, 2008; Strawbridge et al. 1996; Warburton et al. 2006). Evidence has been given that a weekly expenditure of between 500 to 3500 kilocalories in physical activity reduced an “incidence of myocardial infarcts and sudden death” (Marks 2006: 470). In this sense, physical inactivity can be regarded as a great endangerment to our life (Grant 2008). Some health problems such as diabetes and obesity begin in our childhood (Bailey 2005), and then gradually become conspicuous in the course of the ageing process; especially in our later life diabetes and obesity are linked to higher mortality.

Researchers argued in an American survey of risk due to inactivity that many inactive people aged 65 years and over were “habitually sedentary by choice and not because of poor health” (Simonsick et al. 1993: 1449). Other surveys found that approximately a quarter of adults do not participate in any leisure-time physical activities and that physically inactive rates are particularly dominant among older adults and women (King et al. 2000; The U.S. Department of Health and Human Services 1996, 2002; World Health Organization 2003). In the U.S. context, nearly 30 per cent of both men and women aged 45-64 were inactive; among those aged 65-70 nearly 35 per cent; and of those aged 75 and over more than 40 per cent of women and 35 per cent of men were inactive in 2000 (Agency for Healthcare Research and Quality Centers for Disease Control and Prevention, U.S. 2002). It has become a major policy concern in the world to reduce people’s physical inactivity (Kovacic 2007). Other researchers have produced evidence that age-related dysfunction is associated with inactivity and “therefore amenable to sufficient dosages of physical activity” (American College of Sports Medicine 2007; Marks 2006; Spirduso et al. 2005). Studies pointed out that many age-related dysfunctions can be reduced by regular participation in exercise (Galloway and Jokl 2000; Gauchard et al. 2003; Mazzeo and Cavanagh 1998). Galloway and Jokl (2000) held that the greatest benefit comes from doing something rather than doing nothing by way of physical activities. The health benefits brought by physical activity outweigh risks (Melzer et al. 2004).
2.3.3 From inactivity to activity

Researchers have theorised ageing from perspectives of various research domains such as biological, sociological, psychological and “multi-criterion” (Lupien and Wan 2004: 1420). Baltes and his colleagues concerned themselves with what older people do in the latter part of their developmental life span (Torres 1999). However, there are still significant gaps in our understanding of what older people consider satisfactory or positive life and how physical activity features in it.

An epidemiological study examined older people’s beliefs about themselves namely ageing self-stereotypes that can affect cardiovascular function of older participants (Levy et al. 2000, 2002, 2004). Older participants were measured in terms of “systolic blood pressure, diastolic blood pressure and heart rate” (Levy et. 2000: 205, 2002, 2004). According to Levy et al. (2000, 2002, 2004), negative self-stereotypes of ageing heightened cardiovascular response to stress, while positive self-stereotypes of ageing reduced cardiovascular stress. The findings of another longitudinal study by Levy and his colleagues showed that older people’s self-perception of positive ageing and/or their positive attitude towards ageing have a powerful effect on physical health and cognitive performance in old age (Levy et al. 2000, 2002, 2004; Lautenschlager et al. 2008; Lupien and Wan 2004). It is significantly pointed out that “low age expectations are a barrier to physical activity among sedentary older adults” (Marquez et al. 2009: 13). Low expectations regarding ageing have negative association with ‘successful’ ageing, specifically with physical activity (Cousins 2000; Marquez et al. 2009; Sarkisian and et al. 2005).

Psychologically, the positive attitude to ageing is underpinned by resilience, that is, “the ability to adapt positively to adversity” (Marquez et al. 2009: 13). The positive attitude to ageing greatly correlates to ‘successful ageing’ for older people who expect to age well (namely successfully), and to keep their general wellbeing which leads to the high quality in their later life (Bowling et al. 2011).

Another important factor which contributes to ‘successful ageing’ is self-efficacy (Marquez et al. 2009). Self-efficacy refers to “beliefs in one’s capabilities to successfully complete a course of action” (Marquez et al. 2009: 13). It is very important for older people who expect to enhance the quality of later life (Bowling et al. 2005) to construct their healthy lifestyle on the solid foundation of self-efficacy. Marquez and his colleagues (2009) placed much emphasis as the utmost important factor for successful ageing on the maintenance of “physical capacity and functional performance through greater engagement of physical activity” (ibid. p. 13). In order to
verify their concept, Marquez and his colleagues (2009) presented evidence of a study which examined highly functional or productive independence of Japanese female centenarians in Okinawa (Willcox et al. 2006). According to Willcox and his colleagues (Willcox et al. 2006), thirteen centenarians were considered as study participants out of total population of 3,500 in their research village in Okinawa in 2004, who were still healthy and undertaking productive activities. However, fundamentally 'successful ageing' is a social construct so that its meaning varies between cultures and individuals.

Maintaining healthy or successful ageing in later life is a great challenge (Marques et al. 2008), which requires great effort and determination. In order for older people to rise to the challenge, positive attitudes are necessary towards “physical, psychological, and social/environmental changes … (such as the potential losses associated with ageing)” (Marques et al. 2008: 14). For the consolidation of this argument, social cognitive theory (SCT) was used as the underpinning. The principle of the SCT is interaction of the person, behaviour and environment which influence “future behaviour” (Marques et al. 2008: 15). The central concept of the theory is self-efficacy i.e. a belief in one’s capabilities of successful completion (Marques et al. 2008). Another key concept of SCT is outcome expectation i.e. anticipation of outcomes which stem from one’s conduct. When specific outcomes are found to be valuable, then behavioural changes take place (Marques et al. 2008). Therefore, self-efficacy means “a judgment regarding one’s abilities to perform behaviour required to achieve a certain outcome and is believed to be critical in behaviour change” (Marques et al. 2008: 16).

2.3.4 Barriers to participation in physical activity

Physical activity in later life can make a great contribution to ‘successful ageing’. Physical health brought by physical activities is a core part of successful ageing (Baltes & Baltes 1993). Even so, many older people do not participate in physical activity. In the US, only 21.5 per cent of older adults participated in physical activity in their leisure time (National Center for Health Statistics 2008 In: Marquez et al. 2008). One of the main reasons for older people not to have a healthy lifestyle relates to low expectations regarding ageing (Cousins 2000; Sarkisian et al. 2003). Older people’s low age expectations arise, among other things, from their beliefs that risks of exercising surpass the benefits of exercising (Cousins 2000). Some older people consider athletic endeavours to be foolish or meaningless in old age (Ostrow et al. 1986 In: Cousins 2000). Many people assume sporting activities could be dangerous to take up at their later ageing life.
An exploratory qualitative study from the feminist perspective showed that most of older women’s negative attitudes towards exercise stemmed from intrinsic psychological factors (Cousins 2000). Five hundred and fifty older women aged 70 and over living independently participated in the study. The research method was an open-ended survey questionnaire method (Cousins 2000:285). Qualitative data was collected from open-ended written response format asking older women’s “beliefs about benefits and risks for six fitness activities: such as 20 minutes of brisk walking, 50-minute walking in chest-deep water, 20 minute of cycling either outdoors or on a stationary bike indoors, a slow sitting stretch to touch the toes, five push-ups from a kneeling position and ten trunk curl-up partially sit-ups” (Cousins 2000: 283). Three hundred and twenty-seven older women (ca. 60 per cent) returned usable data.

The findings were that “many older women recognised broad health benefits to fitness activities, but beliefs about risks were strong, anatomically specific, and sometimes sensational in description” (Cousins 2000: 283). Cousins (2000) argued that especially for older women, lack of sport experiences in their youth, “the low social recognition to women’s physical activity participation, women’s habitual and strong social commitment to their families result in lack of confidence, encouragement, and even the discretionary time to allow them to participate without undue stress” (Ibid.:290). These psychologically negative features produce barriers to participation in physical activity through anticipating frightening results such as heart attack (Cousins 2000) or sudden death during exercise (Hillis et al. 1994).

A study was conducted in Australia about “a walking team ball game (lifeball)” specially designed for older people with “284 players aged between 40 and 96 years (mean 67 years) with most (83.8 per cent, 238/284) female.” (Barnett et al. 2009). Lifeball is “a fun team game which incorporates activities such as walking, thinking and passing and throwing a ball with the aim of scoring a goal through a hoop. It encourages physical movement and teamwork” (Lifeball Newsletter 2012). The name “lifeball” signifies “a game that can be played throughout life, and it can be played by schoolchildren, men and women at all fitness levels, as well as people in wheelchairs, and those who use walking frames, or any other challenge to mobility” and “it has been evolving for over 10 years” (Lifeball Newsletter 2012). Barnett and her colleagues’ findings were that 93.9 per cent of the participants in the ball game reported no injuries associated with medical treatment, while 16 participants (6.1 per cent) had medical treatment (Barnett et al. 2009).

Kallinen and Markku (1995) conducted “a questionnaire with a complementary interview and physical examination” (p. 52) as part of a ten-year (1977-1987) longitudinal survey on 97 older
athletes aged 70-81 who were still active in training and competition. Among the athletes, 30 were "strength/power athletes" and the remaining 67 were "endurance athletes" (Kallinen and Markku 1995:52). Their findings were that 81 per cent of the athletes had experienced some kind of sport injury. The remaining 19 per cent did not have any sport-related injuries during the past ten years. Kallinen and Markku (1995) detected 273 sports-related injuries comprising "169 acute and 104 overuse injuries" (Kallinen and Markku 1995: 52), among which the most common injury occurred in knees (Kannus 1988; Kallinen and Markku 1995); in general the "injuries were not serious" (p.54). According to Kallinen and Markku (1995), prevention through warming up before playing sports is the most important form of preventing injuries and they pointed out the importance of balance training for injury prevention. Another study found that hospitalisation from sports-related injuries was lower among older people who regularly participated in sports activities than those who were not participating in sports (Rutherford and Schroeder 1998).

2.3.5 Health promotion


Furthermore, physical activity generally and sporting activities specifically have economic benefits in highly developed countries. In the Scottish context, for example, treatment of illnesses attributed to obesity at the NHS cost around £170m per year (Walker 2002. In: Coalter 2005). It is estimated that "if the Scottish people could reduce one per cent of the level of inactivity per year for five years, the NHS could save £3.5m resulting from reduced number of patients for cardiovascular diseases, stroke and cancer of colon" (Scottish Executive Health Department 2002 In: Coalter 2005: 32).
In order for older people to overcome their inactive lifestyle, many studies have sought evidence of positive effects of healthy behaviours for older people; among others, exercise for the purpose of prevention and reduction of chronic diseases from physiological perspectives (Active Australia 1999; Andrews 2001; Ashe 2008; Gordon, 2004; Lim et al. 2005; The Active Australia Survey 2003; Employment and Social Development Canada (Modified 2013); Treasury Board of Canada Secretariat 2002; U. S. Department of Health and Human Services, 2006, 2008). In particular, falls lead to fatal physical disabilities among old people. Rubenstein (2006) reported that “falls are a common and often devastating problem among older people, causing a tremendous amount of morbidity, mortality…” (p. ii 37). Therefore, falls prevention has become an important research theme (Carter et al. 2001; Graafmans et al. 1996; Khan et al. 2001; Perrin et al. 1999; Wolf et al. 1996; Yardley et al. 2007) and “a public health priority” (Yardley et al. 2006: 650).

Researchers have also regarded physical efforts in walking as substantially important (Anderson and Parker 2006; Bassey, 2000; Eyler et al. 2003; Jancey et al. 2008; Lee et al. 2007; Morris and Harman 1997; Okamoto 2006; Takamine, 2001; Wolf et al. 1996). Feeling unhealthy and lack of energy to exercise are characteristic among older people who do not walk (Eyler et al. 2003). A study recommended older people to walk 2 miles or more a day, on the other grounds of anticipated increase of five years in life expectancy (Leventhal et al. 2001). Even for older people who have previously been sedentary, walking is greatly beneficial (Leventhal et al. 2001). In addition to walking, stair-climbing and gardening as a moderate physical activity, participation in recreational activities and sports were recommended for older people not only to lower the risk of disease occurrence and mortality risk (The Australian Institute of Health and Welfare 2003; British Heart Foundation 2005, 2008, 2012; Cavill et al. 2006; U. S. Department of Health and Human Services, 1996, 2002, 2008; Galloway and Jokl 2000; Portegijs et al. 2007; Pyron 2002) but also to improve cognitive performance (Gordon 2004; Lautenschlager et al. 2008). Furthermore, even if health-oriented behaviours are commenced in later life, there is evident benefit for health (Leventhal et al. 2001). Beside physical benefit of physical activities, researchers have pointed out the mental health benefits of physical activities and sports (Penedo et al. 2005) such as improvement of mood and reduction of depression and anxiety (Penedo et al. 2005) The relationship between sports and older people is examined in the following section.

2.4 Sports and older people

Older people have traditionally not been regarded as a central group in the world of sport (Coakley 2009). However, they have made a great contribution to the dynamism of recreational sports (Tokarski 2004). Today, older people’s sport participation has come to be popular in highly
developed countries such as Ireland, Australia and Japan. In Ireland, hurling and Gaelic football are very popular sports. However, I did not find any literature looking at Irish older people’s participation in these sports games.

2.4.1 Participation in sports

In Australia Masters Sport was established in the 1970s (Dionigi 2004). It has a history of almost 40 years. The Sydney 2009 World Masters Games (the world multi-sport event) was hosted by Sydney from 10th to 18th of October 2009 Sydney 2009 World Masters Games Organising Committee (SWMGOC 2009) as “the seventh staging of the Games, held initially in 1985 in Toronto”. ‘The World Masters Games’ is held every four years. The next eighth World Masters Games are held in Torino, Italy in 2013. At the Sydney 2009 World Masters Games, twenty-eight different sports (including athletics, badminton, baseball, basketball, soccer, golf, softball, swimming, table tennis, tennis, volleyball, etc.) were open to 28,676 participants including 8,587 from overseas (Australian Government/MSW Government/International Masters Games Association 2010). Among the participants, 65 per cent were aged between 41 and 60. Therefore, it can be estimated that 35 per cent of the participants were aged 61 and over. The oldest competitors participating in this event were in their 90s (SWMGOC 2009). Participants are separately grouped in every five-year order in each game. In terms of Australian Masters games, the 14th Australian Masters Games are held at Geelong in Victoria 5-12 October 2013. The number of competitors is estimated to exceed 8,000 people participating in 60 sports.

In Japan, Nenrinpic (National Health and Wellbeing Festival; ‘Tree-Ring Olympics’) has taken place since 1988 annually in each prefecture in turn. The 25th Nenrinpic Miyagi, Sendai Festival was held from 13th to 16th of October in 2012. The number of participants in this festival was around 510,000 people aged 60 years and over, who competed in 28 different sports such as swimming, tennis, soft tennis, table tennis, golf, ground golf, soccer, dance sport together with the cultural events such as the games of ‘go’ (Japanese board game), mah-jongg and art exhibition (Social Welfare Council of Miyagi Prefecture 2012). The 26th Nenrinpic are played at the Kochi prefecture 26-29 October 2013 by competitors at nine events including tennis, soft tennis, softball, Japanese archery, soccer, swimming and bowling together with non-sport events such as Haiku-composing (a Japanese poem) and healthy Mah-jongg. Both big sport festivals for older people in Australia and Japan are proud of their long history. In contrast, it appears that Ireland has not hosted an equivalent international sports event especially for older people.

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The trend of older people’s participation in Australia and Japan is underpinned by the rapid increase in the number of older people. Structural changes in society have also brought older people “expectations and demands” (Tokarski 2004: 99) for their future life. However, the rapid population ageing and structural changes in the society are not always the dominant reasons to explain the trend of older people’s sport participation. It is necessary to look into the older people’s inner world which motivates their participation namely how and why they start to be involved in sport activity despite its strenuousness and prevailing societal attitudes that regard older people as unsuited for participation in sports.

2.4.2 Definitions and criteria for physical activities and sports activities

A study about older elite sports people by Dionigi (2004) used the terms ‘physically demanding’, ‘physically extreme’, or ‘strenuous’ interchangeably. However, many studies conducted from various perspectives give us the criteria of physical activities including sporting activity (Marks 2006; Sherry 2008; Ainsworth et al. 2000, 2011; World Health Organization 2006). In this section, the distinction between low-intensity sports and high-intensity sports is examined.

Physical activity including sporting activity has a very broad and complex range of meanings (van Heuvelen 1998; WHO 2006; Ashe et al. 2008; Whitelaw et al. 2007). The recent strategies or guidelines for older people’s health promotion unanimously accepted a wide umbrella definition of WHO (2006) that physical activity is “any force exerted by skeletal muscles that results in energy expenditure above resting level”, which was clearly predicated on Caspersen et al.’s definition (1985:126). This definition encompasses any bodily movement which consumes and exerts energy. When physical or bodily movement is mentioned, its meaning is limited to bodily function accompanied by “the contraction of skeletal muscle” (The U.S. Department of Health and Human Services 2008:2) (HHS). In this regard, physical activity means all activities that we conduct in our daily lives to enhance our health. According to The United States Department of Health and Human Services (HHS 2008), physical activity consists of two categories that are baseline activity and health-enhancing physical activity (HHS 2008). Baseline activity refers to “the light-intensity activities of daily life, such as standing; walking slowly and lifting light weight objects” (HHS 2008: 2). The HHS regarded people who do only baseline activity as inactive (2008). On the other hand, health-enhancing physical activity signifies “an activity that, when added to baseline activity, produces health benefits” (HHS 2008: 2). “Brisk walking, jumping rope, dancing, lifting weights, climbing on playground equipment at recess, and doing yoga” (HHS 2008:2) are examples of health-enhancing activity.
From the health promotion perspective for older people, a governmental strategy defined physical activity and divided it into two categories that are structured physical activity and unstructured physical activity (Queensland Government 2008). Structured physical activities or planned activities mean “sport or organised recreation activities like yoga, walking groups or aerobics classes”, while unstructured or lifestyle activities include “household chores, gardening, walking to and from public transport or cycling for fun” (Queensland Government 2008). The Queensland Government also defined exercise as “structured or planned activities and repetitive bodily movements that are performed for improving or maintaining fitness or to practice or train skills” (Queensland Government 2008). Circuit training at the gym, yoga, jogging or organised sports are given as examples. On the other hand, from a functional perspective of physical activity, “the Australian Risk Factor Prevalence Studies categorised physical activity as energetic if the physical activity made people breathe harder, puff or pant, or physical activity as light if the physical activity did not make them breathe harder, puff or pant” (Active Australia, 1998. In: National Ageing Research Institute 2003: 17).

Another definition was made from the perspective of epidemiology. The intensity of physical activity was described using metabolic equivalents (METs) as an index of activities. One MET is “a unit to estimate the metabolic cost (oxygen consumption) of physical activity” (Ainsworth et al. 2000; American Heart Association 2007; Armstrong et al. 2000:68). When resting or sitting quietly, the metabolic rate is counted as one MET. Two METs to less than six METs accord with moderate-intensity activities such as brisk walking, gentle swimming and social tennis. More than 6 METs accord with vigorous activities such as aerobics, jogging and competitive tennis (Armstrong et al. 2000). Predicated on this index of physical activity, sports can be divided into two categories: mild sports (low-intensity sports) and hard sports (high-intensity sports). There is no sporting activity in the range between less than three METs and one MET. The metabolic rate of low-intensity sports is three METs to less than six METs, while that of high-intensity sports is more than six METs (Ainsworth et al. 2000; American Heart Association 2007) (See Table One).
### Table One: Index of physical activities and sports by METs (Metabolic Equivalents)

<table>
<thead>
<tr>
<th>METs</th>
<th>Index</th>
<th>Physical activities and sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–</td>
<td>Inactivity</td>
<td>Sleeping = 0.9</td>
</tr>
</tbody>
</table>
| 1–   | Passive activity (Quiet sitting) | Riding in a car, truck or bus = 1.0  
Sitting – Using computer work desk, using light hand tools = 1.5  
Arts and crafts, playing cards = 1.5 |
| 2–   | Light intensity activities <3.0 METs | Walking slowly around home, store or office = 2.0  
Billiard = 2.5  
Boating – power = 2.5  
Playing musical instrument = 2.0 – 2.5 |
| 3.0– | Moderate intensity activities (Low-intensity sports) 3.0 – 6.0 METs | Cleaning – heavy: washing windows, car, clean garage = 3.0  
**Sailing boat, wind surfing = 3.0**  
Sweeping floors or carpet, vacuuming, mopping = 3.0 – 3.5  
Walking 3.0 mph = 3.3  
Carpentry – general = 3.6  
Volleyball – non-competitive =3.0 – 4.0 |
| 4.0– |                                | Fishing from river bank & walking = 4.0  
Table tennis = 4.0  
Track and field (shot, discus, hammer throw) =4.0  
Water aerobics, water calisthenics = 4.0  
Golf walking pulling clubs = 4.0 |
| 4.5– |                                | Tennis doubles = 4.5<  
Golf walking carrying clubs = 4.5  
Badminton – recreational = 4.5  
Basketball – shooting around = 4.5  
Dancing ballroom fast = 4.5 |
| 5.0 – | Tennis doubles = 5.0  
Walking at very brisk pace (4 mph) = 5.0  
Carrying & stacking wood = 5.5  
Mowing lawn – walking power mower = 5.5 |
|---|---|
| 6.0 – Vigorous intensity activities (High-intensity sports) > 6.0 METs | Bicycling – on flat: light effort(10 – 12 mph) = 6.0  
Swimming leisurely = 6.0  
**Track and field (high jump, long jump, triple jump, javelin, pole vault) = 6.0**  
Walking at very brisk pace (4.6 mph) = 6.3 |
| 7.0 – | Walking/hiking at moderate pace and grade with no or light pack (<10 lb.) = 7.0  
Soccer – casual = 7.0  
Hiking at steep grades and pack (10 – 42 lb.) = 7.5 – 9.0  
Carrying heavy load such as bricks = 7.5 |
| 8.0 – | Heavy farming such as bailing hay = 8.0  
Jogging at 5 mph = 8.0  
Shovelling, digging ditches = 8.5  
**Basketball game = 8.0**  
Bicycling on flat: moderate effort(12 – 14 mph) = 8.0  
**Swimming – moderate/hard = 8 – 11**  
**Tennis singles = 8.0**  
**Volleyball – competitive at gym or beach = 8.0**  
Water jogging = 8.0 |
| 10< | Running (10.9 mph) = 18 |

(Sources: Ainsworth *et al.* 2000; American Heart Association 2007. **Bold print:** sports)
Given that sporting activity is subsumed in the broad range of physical activity, what makes a distinction between vigorous physical activities and vigorous sports, both of which expend much energy? According to Queensland Government (2008), sport is “an athletic activity governed by a set of specific rules or customs that requires skill or physical prowess, often of a competitive nature” (p. 1). There are many different kinds of sports, some of which are played just for fun. On the other hand, there are sports which require competitiveness between teams and/or individual players. Sports are always governed by certain rules of play and each sport requires specific skills and training. Either way, sports generally require more intensive focus than physical activity.

According to a comprehensive definition, sport is “well-organized, officially governed competitive physical activities in which participants are motivated by internal and external rewards” (italics in the original) (Coakley 2009: 6-7). This definition is clearly understandable because ‘physical activities’ are qualified with the term ‘competitive’. As shown in the following two studies, both ‘low’ and ‘high’ intensity sports can engender competitiveness. Competitiveness is win-oriented (Nicholson 2004). The prize or gain such as winning the championship is the most important objective for the participants. Eisenberger et al. (1999) reported that “rewards increase perceived self-determination and that rewards’ effects on intrinsic motivation depend on the performance requirement” (p. 677).

“Officially governed” (Coakley 2009: 7) is equivalent to ‘officially ruled’, which implies that official rules are prescribed so as to officially regulate any kind of games and matches in either professional sports clubs and organisations or amateur sporting clubs. Vigorous physical activity and vigorous sporting activity can, therefore, be distinguished by whether the activities are well-organised, officially governed, competitive physical activities or not.

2.4.3 Low-intensity sport

Very few qualitative studies have been undertaken about older people’s participation in sport to date. One study focused on older women playing bowls (low-intensity sport) from feminist and ethnographic perspectives (Heuser 2004). The study tried to explore the subjective meanings of older women’s participation in bowling activity. Heuser’s qualitative method of data collection comprised participant observation and in-depth, semi-structured interviews. She divided older women’s bowling activity into five stages: the first ‘introduction’ stage, the second ‘hooked’ stage, the third ‘playing bowls’ stage, the fourth ‘organisational involvement’ stage in bowls and the last ‘retirement from bowls’ stage. However, these stages were not fixed and alternated due to
the extent to which older players committed to the activity. The findings of Heuser's study can be summarized as follows:

(i) The first stage of introduction into bowls was conducted by recruitment efforts of persuasion and recommendation by their husbands, family members, neighbours and co-workers. Besides personal contacts, opportunities to start bowling activity arose in conjunction with life events such as retirement, bereavement and loneliness from "empty nest" (Atchley and Barusch 2004: 150). Importantly, bowls was not a novel sport for most women (Hirvensalo et al. 2000), but the alternative (Baltes 1997; Baltes and Carstensen 1999) to former higher-intensity sports, which were given up due to physical injuries or chronic diseases, to be substituted by the lower-intensity sport in a continuum of their sporting history.

(ii) The second stage of 'hookedness' involved a high degree of allure drawing older women repeatedly back to bowls once they had some experience of playing bowls. The three reasons of "the bowls itself, physical activity associated with bowls, and/or social life" (Heuser 2004: 51) constructed their increasing commitment to the sport (Sport England 2008). The commitment changed according to their competing demands. The 'hookedness' to bowls gave older women opportunities not only to actively participate in it but also to socialise with club members in the friendly atmosphere of the club.

(iii) The third stage of playing bowls at the deeper commitment level made older women participate in more frequent activity ranged from "weekly club events or roll ups to club championship and/or metropolitan pennants" (Heuser 2004: 52). Ordinarily, women enjoyed participation in informal light-heartedness without taking the result seriously at this stage. However, players competed in serious manners without much communication with each other in championship games, and eagerly focused on their team winning the games. Importantly, social connectedness was fostered at this stage through social gathering. Besides, older women "moved between being "social players, serious players and even temporarily retired players" (Heuser 2004: 54) at this stage as well due to "the multiple involvements (Prus 1984. In: Heuser 2004: 54) in their lives" (Heuser 2004: 54). These factors sometimes made them momentarily give up the bowls.
The fourth stage of organisational involvement in bowls involved older women undertaking much more responsible roles in their clubs or organisations ranging from "committee members, officers, delegates, umpires and coaches" to "the club president, vice-president, secretary or treasurer" (Heuser 2004: 54). Importantly, the women’s volunteering work in clubs or organisations resulted from their "sense of responsibility and desire of return" to the bowls that "had rewarded them so richly" (Heuser 2004: 54) in personal and interpersonal ways. Heuser (2004) noted that the sense of responsibility and the desire of return comprised the primary motives for older women to invest their time and energy in organisational aspect of bowls.

The final, fifth stage of involuntary retirement from bowls resulted from severe injuries and medical problems. When older women failed to keep an equilibrium between gains (benefits from playing bowls such as enjoyment, socialisation, sociality, social connection) and losses (injuries and medical problems), they made efforts to find selective alternatives to compensate for the lack of equilibrium such as becoming observers, supporters and social players (Baltes 1997, 2003; Baltes and Carstensen 1999). Heuser (2004) argued that older women carried on their activities as social members making use of the club as a place to stay socially connected and engaged. Thus, physical retirement from bowls did not automatically signify their social retirement from the club (Heuser 2004).

It is evident that Heuser’s research was underpinned by Erikson’s life stage theory (Atchley and Baruch 2004; Bond et al. 2001; 2008). What is new in Heuser’s findings is older women’s "organisational involvement in their sport" (Heuser 2004: 56). Older women’s activity in bowling club nurtured sociality which constructs a community, where older women “shared similar interests and displayed genuine concern for one another” (Heuser 2004: 58). After older women unwillingly gave up the physical activity of bowls due to physical problems, the sense of attachment to bowls changed to sociality. The sense of attachment to their clubs made them continue social activity as a member of their clubs. This sense of affiliation with the community had such a strong influence on the club members as ‘social players’ that they were unwilling to disengage from bowls (Heuser 2004). Even if older women could not play bowls, they could enjoyably continue active social life through the membership at the club (Heuser 2004; Sport England 2008).
2.4.4 High-intensity sport

Another qualitative study on older people’s sport activity was conducted from the perspective of competitiveness in high-intensity sport or physically demanding sport (Dionigi 2002, 2004, 2005, 2006, 2007, 2013). According to Dionigi (2004) many older people aged 55 and over compete in many kinds of sports too actively to be regarded as appropriate behaviour for them. Quoting media’s articles depicting older athletes’ dominant sporting activity in a variety of sports, Dionigi (2004) posed key questions regarding whether older people resist “negative stereotypes of ageing” (p. 2); why older people feel it necessary “to push the ageing body so hard” (Dionigi 2002: 2); and whether older people “are attempting to defy the biological ageing process” (ibid.). By asking these questions, Dionigi pointed out the contradiction between their social motivation and active competing reality. She also posed questions about competitiveness considering whether older people regard it “as a symbol of youthfulness and personal empowerment” (Dionigi 2002: 3), which relates to the question how older people cope with the conflict between “feeling youthfulness” and “having physically ageing body” (ibid.).

Dionigi (2004) held that the purpose of the study was, on one hand, to explore the reasons for older people’s participation in high-intensity sport (or physically demanding sport), that is a socially unacceptable domain for older people, against the backdrop of contradiction and conflict between ageing body and youthful sporting activity and, on the other hand, to elucidate “the complex and contradictory interplay of resistance and conformity, empowerment and denial, identity and the body” (Dionigi 2004: 3) that underpin older people’s sporting activity.

It is significant that in her study Dionigi distinguished the usage of the term ‘older’, which chronologically started from 55 years, from “deep old” (Dionigi 2004) or “the oldest-old” (Williamson and Asla 2009: 77). This distinction of the Fourth Age as a target group is meaningful because the Fourth Age is associated with the utmost stage of life span and is characterised with “frailty, [increasing] dependence, and the imminence of death” (Dionigi 2004; Lamdin & Fugate, 1997: 30-31. In: Williamson and Asla 2009:77; Laslett, 1996; Baltes and Smith, 2003). Even so, recent trend of older people’s sporting activity shows active participation in sports by septuagenarians, octogenarians and even by nonagenarians (Dionigi 2004; Senior Citizen Sports 2009).

Another significant distinction in Dionigi’s study is exclusion of ‘age-appropriate’ low-intensity sports. It is because she assumed that by restricting focus on physically demanding sports namely vigorous sports “the issues associated with resistance, empowerment, pushing the body to
extremes and competitiveness would emerge” (Dionigi 2004: 9). Therefore, Dionigi focused on older people participating in highly competitive Masters and Seniors Games. However, the spirit underpinning those Games is not competitiveness, but “the friendly games” (such as Alice Springs Masters Games 2008; Dionigi 2005). There are two types of competitors: one type is of those who want to challenge aiming at higher record/better results in time races. The other type is of those who want sociality. The central issues of Dionigi’s study were whether, as serious competitors, older people’s feelings of being youthful and empowered “are driven by fear, desperate resistance to, or perhaps a denial of, the physical ageing process and onset of deep old age” (Dionigi 2004: 25) or whether older people “are competing in sports for adding ‘life’ (single quotation marks in the original) to years, not years to their life” (Dionigi 2004: 25).

For the purpose of clearing up the apparent contradiction between competitiveness and sociality among older people who participate in high-intensity sports activity, Dionigi made use of three qualitative data collection methods that are field observation, participant-observation and short semi-structured interviews “on-site” (Dionigi 2004: 23) with 110 participants aged 55-94 years at the 2001 Australian Masters Games. Dionigi’s study was constructed on life stage theories, post-structural theory of resistance and empowerment, and traditional and post-modern theories of identity management in later life to interpret the phenomenon of older people competing in high-intensity sport or physically demanding sport from the perspectives of postmodernism (Dionigi 2004). The central finding of the study was that resistance, empowerment, conformity, identity and denial intersect within older people’s sporting activity against the backdrop of contradictory issues namely friendship and fun versus competition, and youthfulness versus the ageing body.

Another research study was conducted by Dionigi et al. (2013) in the thematic framework of “three key performance maintenance theories: (a) preserved differentiation, (b) selective maintenance and (c) compensation postulated by Horton et al. 2008. Using qualitative interview methods, the research investigated 44 older athletes (21 men and 23 women) with an average age of 72 years who participated in the 2009 Sydney World Masters Games. The research themes are: (1) ‘Use it or lose it’: (performance preservation required specific ‘training’ and the continuation of general physical activity); (2) ‘Adapt’/’modify’ (participants compensated for their decline in speed, strength and endurance so they could continue competing in sport); (3) ‘It’s in my genes’ (participants attributed their ‘family history’ and/or innate ‘determination’ to performance maintenance); and (4) ‘I like to push myself’ (participants valued improved performance, pushing their bodies and winning which motivated them to continually train and compete) (Dionigi et al. 2013). The research was conducted with elite older athletes from the perspective of performance preservation. The research focused on the ways of older athletes who continue competing in sport.
despite their ageing bodies and their description of training methods and strategies for performance maintenance (Dionigi et al. 2013). Based on the data, Dionigi et al. argued that:

(i) Compensation and continued training are effective ways to counter physiological decline in later life interestingly for not only life-long athletes, but also for later-life beginners to sport, who demonstrated high performance and skill; and

(ii) Socio-cultural values of high performance and youthfulness shape/are shaped by individual motivation and determination to maintain sports performance. However this maintenance requires adaptation and modification of skills in order to continue training (Dionigi et al. 2013).

It seems that although Dionigi et al. did not mention Baltes’s SOC she consolidated her theory in the framework of Horton et al. (2008) who have postulated their theory that resembles Baltes’s SOC.

2.4.5 Competitiveness

Comparing Dionigi’s study with Heuser’s one, it is evident that their foci are different. Dionigi’s focus was on physically demanding sport namely high-intensity sport such as marathon running, swimming, cycling, triathlons, basketball, netball and field hockey (Dionigi 2004). On the other hand, Heuser focussed on low-intensity sport (bowls). Dionigi intentionally excluded low-intensity sports in her study because low-intensity sports such as bowls and golf are more passive, age-appropriate sports (Dionigi 2004). However, in terms of competitiveness, Heuser gave us evidence that some older women “found themselves captivated by the challenge, the strategy, and/or the competition and winning associated with bowls” (Heuser 2004: 51) with the inconsistent challenge to their play and “competition fuelled the burning desire to win” (Heuser 2004 ibid.). Although older women who played at their clubs were characterised by more casual friendliness and light-heartedness, older women who were elected for more serious games of “metropolitan pennants” committed themselves to team play so deeply as to be enormously pressured (Heuser 2004 ibid.). In this respect, even in a low-intensity sport, competitiveness is a great factor or a driver for older people to play.
2.4.6 The functions of sports clubs

Sports are "social phenomena" (Coakley 2009: 4). Coakley defined sociology as "the study of the social worlds that people create, organize, maintain, and change through their relationship with each other" (italics in the original) (2008: 4). Predicated on this definition, Coakley argued:

They [social worlds] encompass all aspects of social life: the values and beliefs that we use to make sense of our lives; our everyday actions and relationships; and the groups, organisations, communities, and societies that we form as we make choices, develop relationships, and participate in social life" (Coakley 2009: 6).

From this argument, clubs and athletic teams can be regarded as social worlds where people have strong affiliation with peers, for example, in older women’s bowling activities (Heuser 2004). Heuser’s study explored the features of a bowling club, which she found to be associated with creation and maintenance of not only bowling activity but also social activity by older women bowlers. When older women play bowls together, it can produce ‘social capital’ (Tonts 2005).

Social capital refers to the benefits of connections between individuals (Putnam 1995; Coakley 2009). Social capital is also associated with “features of social life—networks, norms and social trust that facilitate coordination and cooperation for mutual benefit” (Putnam 1995: 67). “Trust and reciprocity” (Field 2003 In: Tonts 2005: 138) are important norms underpinning this concept of social capital. Predicated on Putnam’s theory of social capital, Tonts (2005) held that social capital can be divided into two variables: one is called “bridging (or inclusive) social capital and the other is bonding (or exclusive) social capital” (Tonts 2005: 138). Bonding social capital is characterised with homogeneity such as “bonds within a closely knit sporting club” (Tonts 2005: 138). In contrast, bridging social capital is related to heterogeneity such as “links between people from other social groups which may differ in religion, ethnicity, or socio-economic status” (Tonts 2005 138). However, the negative effect of social capital is an important issue. Homogeneity of social capital underpinned with the norms of “trust and reciprocity” (Tonts 2005: 138) tends to exclude the third parties (Tonts 2005) through “racism, sectarianism and social exclusion” (Field 2003 138).

Tonts argued that sport contributes to the development of both bridging and bonding social capital (Tonts 2005). In order to elucidate the role of sporting activity in sporting clubs, Tonts used Putnam’s metaphor of “superglue” (Tonts 2005: 139) which bonds people tightly through pride, shared objectives and attachment to place and a sense of identity that forms bonding social capital.
in the club (Tonts 2005: 138). Importantly, Tonts (2005) pointed out that long-lasting population decrease in a rural area in Western Australia has caused the closure of many sport clubs due to "the erosion of social network, local bonds and sense of community" (2005: 140) due to the high migration rate and transportation problems.

In order "to examine the links between participation in sporting clubs and creation and expression of social capital in a rural region in Western Australia" (Tonts 2005: 138), Tonts used two data collection methods. The first was the qualitative data collection method employed to interview 40 people face-to-face. Interviewees comprised "representatives from sporting clubs, local voluntary groups and local governments" (Tonts 2005: 140). Interview duration ranged from 45 minutes to 2 hours. The second method was the quantitative data collection through a questionnaire survey which was administered to 588 households (50 per cent of the total households). Returned usable questionnaires were 285 (48.5 per cent) (Tonts 2005). The questionnaire drew upon the mixed quantitative-qualitative method asking questions on "perceptions of 'community', levels of participation in sport, and the social role of sport in rural life" (Tonts 2005: 141). In addition to these two methods, qualitative data was collected from many informal discussions about local sports events with residents in the region (Tonts 2005).

One of the findings from the quantitative survey was the importance of interaction and connectivity during participation in sport at sporting clubs, which is the potential element of producing and maintaining social capital (Tonts 2005). Another quantitative finding was the importance of sport in terms of keeping in touch with friends and neighbours and "promoting a local 'sense of community'" (Tonts 2005: 143). These quantitative findings were corroborated by findings in qualitative face-to-face interviews, which emphasised social interaction or social connectivity in local communities more than physical activity and exercise (Tonts 2005). Evidence suggested that sport contributes to social capital comprised of both bridging and bonding capital through the formation of networks (Brown and Massey 2001; Tonts 2005).

Despite positive aspects, negative aspects of social capital are also designated. Tight-knit social networks predicated on trust and reciprocity can have negative results (Tonts 2005). Affordability of some sports such as golf is an impediment for some people to participate in it. Golf is regarded as "an exclusive activity" (Tonts 2005; Ulseth 2004). Factors such as gender, race and socio-economic status influence membership and participation. Furthermore, people who are unwilling and unable to participate in sport also come to suffer exclusion from social networks (Tonts 2005). In this respect, distribution of social capital is "not egalitarian in its nature" (Tonts 2005: 146). Even so, Tonts (2005) concluded that positive contributions of country sport to rural life
should not be underestimated, because sport fosters social integration (Field 2005), that is, "social interaction, a sense of place and community, and the range of physical and mental health benefits [that] contribute significantly to the wellbeing of rural citizens" (European Commission 2009; Coakley 2009; Tonts 2005: 148) at voluntary sports clubs (Ulseth 2004). In addition, a study highlighted the increasing trend that club leaders recruit members from older age groups (Stierlin 1998).

2.4.7 Life-course perspective and older people's sports participation

WHO has defined ageing as "the process of progressive change in the biological, psychological and social structure of individuals" (WHO 1999: 4). The process begins before humans are born and continues throughout their 'life courses'. The life-course perspective is a theoretical framework developed in the 1960s to examine people's lives from birth to death (and at all intervening stages). However, the usage and exact meaning of the words 'life course' varies in the various disciplines such as "medicine, epidemiology and public health, and the policy sciences" (Dannefer 2010). According to Alwin (2012), "There is hardly any agreement on what the 'life course' is" (Ibid. 206). Therefore, Alwin examined the literature to clarify the difference between "life course" and other words such as "life span" and "life cycle".

One of Alwin's important arguments is that the users of the term "life course" conflate the concept of "life course" with the concept of "life cycle" (Alwin 2012). He states that in the social sciences, the concept of "life cycle" emphasises "reproduction and generation within the framework of a population which has retained considerable interest among demographers" (Alwin 2012: 210), so that demographers prefer to use the term when they refer to biographical time. According to Alwin, incorporation of the biological dimension of life cycle into life-course models is the "outstanding challenges to researchers" (Alwin 2012: 210). It is important for researchers to recognise the traditional concept of life cycle from biology and the more recent concept of life course. Alwin agrees with Hogan's view (2000) that the life-course perspective is preferable to the concept of life cycle while "holding on to the life cycle as a distinct concept has clear advantages" (Alwin 2012).

Alwin reviewed "the conceptual literature on life course" which was published between the 1960s and 2010s, and revealed five different uses of the term "life course" (Alwin 2012). They are: "(a) life course as time or age, (b) life course as life stages, (c) life course as events, transitions, and trajectories, (d) life course as life-span human development, and (e) life course as early life influences (and their cumulation) on later adult outcomes" (Alwin 2012: 206; Hutchison 2011) in
the phrase of “the early-life antecedents of later-life outcomes” (Dannefer 2012: 221). Alwin integrates these five different contents into what he calls “age stratification-life course” (Alwin 2012: 217). This framework includes “historical and biographical time, incorporating within-person change (i.e., human development and/or aging), life cycle stages, and life course events, transitions, and trajectories across the entire life span” (all italics in the original) (Alwin 2012: 217). Alwin made much of the fifth life-course view namely ‘Life course as early life influences’. This view originally posited from the epidemiological perspective that “The life course approach offers an alternative way of linking early life factors to adult disease. It suggests that throughout the [life span] (brackets in the original) exposures or insults gradually accumulate through episodes of illness, adverse environmental conditions and behaviours increasing the risk of chronic disease and mortality” (Kuh and Ben-Shalomo 2004: 6 In: Alwin: 208). According to Dannefer (2010), “Across multiple societies, the fields of medicine and epidemiology are being transformed by life-course methods as investigators probe the long-term effects of early nutritional status, toxin exposure and other risks on age-related diseases, which create differential patterns of ageing and outcomes in old age” (p. 3).

Due to the development of the studies of Psychology and Sociology, the medicinal and epidemiological perspectives have been modified by the life-course perspective, which “focuses on developmental trajectories and articulates the ways in which early life events and experiences shape individual differences in outcomes measured in adulthood” (Alwin 2012: 213). Many researchers have used the words “life course” in reference to “the long view of human development and the accumulation of influences” (Alwin 2012: 213). According to Alwin, “the argument is typically extended further to suggest there is a further compounding, or an accentuation, of the influences of the social environment over time, but this has not been closely examined” (Alwin 2012: 213). At the end of his paper, Alwin hopes that “this conceptual integration of concepts both helps promote a greater degree of clarity in the use of these concepts and its potential to illuminate the nature of human lives and processes of individual and social changes” (Alwin 2012: 217).

Hirvensalo and Lintunen (2011) reviewed literature which consisted of 61 publications and published a paper titled ‘Life-course perspective for physical activity and sports participation’ (Hirvensalo and Lintunen 2011). Drawing on the life-course perspective, the purpose of the paper was to discuss (1) physical activity and sports participation in a life-course framework, (2) long-term tracking, (3) determinants, (4) correlates of physical activity from childhood to old age and (5) possible causal links and pathways for the continuity of physical activity (Hirvensalo and Lintunen 2011: 13). Especially, in terms of older people’s sports participation, Hirvensalo and
Lintunen (2011) have pointed out that “There are only a few tracking studies that extend into old age and it is difficult to see any systematic age differences in the tracking coefficients reported in the different phases of life” (p.17).

One of Hirvensalo-and-Lintunen’s important findings in their literature review is that for men and women self-reported competitive sport participation from as early as 10-19 years, namely child to adolescence age, was a significant predictor of maintaining physical activity in old age regardless of chronic conditions. Men who reported consistent physical activity from mid-life onward needed fewer days of hospital care in their last year of life than those who reported less physical activity (Hirvensalo and Lintunen 2011). Other important findings are that many studies reviewed highlighted: (1) the importance of social networks in maintaining participation; (2) retirement allows older people ample opportunity to be physically active in their leisure time; (3) the positive change in leisure-time physical activity after retirement was mainly related to an increase in activities of moderate intensity, such as walking; (4) from very early young age, physical activity and sports participation are a key factor in building a future physically active lifestyle and thus a long-lasting habit; and (5) finally, being physically active in older age has great health benefits, and it is important that physical activity promotion be directed toward people who are preparing for retirement and who have recently retired (Hirvensalo and Lintunen 2011). Hirvensalo and Lintunen conclude that future research could focus more on the long-term pathways for a lower or high level of physical activity in different social circumstances and on interventions for these groups (namely people who are not so active), the role played by physical activity in various life transitions, and the processes of possible accumulation effects (Hirvensalo and Lintunen 2011: 21).

2.4.8 Cross-cultural perspective and older people’s sports participation

My research seeks to compare the specific features of sports participation by older people in Ireland, Australia and Japan from a cross-cultural perspective. Dergance et al. (2003) conducted an intervention study on “sedentary elderly Mexican and European Americans” from a cross-cultural perspective. The purpose of this study was “to compare ethnic differences in attitudes toward barriers and benefits of leisure-time physical activity (LTPA) in sedentary elderly Mexican (MAs) and European Americans (EAs)” (p.863). The target of this survey was “210 community-dwelling elders from 10 primary care practices in south Texas” (ibid.). Variables for the analysis included “ethnicity, age, sex, income, education, marital status, and LTPA” (p.863). Thei average age was 73.8. The researchers defined LTPA “as exercise performed during free time for at least 20 minutes without stopping that is strenuous enough to make the heart rate and
breathing increase substantially" (Dergance et al. 2003: 863). LTPA included walking, jogging, running, bicycling swimming and aerobics. In this study, sedentary individuals were defined as those who expended less than 500 kcal/wk. On the contrary, elderly people who were considered active expended 500 kcal/wk or more. One hundred elders among 210 participants in the research consisted of the 63 MA and 37 EA participants who were reported as having sedentary activity levels. Of these sedentary participants, 68 per cent were female and 32 per cent were male. One of the findings is that "self-consciousness and lack of self-discipline, lack of interest, lack of company, lack of enjoyment and lack of knowledge" were predominant barriers to LTPA in both groups (ibid.). The other finding is that, following the intervention, improved self-esteem, mood, shape and health were benefits shared by both groups.

In terms of cultural differences between the Mexicans and the European Americans, Dergance et al. (2003) found that "MAs and EAs have almost equivalent perceptions about some of the beneficial health effects of LTPA". However, they argued that "minorities (Mexicans) tend to have lower levels of LTPA during childhood, poorer health and functional status as adults, and less social support" (p. 866). This finding indicates that there might be some deep-seated cultural reasons and life-course factors that underlie sports participation both at younger and older ages.

Gordon (2004) defined that “everyone has a cultural identity and cultural values. Culture refers to the learned, created and shared experiences that characterize a people’s world view” (p. 23). According to this definition, what contribute to cultural identity are “language, clothing, music, food, art, rituals, religion, ideas, feelings and behaviour” (ibid.). These components of culture interplay each other to make a culture complex. Furthermore, “culture is shaped by gender, age, sexual orientation, disability, geographic region, geographic setting (urban/suburban/rural), and other factors” (p. 23).

From the negative perspective, Gordon took up the barriers that prevent or limit access to exercise in cultural context. (Gordon 2004). He categorised them as follows:

(1) Environmental—transportation, land use patterns, lack of facilities, climate;

(2) Social and interpersonal—gender, race and age bias, lack of role models and leadership, group norms that don’t support exercise;

(3) Intrapersonal—lack of exercise self-efficacy, fears, previous bad experience with exercise;
In terms of older people's sporting activities, some of these factors will be investigated in my research. For example, environmental barriers are directly relevant to older people's sports participation. Some sports settings are located out-of-the-way areas, necessitating transport. Besides, the climates in the three countries are very different, which affects older people's sporting activities. The weather in Ireland is very unsteady. The weather in Australia is problematic due to its dry weather all over the country, while the weather in Japan is extremely hot and humid in the summer time. The difference of the weather may influence the play style of sporting activities by older people in the three countries (Landauer et al. 2013).

Gender in cultural difference affects men's play and women's play separately or simultaneously as well as their family norms and certain stages of their life course. The significant social and cultural differences between the three countries enable comparisons in order to understand how older people are different in their organised sports activities from the cross-cultural perspective. As the conclusion, Gordon stated that "whether or not all (italics in the original) older adults have the opportunity to age actively is a critical issue of our time" (Gordon 2004: 28).

2.5 Gaps in the literature

As very little research has been conducted to date on older people's sporting activity, older people's sport participation can be regarded as a research domain that has to be newly explored. As discussed above, Dionigi (2004) purposefully excluded low-intensity sports from her study. In terms of competitiveness, this literature review found through Heuser's study (2004) that participants in both low- and high-intensity sports had the same drive to win the games, thus perhaps suggesting that there is no need to compare low-intensity sports with high-intensity sports from the perspective of competitiveness. However, Dionigi's study on older people's sport participation was conducted only in one country that is Australia, while Heuser's study on older women's sporting activity focused on a single sport that is bowls held in Australia as well.
Furthermore, Dionigi targeted older ‘elite’ (my emphasis) athletes, while I target the ordinary sportspeople similar to Heuser’s bowlers.

In order to fill the gap in the literature, this thesis focuses on ordinary older people participating in two different popular sports (golf as a low-intensity sport, and swimming as a high-intensity sport) in three different countries namely Ireland, Australia and Japan. From the cross-cultural perspective on one hand, my study on older people’s sporting activities contributes to understanding older people’s attitudes and perceptions of participating club-based sports activities comparatively. From the life-course perspective on the other hand, my project analyses general trends and developments in sport participation across the life courses of older people in three countries, covering each age trajectories from children to adolescence, from young people to late young people, from middle-aged and older people until 80 years. My project considers the reciprocal influences of sport clubs on members, and members on clubs as well. By studying older sports people in three countries, this project can contribute to disclosing the similarities and differences in the attitudes, experiences and conceptions of older people in the three contexts.

2.6 Conclusions

In this chapter, key literature relevant to older people’s sports activities was reviewed, including their shift from inactive to active lifestyle through sporting activity. Among current theories on ageing in social sciences, especially continuity theory has direct relevance underpinned by Baltes’ SOA to older people’s active sports participation. The meaning of sports and sporting clubs has also been reviewed. The reasons for older people’s inactivity were identified as disinterest in physical activity, health concerns and fear of injury. In terms of older women, fear of serious injuries such as falls during physical activity was their major concern about participating in sporting activity (Bruce, *et al.* 2002; Crombie *et al.* 2004).

The development of modern technology has double-edged impacts namely positive and negative impacts on older people’s lifestyle. Researchers have found from the physiological perspectives that physical activities prevent and reduce injuries and chronic diseases result from inactive, sedentary life styles, while from the perspectives of sociology and sport science, physical activities are identified as contributing to maintaining successful ageing and quality of life in an individual’s later life. Furthermore, researchers have shown that physical activities and sports create mental health benefits such as improvement in mood and reduction of depression and anxiety (Penedo *et al.* 2005). There is a study showing that physical activities keep older people’s brain healthy (Cotman *et al.* 2007). Cotman reported that “The benefits of exercise have been best
defined for learning and memory, protection from neurodegeneration and alleviation of depression, particularly in elderly populations" (p. 464). Cotman et al. concluded their study saying that “Overall, exercise increases brain health – just as it improves body health – and thus represents an exciting lifestyle intervention technique to improve brain plasticity, function and resistance to neurodegenerative diseases” (p: 470).

Sporting activity at sporting clubs contributes to self-integration, social integration through social interaction, socialisation and social connectivity in social networks as well as social capital. However, it cannot be overlooked that there are many people who engage in self-regulatory physical activities either because they have scarce personal resources to formally organize their physical activities at sporting clubs (Coakley 2009; Long 2004) or because they have no desire to participate in clubs and competitive games even if they have the financial resources.

Classic theories of gerontology such as disengagement theory, activity theory and continuity theory, other theories of ageing such as Rowe-and-Kahn’s theory of successful ageing, Baltes’s theory of Selection, Optimisation with Compensation (SOC) and Alwin’s clarification of diverse meaning of life-course perspective (theory) have informed this exploratory study of older people’s club-based sporting activity. Furthermore, Putnam’s theory of social capital is significant to the study of sporting clubs or organisations.

Other issues related to culture cannot be disregarded. They are classified into environmental issues such as “transportation, land use patterns, lack of facilities, and climate” (Gordon 2004: 26); social issues such as “lack of role models and leadership; interpersonal issues such as lack of sport self-efficacy, fears, previous bad experience” (Gordon 2004: 26). However, there has been a dearth of research relating to those issues in the study of older people’s sporting activities.

This study can illuminate some of the key cross-cultural factors underlying the differences among older people participating in club-based sporting activity in cross-national comparisons. In this sense, I intend to make a significant contribution to highlighting (1) older people’s sporting activities at club setting and sports organisations, (2) ageing problems in their sports activities, (3) life stage effects to their sporting activities and (4) influences of cultural and structural contexts from both life-course and cross-cultural perspectives in the framework of social gerontology—a research area that no researcher has explored yet.

In terms of originality, there are two original features in this thesis. The first original feature is that this study is conducted on older people aged 60 years and over who participate in different
sports i.e. swimming and golfing in different countries i.e. Ireland, Australia and Japan from the comparative perspective. No studies have compared sporting activity of older people at both organisational (macro) and individual (micro) levels in multiple countries. Older people’s sports activities, sports clubs and sports organisations relate tightly to each other and have mutual influence.

The second original feature lies in the comparative perspective. A comparative study makes it feasible to detect the common features and differences in the attitudes of older people towards sports in three countries.

In order to explore older people’s experiences of participating in sporting activity in different cultural contexts, qualitative methods are most appropriate. In this research, plural data collection methods such as individual face-to-face interviews and focus groups are used because of their flexibility to explore and illuminate older people’s subjective meanings and understandings of their participation in sporting activity from the socio-gerontological and cross-cultural perspectives. The qualitative methods employed will be discussed in detail in the next Chapter Three on research methods.
Chapter Three

Research methods

3.1 Introduction

This research on older people participating in two sports activities specially organised for them was conducted through interviewing older sportspeople and club managers/sports organisers in Ireland, Australia and Japan. Key research questions are: (1) what are older people’s subjective understandings of their participation in organised sports; (2) why do older people participate in organised sports; (3) what are their experiences of both low-activity and high-activity sports participation and (4) what are the relationship between club managers/sports organisers and older sportspeople. Club managers directly relate to the management of their clubs where older people enjoy their sports, while sports organisers have responsibilities of running sports bodies and know histories of their sports bodies. Older people’s club-based sporting activities cannot be carried on without the underpinnings of club managers and sports organisers.

Australia and Japan have a longer and more widespread tradition of sports activities. The purpose of this international backdrop was to set the development of older persons’ sports activities in an international context that made it possible to draw some broad comparisons of the phenomenon of specially organised sporting activities for older people across different contexts. Against this backdrop of an understanding of the two countries with prominent sporting activities for older people, this research is able to explore reasons for the lower level of such organised activities in Ireland.

In order to reach successful conclusion, this research required appropriate methods to collect and analyse new empirical data. According to Mason (2002), researchers need to work out how best to ensure that their explanations and analysis of data are convincing. As such, an appropriate method must be used to collect, analyse and conceptualise data so that theories can be generated, tested, accepted or rejected. Accordingly, this chapter outlines the detailed research methods through which data collection, analysis and conceptualisation were carried out. This chapter is comprised of ten sections. Section 3.2 explains why qualitative approach was adapted to this project; Section 3.3 looks at the two methods used for sampling; Section 3.4 explains the two data collection methods of interviewing; Section 3.5 deals with the practical steps of carrying out the research; Section 3.6 is concerned with how theories are generated from the data on the basis of grounded
theory; Section 3.7 indicates the limitations of my research; Section 3.8 examines the quality of qualitative data analysis; Section 3.9 relates to the ethical issues of this qualitative research namely how we should deal with older participants in this project. The final Section 3.10 Chapter Conclusions explain the overall merits of utilising qualitative approaches in this research.

3.2 The rationale for adopting a qualitative approach to the project

Two broad traditions for inquiry have been identified within Sociology. Sociologists who take the epistemological position of positivism advocate the application of the methods of the natural sciences to the study of social reality (Bryman 2004; Haralambos and Holborn 2004). They usually use quantitative methods i.e. numerical statistical methods. On the contrary, the sociologists who stand on the contrasting epistemological position of interpretivism are critical of the application of the scientific mode to the study of the social world. They use qualitative methods (Bryman 2004; Haralambos and Holborn 2004). However, it is important to realise that the two approaches are not incompatible. Often researchers use one research strategy to make up for the other's weaknesses. Furthermore, researchers can employ a quantitative research approach for the analysis of qualitative studies, while they can employ a qualitative research approach to examine the rhetoric of quantitative researchers (Bryman 2004). In order to attain the objectives of this research, I need to make sure that the explanation and description of the meanings of older people's participation in sports activities, their motives, feelings and emotions are convincing. As such, I have to choose an appropriate methodology to produce and analyse data in order to explore these phenomena.

Quantitative research typically involves a large number of cases and the use of structured instruments such as surveys for the generation of numerical data that provide answers to questions such as 'how much?,' 'how often?' and 'to what extent?'. For example, the quantitative survey conducted by Go for Life/Irish Sports Council (2007) gave us data on attitudes to and participation by older adults in sport and physical activity from the quantitative perspective. 1,000 people aged 50 years or older took part in the survey (Go for Life/Irish Sports Council 2007: p.10). To mention one example from the section of 'Sports Played', asking which sports are most played by older people in Ireland and at what intensity, the most popular of all activities in terms of participation was golf (Go for Life/Irish Sports Council 2007: 14). It was played by 27 per cent of respondents, which equated to 11 per cent of all older people aged 65 and over in Ireland.

Statistical data provide succinct and simple summaries of major patterns. The survey method strives to be objective and systematic. In the statistical sense, the result of the survey is very
reliable and valid if the survey is properly designed and administered. However, the factors that are not directly observable i.e. meanings, feelings, purposes and motivations which orient and direct older people’s participation in golf remain ambiguous. The limitations of quantitative research are pointed out in the following way:

(i) This method considers outcomes and says little of process.

(ii) An empiricist problem is raised for; it deals only with information which can be measured and standardized and for this reason considers only data which can be simplified into categories.

(iii) In this preoccupation, it reproduces the meanings used by authors in the first instance, as opposed to subjecting them to critical production.

(iv) From an ethnomethodological perspective, it fails to understand the common-sense context of their production and interpretation as part of the methods by which people make sense of their social world (Benson and Hughes 1991; Heath and Hindmarsh 2002. In: May 2001: 192).

In contrast, interpretive or qualitative research is concerned with finding the answers to questions which begin with ‘Why?’, ‘How?’ and ‘In what way?’ The qualitative approach provides ways of accessing deep, detailed individual experiences. According to Denzin and Lincoln (2004: 2), “Qualitative research is multimethod in focus, involving an interpretive, naturalistic approach to its subject matter”. Therefore, I had to look at older people’s sporting activities in their natural settings, and had to make sense of, or interpret their activities with the meanings older people give to their activities. Qualitative research uses studies which are empirically oriented with a variety of methods such as “case study, personal experience, introspective, life story, interview, observational, historical, interactional and visual texts that describe routine and problematic moments and meanings in individuals’ lives” (Denzin and Lincoln 2004: 4). In this sense, “qualitative research is a broad umbrella term for research methodologies that describe and explain persons’ experiences, behaviours, interactions and social contexts without the use of statistical procedures or quantification” (Fossey et al. 2002: 717).

I adopted qualitative research methods in this research in order to explore the area of older people’s experiences of sporting activities at specially organised settings. At focus groups I talked
with older participants in sports activities about the meanings they put to their participation, their motivations, experiences and perceptions, while I conducted interviews one-on-one with organisers of sporting activities. Relevant records and documents were examined and sufficient data were collected through interviews and document reviews. The raw data were transcribed into readable narrative description. The data collected from three countries i.e. Ireland, Australia and Japan were placed in the context of an international comparison focusing on the timing of older people’s participation in sports activities in their life courses and principal reasons for participation in sports activities in each cultural, social and public health context.

One of the advantages of qualitative approach is its adaptability to this research which was undertaken to find out the unobservable meaning located in older people’s participation in organised sports activities at the club settings. Another advantage was “the prospect of flexibility” (Bryman 2004: 283). Flexibility is regarded as a prime advantage of qualitative research, because the qualitative approach allows “new or unanticipated issues to be explored rather than using a fixed or standardised research protocol” (Green & Thurgood 2004 In: Draper 2004: 642). Furthermore, Bryman explains flexibility in the following way:

The researcher can change direction in the course of their investigation much more easily than in quantitative research, which tends to have a built-in momentum once the data collection is under way. It responds to the direction in which interviewees take the interview and perhaps adjusting the emphasis in the research as a result of significant issues that emerge in the course of interview (2004: 283).

As such, the flexibility of qualitative methods was most appropriate to the research in this project which was exploratory in nature. Despite the preference for qualitative approach in this research, its limitations must be acknowledged. Predicated on Bryman’s explanation (2004: 284-285), the critique of qualitative approach can be briefly summarised into the following points: (1) too much subjectivity, (2) difficulty in replication, (3) problems of generalisation, (4) difficulty to establish from qualitative research what the researcher actually did (emphasis in the original) and how he or she arrived at the study’s conclusions; additionally, (5) the voluminous data that makes analysis, transcription and interpretation time-consuming (Mason 2002; Shuy 2001 In: Gubrium and Holstein 2001).

This research is exploratory in nature and seeks to unearth an understanding about older people’s sports activities that have been little known about. Therefore, I conducted this research to find the meaning of or to understand the experience of the given situation to an older person or a group of
older people. Older people's participation in sports activities was examined in detail and depth. This research was not restricted to specific questions or lists. Face-to-face discussions were conducted in interviews to yield relevant information. The research framework and direction were quickly revised as new information emerged during the process of interviewing. In this respect, the qualitative approach was particularly well suited to this research (Kendra & Taplin 2004). The research built on data gathered from this particular context of older people's sporting activities until patterns of behaviour and perception started to emerge and a theoretical understanding of why older people participate in sports activities was generated.

3.3 Principles of sampling

When the topic of older people participating in sporting activity was decided to be approached through qualitative methods, the next stage was to decide what type of samples should be selected for the research. A 'sample' is defined as a subset of the target population: that is, the older participants in a sports activity and club managers or executives of sports organisations in this research. However, even if the population was limited to older participants aged 60 years or over, the sports population is too large. Therefore, I had to resort to strategies to obtain rich and accurate information from smaller number of older participants in sports activities, clubs managers and executives of sports organisations (Haralambos and Holborn 2004; Bryman 2004; Parahoe 2006). I conducted focus groups where the number of interviewees (samples) was limited to three to five older people.

The method of sampling selection depends on a probability or a non-probability approach. In probability approach, the chance of selection is known in advance. In contrast, non-probability samples are made up of people whose chances of selection are not known in advance. In this research, there was no pre-defined sampling frame to use in three countries. Therefore, I had to choose the sample which could best provide the required data from participants in this project from the non-probability perspective. Central to this research was how to select samples (participants) to acquire the best possible data from them. There are five types of non-probability sampling, namely (1) accidental, (2) purposive (purposeful), (3) volunteer (self-selected), (4) snowball and (5) quota (Parahoo 2006). Among these types of sampling, I selected two sampling types i.e. 'purposive sampling' and 'snowball sampling'. 'Purposive sampling' involved me deliberately choosing who to include in the study on the basis that those selected could provide the necessary data. This project targeted older people aged between 60 and 80 years engaged in club-based swimming and golfing activities. Therefore, the participants were purposively chosen in that age range. In snowball sampling, I made the initial contact with an older person in a group
of older people at sports clubs, who were relevant to the research topic. Then I recruited the help of each original person to establish contacts with others (Ryman 2004; Parahoo 2006).

‘Purposive sampling’ and ‘snowball sampling’ methods were most appropriate for the research because I was a complete stranger in Australia and Ireland, and did not know any older people participating in sports activities. At first, I accessed sporting clubs or sports organisations by the Internet. When each individual older participant responded to me by email, I made the arrangements for interviewing him/her through the exchange of emails. The ‘purposive’ sampling was extended to a ‘snowball’ sampling method to recruit participants in focus groups. The first stage of the snowball sampling was to get in touch with a previously unknown older swimmer/golfer on the homepage of his/her club by the Internet. When each individual older participant initially responded to the researcher by email, several emails were then exchanged between the participant and the researcher. When the proposal to participate in this research was accepted by that given older swimmer/golfer, the person concerned in turn referred someone whom he/she knew until a focus group was made up with three to five participants at maximum.

Issues with using emails to recruit participants in this study were: (1) An older participant in this research suspected the authenticity of the project and regarded the study as a scam; (2) as Parahoo (2006) has put it, “One of the major drawbacks of snowball samples is that participants may refer people of similar backgrounds and outlook to themselves” (p: 270), and the members of the focus groups were mainly comprised of friends; (3) the number of responses was not all but half to my emails proposing participation in my project; and finally (4) many respondents did not know what is a focus group. Therefore, they applied for the participation in interviews as an individual, not as a member of a focus group. I recognised at the first stage of recruitment that I should need to explain what a focus group is to the participants in interviews.

In terms of individual face-to-face interviews, club managers or executives of swimming/golfing organisations were contacted by emails to ask for their cooperation to the research. The same two types of sampling i.e. purposive and snowball were used to sample club managers and executives of sports organisations for face-to-face interviews. Contrary to recruiting members of focus groups by emails, it is easier to recruit club managers or executives of sporting organisations as face-to-face interviewees by emails, sometimes supplemented by telephoning. In some cases executives of sports organisations directly gave a telephone call to a local sporting clubs to avail me to conduct focus groups. The interviews were conducted at sporting clubs and at the offices of sports organisations.
As I had no personal experience of golfing, I had to understand what kind of the sport it is. I had to identify the sport clubs’ locations, histories of sports clubs/organisations concerned, experiences of older participants, meanings of specific sports selection by them, and activities of clubs/organisations. Therefore, I sought to find the meaning of or understand the experience of a given sport via individual face-to-face interviews usually held at offices in sports organisations or focus groups held at sports settings such as swimming pools, or golf club houses.

3.4 Data collection methods

Interviewing, focus groups, and participant observation are common methods of qualitative data collection. To try to understand older people’s sports activities at their club settings, interviewing was recognised as the most commonly used and powerful ways. However, asking questions and getting answers was a much harder task than it might seem at first glance (Gubrium and Holstein, 2001). The spoken words in interviewing always have some ambiguity, no matter how carefully the questions are asked and how carefully the answers are recorded or coded (Denzin and Lincoln, 2004). Even so, collecting natural conversations as they occurred in face-to-face interviewing and focus groups were regarded as fundamental forms of data collection in this kind of social research on club-based sports activities for older people. I applied two data collection methods in this research, i.e. individual face-to-face interviewing, and focus groups, both of which were held in a semi-structured conversational way.

3.4.1 Face-to-face interviews with club managers or executives of sports organisations

Qualitative interviewing includes a wide variety of forms. The most common form of interviewing involves individual face-to-face verbal exchange. Individual interviewing is a semi-structured or open-ended conversation conducted intensively to access the interviewee’s deep knowledge. Interviews with club managers or executives of sports organisations took the form of face-to-face individual interviewing. Face-to-face interviews can be structured, semi-structured or unstructured (Denzin and Lincoln, 2004). Semi-structured interview is explained by Fossey et al. (2002: 727) as follows:

"Semi-structured interviews are used to facilitate more focused exploration of a specific topic, using an interview guide. Interview guides usually contain a list of questions and prompts designed to guide the interview in a focused, yet flexible and conversational, manner".
In this research, semi-structured interviewing was conducted because of the interviewer’s scope for controlling the process of interviewing. The pre-determined questions of semi-structured interview provided the structure to the interview. However, I was careful about the degree of control and structure which could be minimal to allow topics and perspectives to easily emerge from the club managers or the executives of sports organisations in the interviews held at club houses and offices of sports organisations (Parahoo 2006). By doing so, validity was enhanced because interviewees i.e. club managers or the executives were enabled to understand the questions, while I could ask for clarifications and probe for further responses when necessary (Parahoo 2006). In order to understand the histories, the organisational issues and structures of sporting bodies, individual face-to-face interviewing method is most suitable for me to try to extract correct information without any bias (Becker et al. 2011).

3.4.2 Focus groups with older people

Another data collection method applied in this research was focus group interviewing. It is “a research technique that collects data through group interaction on a topic determined by the researcher” (Morgan 1996: 130. In: Gubrium and Holstein 2001).

When I engaged in interviews with older sportspeople, I did not conduct individual, face-to-face interviews with older people, because (1) the method costs time and money, (2) the method might have a risk to give an advice/adVICES during the interview; (3) the stage fright of the interviewer and respondent might be an obstacle to collect sufficient data; (2) the validity of sensitive responses might be unsure; (3) the interviewer’s/respondent’s biases might occur; and (4) manipulation might be possible unknowingly (Becker et al. 2011). Because of these disadvantages which face-to-face interviewing method contain, I did not use the face-to-face interviewing method to probe the inner depth of older people’s consciousness to sports activities.

Focus groups are usually conducted with small groups of people on a specific topic. In this research a group consisted of three to five older people at the maximum who participated in interviews for 45 minutes to one and a half hours at the maximum. Focus groups facilitated group discussions that made use of group interaction as the means to explore the research issue being studied. They shared experiences of the same sports activity usually at the same sports clubs. It was not necessary for the group either to reach consensus, or to disagree in interviewing because the objective was to get high-quality data in the sports activity context where older people could consider their own experiences and views in conversation with the others. Therefore, focus group
interviewing was an efficient way to obtain a broad understanding of older people’s sporting activities from a variety of perspectives (Parahoo 2006).

Assuming that older people’s sports activities stem from subjective meanings, it follows that the researcher must discover those meanings in order to understand their activities. I did not observe older people’s sports activities from the outside to impose an external logic upon their activities. Instead, by means of interviewing I found out and interpreted the internal logic that directed the activities of older participants in sports activities. The purpose of focus groups as qualitative interviewing in this research was to derive interpretations, not facts or laws, from older people’s talks (Gubrium and Holstein, 2001). Focus groups are aimed more substantively and interactionally in narrative or conversation analysis, in order to understand the meaning of older people’s experiences and life worlds in their sporting activities (Gubrium and Holstein 2001). Therefore, focus groups as qualitative interviewing were appropriate to interrogate the experiences of the older people targeted in this research (Silverman 1997).

3.4.3 Triangulation of interview methods

**Triangulation** is defined as methods that “are combined so that the strengths of one method can compensate for the weaknesses of another method and findings may be cross-checked. This combination of methods is called triangulation” (Fulcher & Scott 2003: 76). In order to enhance validity and clarity of this exploratory research on older people participating in sports activities, I had to access the reality of older participants by using and integrating different methods or sources corroborative to each other (Mason 2002). The importance of triangulation for enhancing the quality of data lay in the idea that gathering information from multiple sources (i.e. older people, sports organisers, and executives of sports organisations) in multiple ways (i.e. individual face-to-face interviews, focus groups, analysis of written documentation such as national action plans for older persons’ sports activities, and newspapers) illuminated different facets of situations and experiences, and helped to portray them in their complexity (Fossey 2002).

The reason why this research chose two methods of interviewing, namely, individual face-to-face interviews and focus groups was because some older respondents in focus groups might not disclose enough information about their experiences due to their lack of knowledge in terms of club organisation and club policies. Club managers/executives of sports organisations made up for the lack of the older people’s knowledge effectively through the individual face-to-face interview with sport club managers/executives. The individual face-to-face interviews facilitated my exploration of the organisational aspects of the sporting activity, such as the position of
club/organisation within the broader structure of organised sporting activities to which older people might not be connected directly. In order to make up insufficient information about the older people’s sporting activities, I had to seek any available data such as from national statistics, club newsletters, newspapers or magazines on the participation levels of older people in club-based sports activities. By doing so, I understood older people’s sporting activities from a broader perspective.

3.5 The research approach

Two exemplifying sports namely a low-intensity sport (golf) and a high-intensity sport (Masters swimming) were chosen to explore older people’s sporting activities in each of the three countries namely Ireland, Australia and Japan. The reasons why I chose these two sports are explained in the following section.

3.5.1 Criteria of low-intensity and high-intensity sports

According to a report titled Participation in Physical Activity Amongst Older People (National Ageing Research Institute 2003), “The Australian Risk Factor Prevalence Studies categorised physical activity as energetic if it made people breathe harder, puff, or pant, or light activity which did not make them breathe harder, puff or pant” (Active Australia 1998 In: National Ageing Research Institute: 16). Predicated on this categorisation, this research postulated the criteria that mild sporting is equivalent to ‘low-intensity activity’ and hard sporting is equivalent to ‘high-intensity activity’.

A survey evidenced that the most popular of all activities in terms of participation was golf (Go for Life/Irish Sports Council 2007: 14). It was played by 27 per cent of respondents, which equated to 11 per cent of all older people aged 65 and over. On the other hand, the second most popular sport by older people was swimming, which was undertaken by 23 per cent of older people, which equated to nine per cent of all older people aged 65 and over. Besides, the literature clearly distinguished that golfing and swimming are obviously different from each other in terms of the degree of their intensity. Golf walking pulling a club bag is 4.5 METs, while swimming – moderate/hard is 8-11 METs (see Chapter Two). In the following sub-section, the rationale of selecting two sports (golf and swimming) is explained.
3.5.2 The rationale of selecting two sports: Golf and swimming

This research illuminates older people's subjective understandings, and the physical, cultural and social contexts of sports participation. The thesis focuses on organised sports activities and sports organisations as understood by older people. It can also further our understanding of cultural, social and functional meanings of organised sports activities by older people in different contexts. Literature review detected two key pieces of research. One is Dionigi's study (2004) on older people's sport participation, which was conducted only in one country (Australia), while Heuser's study (2004) on older women's sporting activity focused on a single sport (bowls). In order to fill the gap in the literature, I examined older people participating in two different popular sports in three different countries namely Ireland, Australia and Japan. This is another contribution of this thesis, namely trying to probe into older people's sporting activities from not only the socio-gerontological but also the cross-cultural perspectives.

In terms of the selection of two sports i.e. golf and swimming in this research, a survey entitled "Physical Activity and Sport: Participation and Attitudes of Older People in Ireland" was conducted in 2007 and 2009. According to the 2007 edition, "the most popular activity, in terms of participation, was Golf" (Emphasis in the original) (Go for Life/Irish sports Council 2007: 14-15) and it was played by 27 per cent of 1,000 older participants aged 50 and over equating to 11 per cent of all older people (aged 65 and over). The second popular activity was swimming; 23 per cent of participants equating to nine per cent of the older cohort in Ireland. However, the ranking changed in the 2009 edition. The most popular sport was swimming (28 per cent of older participants). The next popular sport for older people was golf (26 per cent of older participants). Even if the ranking was changed, these two sports i.e. swimming and golfing are the most popular sports among older people in Ireland. In Australia, swimming had the third highest participation rate (13 per cent), while golf had the sixth highest participation (6.7 per cent) among older people. (Department of Health and Ageing, Australia 2010). In Japan, 45.3 per cent of the adult people participated in some kind of sports once in a week. In terms of older people aged between 60 and 69 years, 54.7 per cent of them participated in sports in general and 52.1 per cent of older people aged 70 and over participated in sports activity more than once a week (The Ministry of Internal Affairs and Communications in Japanese Government 2010). The most popular physical activity among Japanese older people was light exercise and walking. In the survey held in 2006, the proportion of older people taking light exercise and walking had been 22.9 per cent and in 2011 it was increased to 38.3 per cent among older people aged 65 and over. The participation rate in golf by older people had been 5.4 per cent in 2006, which increased to 5.8 per cent in 2011. Swimming
had been conducted by 3.9 per cent of older people in 2006. It was decreased to 3.6 per cent in 2011.

In the light of the above surveys, this research was focused on golf and Masters swimming. As already examined in the Chapter Two Literature (See p. 37), golf is a sport of which metabolic equivalents (METs) range from 4.0 METs to 4.5 METs (low-intensity sport), while moderate/hard swimming range from 8 METs to 11 METs (high-intensity sport). Sport is an activity involving physical exertion and skill in which older people compete against each other.

In terms of Masters swimming, Swim Ireland (2012) defines that “Irish Masters Swimming is an active group of older swimmers throughout the island of Ireland and organises swimming for over 19's under the auspices of Swim Ireland”. Older people compete within age groups of five years i.e. 60-64, 65-69, 70-74, 75-80 and so on. The objectives of Masters swimming is “to participate in and enjoy the sport, build friendships, encourage healthy lifestyles and to compete against other swimmers of similar age” (Swim Ireland 2012). Both Masters Swimming Australia and Japanese Masters Swimming Association observe the same principles and rules for participation. In this sense, Masters swimming is an organised, club-based competitive sport, not leisure physical activity.
Table Two: Study structure of interviewing

<table>
<thead>
<tr>
<th>Countries</th>
<th>Ireland</th>
<th>Australia</th>
<th>Japan</th>
<th>The number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews</td>
<td>golfing</td>
<td>swimming</td>
<td>golfing</td>
<td>swimming</td>
</tr>
</tbody>
</table>

Face-to-face interviews with Managers or executives [Stage 1]

<table>
<thead>
<tr>
<th>Countries</th>
<th>Ireland</th>
<th>Australia</th>
<th>Japan</th>
<th>The number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Groups with older participants</td>
<td>Pu.=25, 13</td>
<td>Pu.=12, 14</td>
<td>Pu.=13, 13</td>
<td>133</td>
</tr>
</tbody>
</table>

[Stage 2]

<table>
<thead>
<tr>
<th>Countries</th>
<th>Ireland</th>
<th>Australia</th>
<th>Japan</th>
<th>The number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtotal</td>
<td>51</td>
<td>18</td>
<td>31</td>
<td>21</td>
</tr>
</tbody>
</table>

(Abbreviations: f = female, m = male; Pu. = public golf course, Pr. = private golf course)
At Stage One, the researcher assembled data from administrative, organisational perspectives of sports organisations. The research participants at this stage were club managers, captains and chairs of sporting clubs together with the directors, ex-directors and secretary-generals of the umbrella organisations of each sport body. The organisational perspective was considered important as it was envisaged that the older people to be interviewed might lack knowledge about the history, culture and organisation of the perspective sporting activities. These data consisted of all the information collected about why and how the sports clubs and organisations were founded and clubs’ anchorage into regional and/or national level organisations and activities. These informants were used to identify and access important national-level action plans and other documents that gave an insight into the overall organisation and extent of organised sporting activities within each country context. The interviews sought to gain an understanding of both what motivated the establishment of organised sporting activity for older people in the specific case of the club or initiative in question, and the participant’s views on the reality of two sporting worlds together with sports activities of older people at the national level. The number of total face-to-face interviews was 41 in total. The gender breakdown was five women and 36 men reflecting the much greater presence of men in sports management roles in these countries.

Table Three: Individual interviews with managers and executives of sporting clubs or organisations

<table>
<thead>
<tr>
<th></th>
<th>Ireland</th>
<th>Australia</th>
<th>Japan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Golf</td>
<td>Swimming</td>
<td>Golf</td>
<td>Swimming</td>
</tr>
<tr>
<td>Settings</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Female Participants</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Male Participants</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Participants Total</td>
<td>9</td>
<td>5</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

In terms of interviewing with executives or secretary-generals, the face-to-face interview setting were bigger in Japan than in other two countries. It is because the researcher could manage to interview executives or secretary-generals at the top umbrella organisations of golfing. The smaller number of interviewees in Australia came from the special focus on Veterans older golfers because Veterans Golf Union was set up mainly for older golfers.
At Stage Two, the researcher assembled data from older participants in each sports activity to know why and how older people participated in sports activities at their respective sports clubs. The selection of people engaged in both mild and hard sports enabled identification of possible important differences in the motivations and experiences of these two groups. Participants in these sporting activities for older people were interviewed in order to gain an understanding of how and why they took up the activity.

In comparison with older swimmers, the number of older golfers was larger because of the diversity in the forms of golf courses. Golf courses are comprised of public golf courses and private golf courses. In Ireland, 'open golf courses' run by families have been popular among older Irish golfers due to their affordability and feasibility. This research could not overlook the existence of the open golf courses in Ireland. Furthermore, golf is mainly played separately by ladies and gentlemen in each country of Ireland, Australia and Japan. It might not be a determinant cause for older people to play separately according to their gender difference, but golf has been considered as 'a sport for gentlemen' for a long time. The public/private club and gender differences in playing golf meant that a greater number of interviews with golfers had to be included.

The above design yielded a total of 133 informants of focus groups (55 in Ireland, 39 in Australia and 39 in Japan), consulted in the course of a total 41 separate research events (14 individual interviews in Ireland, 13 individual interviews in Australia and 14 individual interviews in Japan). This number of research events was deemed manageable, and the number of interviews appropriate, in the context of a several-year research project undertaken by a single researcher.

Table Four: Focus groups of older swimmers and golfers in three countries

<table>
<thead>
<tr>
<th></th>
<th>Ireland</th>
<th>Australia</th>
<th>Japan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Golf</td>
<td>Swimming</td>
<td>Golf</td>
<td>Swimming</td>
</tr>
<tr>
<td>Settings</td>
<td>Pu. 7</td>
<td>Pr. 5</td>
<td>Pu. 3</td>
<td>Pr.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Female Participants</td>
<td>23</td>
<td>7</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Male Participants</td>
<td>19</td>
<td>6</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Participants Total</td>
<td>42</td>
<td>13</td>
<td>25</td>
<td>14</td>
</tr>
</tbody>
</table>

(Abbreviations: pu. = public; pr. = private)
3.5.4 Interview guides

The interview guides were developed for each type of face-to-face interviews/focus groups. The interview agenda for the sports activity organisers in three countries looked at the following topics.

(i) Description of pathway into sports involvement

“How and when did you start to organise this sports activity?”

(To club managers/executives of sports organisation)

“How and when did you start golfing or swimming?”

(To older people)

(ii) Motivation

“Why did you decide to organise this sports activity?”

(To club managers/executives of sports organisations)

“What did you decide to start swimming/golfing?”

(To older people)

(iii) Contribution

“What do you personally get out of organising this sports activity?”

(To club managers/executives of sports organisations)

“What do you personally get out of sports activities?”

(To older people)

(iv) Future

“What do you envisage for your sports clubs/sports organisations in the future?

(To club managers/executives of sports organisations)

“What do you envisage for your future sports activities?”

(To older people)

3.5.5 Data analysis: Grounded theory

In qualitative research, open-ended questions are usually formulated and allow the respondents to compose their own answers rather than choosing data, since respondents can say what they mean in their own voice. However, this kind of response might be difficult to classify and quantify. Bryman (2004) holds that “Because qualitative data deriving from interviews or participant
observation typically take the form of a large corpus of unstructured textual material, they are not straightforward to analyse" (ibid.: 398). Difficulties in qualitative analysis mainly comes from the problem that “we have few agreed-on canons for qualitative data analysis, in the sense of shared ground rules for drawing conclusions and verifying their sturdiness” (Miles and Huberman, 1984:16 In: Patton 1990). However, there are some guidelines to assist in analysing data. Five general approaches to qualitative data analysis are postulated in the following way: (1) Analytic induction, (2) Grounded theory, (3) Coding, (4) Narrative analysis and (5) The secondary analysis of other researchers’ qualitative data (Bryman, 2004: 398-399).

The most widely employed interpretive strategy in the social sciences today might be grounded theory (Denzin and Lincoln 2000). Grounded theory has been defined as “theory that was derived from data, systematically gathered and analysed through the research process. Data collection, analysis and eventual theory stand in close relationship to one another” (Strauss and Corbin 1998: 12 In: Bryman, 2004) in this method. Two central features of grounded theory are: the development of theory out of data and iterative, or recursive approach, meaning that “data collection and analysis proceed in tandem, repeatedly referring back to each other” (Bryman, 2004: 401; Haralambos and Holbom 2004: 913).

In this project, grounded theory was adopted and adapted to exploration of older people’s sports activities in three countries, namely Australia, Ireland and Japan. As shown in Table Four, the grounded theory began with a research question related to older people’s participation in sports activities. To solve this question, the researcher had to understand: firstly, what kinds of sports activities (i.e. mild sports or hard sports) were taking place at where (gyms, swimming pools or outdoors); secondly, how and why older people aged 60 and over participated in them; thirdly, why specific sports were chosen (i.e. golf and swimming). Relevant data to the research were collected through observation, conversation and interviews. Face-to-face individual interviews and focus groups were recorded by a voice recorder and the collected data were transcribed. Thereafter, the methods of grounded theory were used. The constant comparison was the most important part of the process in which I compared interviews or data recurrently in order to generate categories. Since the beginning of data collection, I took memos during the process of the generation of concepts and categories. Eventually, categories were saturated during the coding process. The coding method in this research was open coding. This process of open coding yielded concepts, which were later to be grouped and turned into categories (Bryman 2004). As the coding was proceeding, certain theoretical propositions or hypotheses occurred to the researcher. These propositions were about relationships between categories.
When the coding was undertaken, the following eight steps were recommended by Bryman to take (2004: 408-409): (1) code as soon as possible; (2) read through your initial set of transcripts, documents; (3) do it again; (4) review codes; (5) consider more general theoretical ideas in relation to codes and data; (6) remember that any one item or slice of data can and often should be coded in more than one way; (7) do not worry about generating what seems to be too many codes and (8) keep coding in perspective”. The open coding was conducted in the process of breaking down, constant comparison, conceptualisation and categorisation of data.

The main aim of coding data in this research was to explicitly build up or explicate concepts and theory inductively from the data. It is central to effective data analysis in the process of which data were labelled for examination to consider patterns, connections, or distinctions between data (Fossey 2002). This qualitative research resulted in large amounts of richly detailed data. This data usually originated from interview transcripts or observation notes and they must be “cut and paste” (Bryman 2004: 409) to represent major themes or categories that described the phenomenon being studied. Turning data into fragments or data reduction facilitated data analysis simply and efficiently. However, this researcher was often concerned about that facilitation, which caused the loss of the context of interview communication and of fragmented data. Nonetheless, Bryman has defended coding: “The coding method is unlikely to become less prominent” (Bryman 2004: 411).

In addition to grounded theory, this research employed some secondary analysis of diverse sources to deepen and contextualise understanding of the primary data-set. Due to the scarcity of information about older people’s sporting activities, this research had to depend on data generated by others such as official statistics, demography charts, sports magazines and newspapers. With improved access to micro-data from major official surveys, the researcher also used secondary analysis of such data “to complement analysis of new data-sets” (Scott & Marshall 2005: 586).

3.6. Processes of theory generation

Predicated on Bryman’s flow chart (Bryman 2004:404), Table Four (p. 74) is constructed to indicate how theories are generated from collected data.
Table 4: Flow chart of theory generation processes

**Stage One**

| Why and how the sports organisation concerned was founded |
| Face-to-face interviewing (Raw data) |
| Coding |
| Constant Comparison |
| Saturate categories |
| Explore relationship between categories |
| Collect data by face-to-face interviewing |
| Saturate categories |
| Collection and analysis of data in other setting |

**Stage Two**

| Why and how older people participated in sports activities |
| Focus groups (max. 5 participants) (Raw data) |
| Coding |
| Constant Comparison |
| Saturate categories |
| Explore relationship between categories |
| Collect data by focus groups |
| Saturate categories |
| Collection and analysis of data in other settings |

Formal theory
3.6.1 Limitations of grounded theory

I used grounded theory to generate theories from data collected by face-to-face interviews with the managers of sports clubs and sports organisations as well as focus groups of older people who participate in sports activities. However, critiques of grounded theory have focused on its status as theory. Bryman (2004: 406-407) outlined seven criticisms in the following way:

(1) Researchers’ awareness of relevant theories or concepts can be suspended until a quite late stage in the process of analysis;

(2) In many circumstances, researchers are required to spell out the possible implications of their planned investigation;

(3) Grounded theory has practical difficulties. The time taken to transcribe recordings of interviews can make it difficult for researchers to carry out a genuine grounded theory analysis with its constant interplay of data collection and conceptualisation;

(4) It is somewhat doubtful whether grounded theory in many instances really results in theory;

(5) Grounded theory is still vague on certain points, such as the differences between concepts and categories;

(6) Grounded theory is greatly associated with an approach to data analysis that invites researchers to fragment their data by coding the data into discrete chunks. This kind of activity results in a loss of sense of context and of narrow flow; and

(7) The presence of competing accounts of the ingredients of grounded theory does not make it easy to characterise it or establish how to use it.

Researchers using grounded theory have to do ‘feedback’ on their original research objectives. Frequently, they need to re-orientate the direction of sorting out the concepts and theories, reassess their concepts and theories and reconsider them in order to know any theories or concepts until the last stage of analysis. It is a very time-consuming work to do a ‘patchwork’ of producing theories from a chunk of ‘pieces of cloth’ (research data).
Despite these disadvantages, this research was undertaken in the grounded theory framework. The research was exploratory in nature, and sought to generate an understanding of older people's participation in sports activities, an area that little has been known about. Furthermore, the research attempted to find the meaning of i.e. understand the experience of sports via individual interviews and focus groups. From this perspective, grounded theory was the most appropriate method of approaching this research. However, this research has different limitations pertaining to protection of personal information, my nationality and mobility during undertaking research in the three countries. They are respectively explained in the following section.

3.7. Limitations of this research

This research specifically focused on older people's sporting activities from a qualitative research perspective. I conducted the research by analysing a large amount of data. The data analysis was underpinned by grounded theory. I carefully probed into older people's inner worlds so as not to commit infringements of their privacy. However, I recognised that this research was restricted by (i) the lack of data on old-age starters of sporting activities, (ii) the need for personal information protection, (iii) my nationality and (iv) limitation of mobility.

3.7.1 Limitations caused by the lack of data on old-age starters of sports activities

When I arranged focus groups with older sportspeople, I used the snowball sampling method, because the method was most feasible in the places where I had not been acquainted with any sportspeople. At first, I contacted sports clubs by the Internet to find an organiser of each focus group to recruit participants in the interviews for my research. As Parahoo (2006) has already pointed out (p. 68), the snowball sampling method has one major drawback, i.e. the organisers for focus group interviews tend to refer people of similar backgrounds to themselves, and the members of the focus groups in my study were mainly comprised of friends and acquaintances who shared similar sporting trajectories that typically started at younger ages, not novices of sporting activities. As organisers were veteran sportsmen and women, their friends were apt to come from the same sporting careers. I could have directly visited the locations of sports clubs in the three countries and applied other sampling methods such as volunteer sampling or self-selected sampling (Parahoo 2006: 268) in which older people come forward individually and of their own volition in responding to the invitation to participate (Parahoo 2006). If older participants had responded to a notice board or newspaper advertisements asking for volunteers to participate in my study (Parahoo 2006), I might have recruited old-age starters of sports activities and collected data of their motivations and experiences.
However, as stated above, this was not feasible due to the pragmatic limits of a single investigator study conducted in three different country contexts.

3.7.2 Limitations arising from protection of personal information

One of the important issues exacerbated by the prevalence of ICT (Information and Communication Technology) is 'personal information protection' relating to personal history, religion and so on. This research did not ask each participant to state their ages. It was decided at the onset that the age range under consideration would be the Third Age i.e. people aged ca. 60-80 years and in good physical health. I explained to the organiser of each focus group at the first stage of recruitment that participants in interviews should be in that age range.

Another issue stemming from ethics at the actual settings of the interview was that I had especially pay attention not to ask lady interviewees their age. Due to the gender and cultural differences the researcher refrained from asking participants their exact ages. Some lady interviewees told their age frankly. Some lady interviewees did not. However, I could conjecture their age in the course of interviewing them when they spoke of their sporting histories on their own, which enabled me to collect key information of their profiles.

In terms of religion, one of the semi-structured questions of this research was related to how the interviewees envisaged their future sporting activities. Therefore, the discourse during interviews was sometimes directed to the last stage of interviewees’ life courses. Irish and Australians tend to be Christians, while Japanese people believe in both Shintoism and Buddhism. When a topic was directed (implicitly) to a sudden death on a golf course or a swimming pool, even if it had been an interesting topic, I could not ask the interviewees about their view of death and life in depth, unless the interviewees voluntarily and frankly disclosed their opinions.

3.7.3 Limitations caused by the researcher’s nationality

I am not from an English-speaking country, so that during the interviews I sometimes had difficulties understanding interviewees’ narration when using rapid colloquial expressions. For example, many interviewees used “There’s...” when they expressed plural things such as “There’s many...” instead of “There are many...”. Furthermore, the interviewees frequently dropped personal pronouns. Sometimes, the interviewees’ logical sequences changed in abrupt ways. Therefore, I had to hire transcribers to transcribe some interviews.
3.7.4 Limitations of mobility in three countries

In terms of research areas, this research is a comparative study in three contexts: Ireland, Australia and Japan. It is impossible to travel all over these three countries to conduct interviews. Therefore, I concentrated on the golf and swimming clubs in the areas where I resided i.e. Dublin in Ireland, Melbourne, Sydney and Canberra in Eastern Australia and the central area of Japan where my home is located. There might have been some difference between older people’s sporting activities at their clubs located in city centres compared with out-of-the-way areas. As a traveller, I hesitated to move around remote areas by hired car/my own car given the limited period of research time.

3.8 Quality of qualitative research: Trustworthiness and authenticity

Any research should be subjected to critical examination in order to evaluate the robustness of the findings. The criteria used in evaluation need to be appropriate for the qualitative research paradigm (Horsburgh, 2003). Bryman (2004: 273) quotes Lincoln and Guba (1985) and Guba and Lincoln (1994) proposing that “it is necessary to specify terms and ways of establishing and assessing the quality of qualitative research. They propose two primary criteria for assessing a qualitative study: trustworthiness and authenticity” (ibid.).

3.8.1 Trustworthiness

Trustworthiness is made up of four criteria, each of which has an equivalent criterion in qualitative research: (i) credibility (internal validity); (ii) transferability (external validity), (iii) dependability (reliability) and (iv) confirmability (objectivity) (Devers 1999:1165; Bryman 2004: 273). Devers (1999: 1165) has quoted the proposal of Lincoln and Guava (1985) in his research article:

(i) Credibility refers to the “truth” of the findings, as viewed through the eyes of those being observed or interviewed and within the context in which the research is carried out.

(ii) Transferability refers to the extent to which findings can be transferred to other settings. In order for findings to be transferable, the contexts must be similar. Therefore, it is the role of the researcher to identify key aspects of the context from which the findings emerge and the extent to which they may be applicable to other contexts.

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(iii) Dependability refers to the extent to which the research would produce similar or consistent findings if carried out as described, including taking into account any factors that may have affected the research results.

(iv) Confirmability refers to evidence that corroborates the findings which are provided by researchers. Such evidence should come directly from subjects and research context, rather than the researcher’s biases, motivations, or perspectives.

3.8.2 Authenticity

Authenticity consists of fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity. However, Bryman does not recommend those criteria. Bryman (2004: 276) has reasoned, “The authenticity criteria are thought provoking but have not been influential, and their emphasis on the wider impact of research is controversial. They have certain points of affinity with action research, which is not currently a widely used form of social research (ibid.).

As aforementioned in the Section 3.4.3, triangulation is a strategy of enhancing validity and reliability of this research and evaluation of findings. Patton (1990) advocated the use of triangulation by stating “Studies that use only one method are more vulnerable to errors linked to that particular method (e.g., loaded interview questions, biased or untrue responses) than studies that use multiple methods in which different types of data provide cross-data validity checks” (p. 188). In this research, the aim was to conduct research that “probes for deeper understanding rather than examining surface features” (Johnson 1995: 4 In: Golafshani 2003) of older people’s sporting activities at the backdrop of clubs or sporting organisations. By adopting triangulation in this research, the validity and reliability of this research was enhanced greatly. In terms of reliability and replicability, careful documentation of methods of this research would surely allow the same kind of a project to be replicated in other countries i.e. in other cultural contexts.

3.9 Ethics of qualitative research

When I considered how to do a research project on older people participating in sports activities in advance, I acknowledged that my actions may affect the research participants directly or indirectly. Simply knowing this does not settle the question of how I should do the research. It only sets the range wherein ethics operates (LaFollette, 2002). Debates around the ethics of this social research concern: “How should we treat the people on whom we conduct research in our
relations with them?” and “Are there activities in which we should or should not engage in our relations with them?” (Bryman, 2004: 506). This research on older people participating in sports activities was concerned with ethics issues, which were made up of the issues of (i) harm to participants, (ii) a lack of informed consent and (iii) an invasion of privacy and deception (Diener and Crandel, 1978. In: Bryman, 2004).

In terms of (i) harm to participants, the interviewer’s questions in this research were not intrusive because the subject matter was not very sensitive. Questions were not invasive of their privacy by using qualitative research method tools namely individual face-to-face interviews and focus groups. Older participants in interviewing rarely refused to answer the interviewer’s questions.

In terms of (ii) a lack of informed consent, all older people who took part in this research were provided information sheets and signed on the sheet of ‘participant’s informed consent’ which was authorized by the Ethics Committee at Trinity College Dublin (with the exception of one Irish lady golfer who refused to sign on her sheet of ‘participant’s informed consent’ and did not participate in an interview, presumably due to her fear of the leaking of her personal information). I made every effort before starting interviews to give older people as much information as possible about the purpose and nature of the research. In this sense, most participants in the research interviews gave me truly informed consent to participate. Another exception was of an older Australian swimmer who doubted my trustworthiness. Therefore, he looked at my profile on the website of SPARC (Social Policy and Ageing Research Centre) at TCD (Trinity College Dublin). He found and read my profile, and accepted my proposal to organise a focus group of older swimmers.

In terms of (iii) the last issue about an invasion of privacy and deception, “qualitative interviews depend on in-depth probing, and as such, have the potential to violate the right to privacy” (Parahoo 2006: 339). However, according to Parahoo (2006), semi-structured interviews give older people some freedom to express themselves frankly while answering a set number of questions. I did not invade older people’s privacy and directed their discourse only very lightly a few times. Furthermore, the participants of the focus groups were usually known each other, which might have had an effect of combating respondents’ ‘social desirability bias’ because everybody knew everybody very well.

In a cross-cultural study like this research I needed to pay a particular attention to cultural norms in order to avoid violating the moral and ethical beliefs of participants in my research. Therefore, an information leaflet about the main aims and objectives of the research and what would be
required from older participants was given to all in advance of the face-to-face interviews. After interviewing older participants, there are some ethical implications. I made every effort to ensure that the data that older people provided could not be traced back to them in any form such as "reports, presentation and other dissemination" (Wiles et al. 2008: 1). The mandatory method for the interviewer to preserve anonymity and confidentiality is the use of pseudonym for interviewees and also their locations as well (Wiles et al. 2008). Therefore, all participants’ names were anonymised and pseudonyms in this research.

3.10 Conclusions

In this chapter, qualitative research methods were examined to direct this research towards understanding of the meaning and experience dimensions of older people’s participation in sports activities and the meanings of social structure of sports organisations directly or indirectly related to older people’s sports activities. Only a very limited amount of qualitative research has explored older people’s participation in organised sports activities to date. The qualitative approach to this project is expected to highlight older participants’ subjective meanings, their actions and social, cultural and functional contexts, as understood by them. Qualitative research method tools i.e. individual face-to-face interviews and focus groups helped me greatly to explore the hitherto poorly understood field of older people’s participation in sports activities, and hence, to explore the experiences of older people participating in sports activities.

The data was collected over nine months, three months in Australia, three months in Ireland and three months in Japan respectively since November in 2010 to July in 2011. After relevant data were collected from November 2010 to July 2011 in Australia, Japan and Ireland (respectively for three months) by using a voice-recording machine and transcribed, the data was broken down, examined, compared, conceptualised and categorised to yield concepts, themes and categories. I repeated the constant comparison of interview data until the categories were saturated and no new insights emerged. Open coding was conducted in the process of breaking down, constant comparison, conceptualisation and categorisation of data. The main aim of coding data was to explicitly build up or explicate a theory/theories inductively from the data. Coding is central to effective data analysis in the process of examining data to identify patterns, connections, or distinctions between data. Qualitative methods deepened the understanding of contextual, cultural and functional settings of sporting activities by older people in Ireland, Australia and Japan. In addition, a documentary analysis was undertaken to obtain other relevant information. This was done by examining records, information materials, brochures, newspapers and newsletters.
In the next Chapter Four, golfing and swimming organisations in Ireland, Australia and Japan are examined through the analyses of face-to-face interviews with club managers of golf clubs and Masters swimming clubs, together with executives of sports organisations i.e. golfing bodies and swimming bodies in the three countries.
Chapter Four

Golfing and swimming organisations
in
Ireland, Australia and Japan

4.1 Introduction

This chapter examines the organisational aspects of golfing and swimming activities in Ireland, Australia and Japan. The data pertaining to golfing and swimming organisations in the three countries are necessary to comprehend their specific features, which in turn have direct or indirect impact on older golfers and swimmers. I collected the data at the interviews not only with managers of golfing and swimming clubs but also with executives of those organisations since managers and executives have different areas of responsibility. It is because managers of golfing and swimming clubs directly relate to older people who play at their clubs in terms of maintaining club facilities, organising club activities and making club schedules. On the other hand, executives of sporting organisations indirectly relate to older people's sporting activities in terms of running sporting bodies consisting of membership clubs where older people play their sports.

The purpose of this chapter is to outline the common features and differences in the characteristics of golfing and swimming organisations in three countries from the perspective of specific organisational actors; for example, public golf courses and public swimming pools have been built mainly for the health and physical wellbeing of citizens in three countries, whereas the private sports companies that run golf courses and swimming pools are motivated by profit. Furthermore, this chapter look at the services given by those organisations from the perspective of particular case-study sites. It is expected that there may be differences between public organisations and private organisations according to their policies to run them, which are directly or indirectly related to older people’s sporting activities.

I classified this chapter into sections in accordance with the two sports i.e. swimming and golfing and the three countries i.e. Ireland, Australia and Japan. This structure is intended to clarify the specific characteristics of golfing and swimming organisations in each country, and the common features and differences of sporting organisations in the three countries. Section 4.2 deals with the specific features of golfing organisations in Ireland. Section 4.3 examines the specific characteristics of golfing organisations in Australia. Section 4.4 looks at the specific features of golfing organisations in Japan. Section 4.5 deals with the specific features of swimming
organisations in Ireland. **Section 4.6** examines the specific characteristics of swimming organisations in Australia. **Section 4.7** looks at the specific features of swimming organisations in Japan and **Section 4.8** explains issues relating to sporting activities of older people and some views about older people participating in sports activities in the three contexts. All participants’ names are anonymised and pseudonyms.

### 4.2 Golf in Ireland

Golf has been played in Ireland since the early 1800s with the first golf club being founded around 1850. Nine clubs originally set up the Golf Union of Ireland. During the interview, Connor, communication manager of the Golf Union of Ireland (GUI), stated that Golf Union of Ireland is proud to be the oldest golf union in the world together with Irish Ladies Golf Union (ILGU), and that the number of golf clubs affiliated with GUI is 430 at the moment (2010). The largest growth in membership has occurred in the last 25 years and golf is still a growing sport in Ireland. One in every 25 people (4 per cent) is a registered golfer (Ireland Golf Digest 2011). Another information given by an Irish newspaper showed that approximately 287,000 people are registered; proportionately, one in every 15 people (6.7 per cent) is a registered golfer in 2008 and “That's the number of registered golfers in Ireland making us Europe's No. 1 golfing nation” (Independent.ie Wednesday, January 09, 2008). Against this backdrop of the golf population in Ireland, I examine some specific features or issues of golf in Ireland in this section.

#### 4.2.1 Impact of the recession

Jackdaw golf club (pseudonym; as all other names below), a private membership golf club, is a very big club in Ireland, with 1,700 members. Brian, ex-president of the golf club, estimated that at least 50 per cent of the 1,700 members are over 50 years of age. From the perspective of the management of his golf club, Brian had concerns about the impact of the economic recession:

> Well, I think all golf clubs in this country and I would imagine it is not greatly different in other countries, I mean the recession. The worldwide recession is putting pressure on people's disposable income. Consequently, people have suspended playing golf; [they] have become more constrained than it used to be. So consequently golf clubs are going to have to manage themselves more economically and think of the future. People will not pay the level of green fees. They were prepared to do so in the past...the management of most golf clubs has become more difficult economically because of the recession. (Brian, Ireland)
Even if the disposable income of golfers has decreased due to the recession, Brian put that as the history of his golf club extends to 86 years, it is not going to disappear. The club usually has very substantial income of over two million euro per annum from the 1,700 members. Thanks to the large number of members, the club had a surplus in 2010. Despite this fact, Brian worried about the future of his club, anticipating a decline in membership due to the recession.

Furthermore, Connor explained that the GUI’s approach to supporting golf clubs has changed much because of the recession. Golf clubs in Ireland are struggling financially to survive. Especially in areas where many golf courses are situated close together, they have to compete keenly to survive. The main issue for the Doncaster private golf club is competition with other golf clubs because there are several clubs within just 15 minutes’ drive. A lady coordinator of the golf club, Kate, put:

> With the current economic climate, the important thing is to be competitive and that’s what we’re aiming at the moment to offer good rates and to get the groups coming to us. (Kate, Ireland)

Kate thought that their current tactic is to keep the rates as low as possible in order to compete with other golf clubs. Some private golf clubs charge €120 or €130 just to play golf during the summer. Kate stated that many clubs have reduced their prices because many people cannot afford high fees. At her golf course at the time of interviews in 2011, the green fee was €35 to play on Monday to Friday. At the present time in 2013, the green fee was €25 on Monday to Friday, and €30 on Weekend and Bank Holidays (Doncaster Club News 2013). As Kate stated, the green fee has already been reduced.

According to Connor, golf clubs in Ireland can be divided into expensive, mid-range and inexpensive ones. According to him, golf clubs in the middle are reducing their prices and matching their prices with the cheaper golf clubs due to the recession. As a result, the cheaper golf clubs are under enormous pressure to become more competitive. Connor supposed that the biggest issue in Ireland is not only the need for golf clubs to get their prices right but also the need to readjust golf clubs themselves.

Connor explained that many private golf clubs in Ireland have committed themselves to building big golf courses and big club houses. Therefore, they are now struggling to make loan payments to the banks, which Connor presumed that they would be able to pay their debts. However, he saw that inevitably a few private golf clubs would close up. Even so, there’s nothing the GUI can do.
As the GUI has no financial involvement, they cannot provide financial assistance to golf clubs and if a golf club closes, the members will have to join somewhere else. He stated:

It will be sad but you know the golf clubs have gotten themselves into these situations and hopefully the banks will be lenient towards them and see the value of their business to continue to trading. But that is certainly the biggest problem at the moment and going forward. (Connor, Ireland)

Connor indicated that very few private golf clubs have closed in the last 12 months, and he was unsure whether these closures are due to the recession or not. In 2007, there were 424 golf courses in Ireland. In 2008, there were 423. In 2009, there were 431 and there were still 430 in 2010. Therefore, Connor presumed:

While the numbers of golf clubs are levelling off, one of the other things golf clubs are facing off is that their membership numbers are dropping. There are more golf clubs but fewer golfers and the problem that that poses is golf clubs are losing members. (Connor, Ireland)

Similar concerns were highlighted in Ireland Gold Digest (2011):

There are too many courses. There are fewer golfers. And fewer tourists. But, there are also glaring inefficiencies. And just think: these aren’t new inefficiencies. These have been around a long time. If the golf industry in Ireland enjoyed the boom times more than most – and it did – it did it on crutches. How many industries do you know that could thrive despite all the shortcomings mentioned here? There is light at the end of the tunnel for Irish golf courses, but they need to be careful not to derail themselves before getting there. (Ireland Golf Digest 2011: 4)

Therefore, the GUI has made great efforts to support golf clubs by offering any guidance and assistance. Connor saw the recession as a good opportunity to bring in new junior members:

I think bringing junior members into the game is going to be a real challenge. We do have a good junior base and we keep producing good international golfers. But you can only do that from growing from the bottom up our developed wing. Ireland is trying to get more children in schools to participate in golf and the recession has its good points. It is now easier than ever before to join a golf club. It’s cheaper than ever before. That is a positive if you were to look at positives out of the recession: golf has become more affordable out of the recession and accessible to everyone. (Connor, Ireland)
In order to compensate the loss of club members, the GUI gives ideas to golf clubs on how they can grow their membership among different groups such as how to encourage junior members, how to encourage young professionals with families and how to encourage senior golfers to remain in part of the golf club.

4.2.2 Public links golf course: Decline in membership

Even though private clubs predominate, public golf courses are also an important part of the golfing landscape in Ireland. Cliff End golf course is a public links course run by a municipal office. It is located on a windy, treeless sand-dune along the coastline. The previous golf club started in 1906, but the present golf club has been in operation since 2004. Although this golf course is maintained by the municipal office, it is a membership golf club like a private golf club. The club has the complete set-up of a private golf club: a president, vice-president, treasurer, competition secretary and a handicap secretary. The club has a committee comprising of 11 members who organise the annual programmes. The difference between private golf clubs and the Cliff End links golf club is that, depending totally on the municipal office, this links golf club need not do anything for the maintenance of the golf course.

At the moment, the difficulty that the Cliff End golf club is facing is the shortage of members. Although the golf club officially has 400 members, they do not all play regularly at this golf course. Instead, many of them only play a couple of times a year. If all the members came to play on a regular basis, the club would have enough activity. Edward, president, put that he would like to see people playing much more than what they are at the moment. He explained the reason for the shortage of members:

The lack of facilities...it's not a determinate but here is a factor that we don't have the social aspect; we don't have the facilities which other golf clubs have got. We have no café, no food, and no restaurant. ...no bar or anything like that, so that is a little bit... it's a thing that is lacking. If we had a restaurant, bar or anything like that, the payment is higher. Oh yeah, we would have to pay extra for that; but we haven't got it. We have to get over that. (Edward, Ireland)

The social side of golfing is an important factor especially for older golfers to enjoy their games. In terms of the Cliff End golf club, the lack of facilities led to the lack of a social network around the club. The lack of the social network brought about the dearth of members. Therefore, the lack of facilities produced the lack of members. Even if the membership fee was cheaper than other
private golf clubs, older golfers could not satisfactorily enjoy playing golf but for socialisation at
the Cliff End golf club.

4.2.3 Tapping into the 'grey market'

Macintosh private resort golf club, which was founded in 2004, had 450 members including 80
ladies at the time of interviews. It is a family-run golf club. As the club was founded newly, the
constituent members of this club are comparatively young. Approximately, 70 per cent of
members are aged 50 and below. Around 20 to 25 per cent of members are aged between 50 and
60 years; five per cent are above 60 years of age. In terms of the current issues, the director, Neil,
put that he targeted older people for membership because the membership percentage of older
people was small. The golf club runs a seniors open tournament every second Tuesday for older
golfers aged 55 years and over because older people make up the so-called 'grey market'. At
present, the golf club is going through a new marketing plan. Neil believed that older people have
time and money, and hence the golf club regarded this 'grey market' as having a lot of potential
for growth.

Furthermore, Neil believed that the golf club has all the things that older people could want for
the weekend. Besides the golf course, the director's family also runs a hotel, which has a bar,
food, walks and a leisure swimming pool. All those facilities seem to attract older people and their
families to enjoy socialisation. There is a retirement club in the area. Therefore, the golf club can
easily target older people as their customers. Neil stated that he was going to target the 'grey
market' for short breaks and short holiday stays.

4.2.4 Profusion of competitions for older golfers

Regarding the older golfers, the GUI communication manager, Connor, explained that there has
been a huge growth in Seniors Competitions at club level in Ireland. Many private golf clubs in
Ireland run what is called an 'Open Day'. On these open days anyone can play golf. They can be
for juniors or for seniors. However, many private golf clubs are only running competitions for a
growing number of older golfers over the age of 55. Many private golf clubs target these golfers
as a market. They hold competitions for older people every week. Connor stated:

They want to tap into, so even from today there are probably 10 senior competitions being run
today. So the seniors can go to play, and there would be tomorrow and the following day and next
Monday, you know. It's a regular activity now in golf clubs, Seniors Open Day. So a lot of Senior
golf will take place in local golf clubs for seniors. They will then play in open competitions in other golf clubs and the best senior golfers play in our Championships and the Leinster Seniors [Amateur Open Championships] and so on. (Connor, Ireland)

The rapid increase in the number of competitions for older golfers in Ireland is a reflection of the private golf clubs’ drive to target older golfers as desirable customers.

4.2.5 Contribution of the Golf Union of Ireland

The Golf Union of Ireland (GUI) endorses the week-long Irish Seniors Festival of Golf for some 250 golfers in Algarve, Portugal every year. Anyone from all over Ireland can participate in it. The GUI keeps the cost low and is still able to offer good accommodation and good golf courses. While they run the golf side of the festival, the Portuguese Tourism Board runs the travel side of the festival. The key in this competition is the social and sporting interaction. The reason why the GUI holds the golf festival for older golfers every year is that the Seniors Festival of Golf is more than just about competition. Connor, the GUI communication manager, opined:

Socialisation, interaction and making friends...that is the key and a very important aspect of the game, so I think the GUI role is to facilitate that to happen and you know a lot of friendships are formed beyond the Championship because you meet someone beyond the Championship, to meet them again, to play golf with them in the year. You're building friendships and you're building a network of senior golfers in Ireland through those events. (Connor, Ireland)

It is evident that the recent recession has influenced the golfing landscape of Ireland. On the one hand, prestigious private golf clubs have still been steadfast in the management of the steady income from many membership members. On the other hand, however, less prestigious private golf clubs have to compete to maintain and attract a minimum number of golfers through competition with other golf clubs. Older golfers who cannot afford high fees like to play at cheaper golf courses and hence the cheapest golf courses such as par-three open golf courses and public golf courses are welcomed by older golfers. However, many golf courses will face some turning point in their management. In order to compensate the anticipated loss from the membership’s decrease, many golf clubs have been already targeting young golfers and their families.
4.3 Golf in Australia

In Australia, the Australian Golf Union (AGU) was established at the Royal Melbourne Golf Club on 14 October 1898 (AGU Newsletter 2012). The number of golfers in Australia was estimated to be 584,300 in 2011 (Golf Australia 2012). Among them, 370,587 (63 per cent) are membership golfers, while 213,713 (37 per cent) are non-membership golfers. The age group of 65 years and over is the largest golfing cohort, accounting for 31 per cent of participation. Australia has approximately 1,530 golf courses and an estimated number of 1,566 golf clubs. The reason why the number of golf clubs is greater than that of golf courses is that even if the members are registered members of their home private golf clubs, Veterans Golf clubs per se are nominal and do not have their own home golf courses.

The Australian Veteran Golfers Association Incorporated (AVGA) was established in 1965 to promote and support senior golf in Australia. The AVGA events are open to people who are 50 years or older. They have to hold a current handicap and be members of registered golf clubs in their respective State of residence. The Australian Veteran Golfers Union (AVGU) was formed in 1981 for the purpose of organising senior golf in Australia. Each State has continued to grow, with representatives from each State on the National Committee of the Australian Veteran Golfers Union. According to Harold, vice president of AVGU, the number of the AVGU members was 30,122 in 2010. This research mainly focused on Veterans golf clubs due to their age category. Specific features of Veterans golf world in Australia are examined in the following sub-section.

4.3.1 Decline in golf club membership

Private golf clubs in Australia are generally faced with the difficult problem of how to cope with decline in golf club membership. According to Darrell, secretary of Victoria Veterans Golf Association (VVGA), this is due to the escalation in fees that the clubs charge. He stated:

Some of that has forced some of the more senior players out of the Veterans [Golf Association]. They can't simply afford to pay for the price clubs want to charge. So they just resign, which is a problem. (Darrell, Australia)

Darrell explained that they try to compensate the decline in older members with young people coming in. However, another big problem is the reluctance of young people to join golf clubs. Private golf clubs are too expensive and too 'cultured'. People who want to play there have to wear collar and tie. They have to toe the line. Regulations at private clubs are very strict. Private
golf clubs are apt to adhere to the golfing tradition, which many young people do not like. That is why a golf organisation called ‘Golf Access Australia’ (GAA) was formed in 2004 so that young people and social golfers may join it to play social golf.

Golfers can have an insurance cover and get a handicap in GAA. As a membership benefits, they can play six rounds per annum at different private golf clubs paying only the green fee, similar to Veterans golfers. Golf clubs have agreed that GAA members can play on a certain day like Veterans golfers. Therefore, GAA members play golf without joining private golf clubs and pay a small amount of money (ca. €78) per annum as the membership. According to Darrell, GAA’s objective is to encourage these people to eventually join private golf clubs. However, private golf club members are not allowed to join Golf Access in order to prevent an influx from the golf clubs to Golf Access.

Waiting lists to become a private club member used to be common, but now there are no waiting lists anymore. The biggest problem facing golf in Australia is how to increase the number of people joining private clubs as club members. The total golf population is increasing. However, people are not joining private golf clubs. They are playing their rounds on private golf courses on the Golf Access arrangement. Especially, regarding older people on low incomes, play fees are very high for them. Therefore, private golf clubs in Australia have the general problem of decline in membership golfers. Instead, older people have turned to playing golf at public golf courses that offer lower play fees.

4.3.2 Profusion of competitions for older golfers

In Australia, the key golfing organisation in the Victoria State is Victorian Golf Association (VGA), which is the parent body for the golf clubs of Victoria. They run a series of competitions, many of which are for veterans. On top of the regular events of Victoria Veterans Golf Associations (VVGA), veteran golfers have additional events held by VGA. The secretary of VVGA, Darrell, stated:

I think we are going to get inundated with golf, availability for senior people. And they can’t all cope with the whole lot, and it’s not only in Victoria. It’s in every other state in Australia. There’s that many veteran events. It’s just unending. Now it’s got to stop sometimes. I don’t think it can go on forever. (Laughs) But at the present time it’s flourishing, senior golf. We might have to sort of tamper it down, because some of the dates clash. We need to get together and be better organised. (Darrell, Australia)
Similar to Ireland, Australia is experiencing growth of the older golfing population, and a profusion of golf competitions for older golfers. This fact implicitly signifies that older people are targeted by golf companies as the ‘grey market’.

4.3.3 Insurance as an issue for Australian Veteran golfers Union (AVGU)

Unlike the social golfers who join GAA (Golf Access Australia), members of AVGU have an issue closely related to insurance when they travel to play golf on various private golf courses. AVGU has to ensure that when their members play on the course and something happens public liability will cover them. This is a big issue that AVGU has to face because AVGU does not have its own home course. Members of AVGU travel to play golf on golf courses all over Australia. It can be quite dangerous to play golf on any golf course. If a golfer gets hit with a golf ball, it can cause much damage to the golfer. Besides, a medical treatment on the damage is very expensive. Therefore, AVGU has to confirm that golfers have the necessary coverage. An accident of this kind is not so common. However, according to Harold, the president, it has happened:

Some of the court cases have been quite spectacular as far as costs go. And I suppose like every society they have problems with public liability people can sue. Australia seems to be becoming more and more like the US when it comes to litigation, which is unfortunate. (Harold, Australia)

Besides, there is a problem of property damage as well. It is related to the little golf carts driving around the golf courses. If a golfer damages one of them, it could cost him AU$1,000 (ca. €789) or more. Therefore, players need to be covered by the liability insurance. The problem of insurance does not matter when golfers play on their home courses because the insurance of their clubs cover them. However, members of AVGU usually play on different golf courses each time. When AVGU conducts a competition, they have to confirm where the liability lies; namely whether the clubs they play would accept it, or whether AVGU are responsible. The issue of insurance is only applicable to AVGU due to its mobility between golf courses.

4.3.4 Contributions of the Australian Veterans golf Union

The Australia Veterans Golf Union (AVGU) has a special week of golfing every year in Canberra. AVGU National Championship is held in various states every year. Many inter-state players attend this event. About 750 people participate in this national championship. The AVGU national championship is the pinnacle event of the year. Some golfers go to compete and win, but the majority of golfers go to socialise, meet old mates, renew acquaintances and meet new people.
Generally, the president has business to attend to before the event happens because that is when they have their annual general meeting for the AVGU. All the delegates come and meet together. This is usually the only time of the year when golfers from all over Australia get together for one competition.

Golf is a very sociable sport in that golfers socially mix not only with members in their own clubs, but with players from all of the clubs in Australia. The president of a regional Veterans golf club highlights:

We play on different courses, and I love that. Each of us is a member of a club but we play our own club on Saturdays and so on. But this gives us the opportunity to go to other courses, so I get satisfaction out of seeing and playing the other courses, testing myself against the different courses, the camaraderie like this person said is a very satisfying thing. Occasionally I play good golf and that’s good and I get satisfaction out of seeing some organisational work that we do actually come off and they are happy, and if they are happy, we’re happy. (Harold, Australia)

When the Victoria Veterans Golf Association (VVGA) runs a tournament in a local town in Victoria, usually at least 200 golfers go there with their wives/husbands. Therefore, the economy of the town takes a big lift. Participants eat out at night. The tournament is going on all over Victoria. Therefore, much money is going through. In this sense, Victoria Veterans Golf Association is a strong financial contributor not only to the golfing World but also to local cities or towns in Australia. Older golfers take the opportunity to visit a part of Australia that they do not normally see. Therefore, activities are organised for the non-playing visitors as well; for example, a visit to the vineyards in Canberra. Darrell, secretary of the VVGA, said:

I don’t get any money out of it at all. It’s an honorary position and you wonder why I put all the time in. Well, the answer is that I’ve made so many friends all around Victoria and I’ve increased my knowledge of what’s happening in the golfing world and I get a lot of requests about information and I find that very rewarding, and I’m able to make a good contribution (My emphasis) to the welfare of the senior golfers in enjoying their game, so I think that’s where I get my benefits from, and my friends, I’ve made so many good friends. (Darrell, Australia)

Darrel was very happy to see his VVGA’s members enjoy their golf. Darrel thought that his work for VVGA was very rewarding even if his work was unpaid. He has made many friends through his work, which is very conductive to the mental and physical welfare of the senior golfers who enjoy their golf in the arrangement of the VVGA. The organisational activities of the VVGA cannot be taken place without altruistic activities of administrative members of the organisation like Darrell.
4.4 Golf in Japan

Since the first private golf course opened in 1901 in Japan, private golf courses have gradually spread all over the country. The representatives of seven private golf courses gathered and established the Japan Golf Association (JGA) in 1924. In terms of public golf courses, Japan Public Golf Federation started in 1914. When the body was authorised as a public service corporation in 2010, the name was changed to the Japan Public Golf Society (PGS) and has newly started since the 1st of April that year. As Japan became affluent in 1970's, golf became very popular among people. Therefore, the total number of golf courses increased from 1,496 in 1985 to 2,458 in 2003.

According to Ken, secretary-general of a regional golf federation, the number of golfers in Japan is between 8.5 million and 9.5 million at the moment, namely between 7 per cent and 7.9 per cent of the total population. There are almost 2,500 golf courses. The number depends on the statistics, which is taken by the JGA annually based on the 'golf course utilisation tax'. Approximately 80 per cent of the total golf population are visitors i.e. non-membership golfers. The number of membership golfers is very small. About Two million of the total 128 million population, that is, around 1.6 per cent are membership golfers. Some specific features of the golf world of Japan are examined in the following sections.

4.4.1 Expected decline in the number of older golfers

Most managers of golf courses in Japan worried about maybe the sudden decrease of the number of golfers, especially older golfers in the future. The manager of Togo public golf course, Yoshihiro, told that the number of older players in their 70s is the biggest at the moment. The age gap is large between older players at the age of 60 and over and middle-aged players at the age of 40 and under. The main reason for this is that most of older players belong to the baby-booming generation that experienced the "reception golf" phenomenon, whereas the younger generation did not experience the 'reception golf' after the burst of the economic bubble. The synonym of "reception golf" is 'company golf' because the play fees of every player (i.e. employee) were paid by their companies. It can be said that older golfers benefited from the high economic growth before the burst of the economic bubble. Yoshihiro was concerned about the future of his golf course:

Well, when I see the visitors on weekdays, most of them are older people and women. I have a worry about whether the number of older players keeps steady in the future or not. I think their
pension will become worse and worse. I have a concern that the management of our golf course can become unsteady unlike it has been to date. (Yoshihiro, Japan)

Young people cannot have a day off on weekdays due to their jobs and hence tend to play only on Saturdays and Sundays. Besides, if their salary decreases due to the recession, they have to cut down on playing golf. According to Yoshihiro, the number of players hit a ceiling and has already been slightly decreasing since the last year.

In order to compensate for the expected decline in the older golf population, many golf courses have already resorted to targeting young boys and girls aged less than 18 to bring them up as junior golfers. Due to the deterioration of the golf business, golf clubs themselves not only intend to take in juniors but also bring up potential junior golfers for the future of golf business. They open the golf academy for children and target primary school children and their mothers as well to teach golf and let mothers and children play golf together. Most mothers rearing young children do not work outside their homes in Japan. Mothers always accompany their children. Therefore, golf clubs can target mothers as potential golfers to compensate for the decrease of the total number of golfers in the future.

### 4.4.2 Profusion of older golfers

Japan does not have any golf organisation pertaining to older people such as Veterans Golf Association in Australia or Golf Society in Ireland. Instead, private golf clubs like Yahata private golf club have an inner circle exclusively for older people aged 60 and over. At Musashi golf club this inner circle was set up about 35 years ago only for the benefit of older golfers. Older golfers play a competition once a month. Besides the activity of that inner circle, the club itself holds the Senior Cup Competition once a month in which golfers aged 55 and over can participate. The manager, Hiroshi, stated: “Not only this club but also other clubs had the same competitions for older people as well”.

On top of the competitions for older golfers in each club, they have elimination rounds for the regional competitions affiliated with the JGA. These competitions are played by older golfers in each age category. The winners of the regional competitions move into the JGA championship tournaments, where they challenge the championship in each age category. Therefore, the number of competitions for older people in Japan is not less than in Australia and Ireland. Despite the fact that there are many competitions, the managers or executives of golfing bodies in Japan welcome the situation. The manager of Musashi golf club disclosed:
Basically, these competitions are not for older members but for the purpose of managing the golf courses from the side of the golf clubs; namely, for the purpose of collecting customers. Many competitions for older people are held for the benefits of the golf courses. It is not purely for older people to enjoy their play on the day. Instead, older people who retired have some free time and money. They are targeted by golf clubs to make profits from them by holding a competition and collecting them. (Hiroshi, Japan)

Similar to golf courses in Ireland and Australia, golf courses in Japan deliberately target the ‘grey market’ to make profits from older members. In other words, golf courses in Japan make the most of the currently large number of older golfers. The next sub-section deals with issues only specific to golf in Japan.

4.4.3 Specific issues

There are specific reasons pertaining to playing golf in Japan. I examine what causes such an infamous expensiveness of play fees of Japanese golf in the following sub-sections.

(i) Artificial golf courses: The cause of expensive golfing

Almost all golf courses in Japan are constructed artificially to make them look like a typical ‘Japanese garden’. The manager of Yahata private golf club professed:

In foreign golf courses such as those in England, Ireland or Scotland, the golf courses make the most of the natural terrains. For example, the rough is the deep natural grass land. Players hit balls in the deep long grass rough. In contrast, golf courses in Japan are well maintained and do not use natural terrains. They are artificially constructed courses. (Eijiro, Japan)

Golf courses are aesthetically constructed on purpose in Japan, because beautiful golf courses attract people to play golf there. Therefore, golf courses in Japan are maintained beautifully even if the maintenance of courses cost a huge amount of money. For example, golf courses in Japan use bent grass. It is a foreign grass and grows in the cool weather. Overseas golf courses such as in Ireland and England are very beautiful with emerald green grass due to the cool and wet weather. However, bent grass is very weak against the heat and humidity during the summer in Japan. Fungi and diseases also easily damage the bent grass. Eijiro, manager of Yahata golf club, stated his experience:
Eijiro: We always have to be careful about living things. For example, (different from humans) lawn does not tell that there is an itch or there is a pain. Therefore, the maintenance of lawn is a big problem. In the summer the year before the last, lawns on some of our green courses were almost dead.

Interviewer: What was the reason?

Eijiro: The temperature did not go down at night and in the daytime it was terribly hot. Besides, sprinkling water is not from a well, but from a holding reservoir, which only circulates, and so it is not fresh water. We had to sprinkle the water. The temperature didn’t go down. It was so called ‘tropical night’ and then germs propagated, so that the bent grass died during the night.

Furthermore, all golf courses in Japan are featured with pine trees. The pine trees are also easily affected by the insect called ‘pine weevil’. According to the manager of Yahata golf club, it costs ¥5 million (ca. €42,000) to replace pine trees surrounding his golf course once damaged by pine weevils and to maintain good views. He disclosed, “The cost of maintaining a golf course is very expensive in Japan. It might be the same with other golf courses that the cost occupies one fifth or one fourth of the total income” (Eijiro, Japan).

Pine trees are conductive to tradition and attach distinctiveness to the golf courses in Japan. In order to make every Japanese golf course an aesthetic attraction, pine trees are periodically trimmed and shaped beautifully. The pine trees damaged by pine weevils have to be removed quickly. Therefore, the maintenance costs come to huge amount of money for every golf course, which results in very expensive play fees for golfers in Japan.

(ii) Taxation of golfing

All golfers have been liable for the ‘Golf Course Utilisation Tax’ when they play golf at any golf courses in Japan since more than 60 years ago. Apart from Japan, no other countries in the world have levied any tax on any sport. Golf used to be a luxurious enjoyment of the upper class in the early stage of golf. When golf was revived as a sport just after World War II in Japan, Japanese politicians regarded golf not as a sport for ordinary people, but as the sport for the affluent people. Therefore, the then policy makers thought that they should levy a tax on golf. Despite a few times of the tax supersession when the government abolished other taxes such as ‘an amusement facilities tax’, the ‘Golf Course Utilisation Tax’ has never been exempted because it is enormous revenue for municipal (prefectural) governments and the national government to gain.
Every time people play golf, the tax is levied under the Local Law from ¥800 (ca. €7) to ¥1,000 (ca. €8) according to the price of the play fees at golf courses. People usually pay the play fee for ¥8,000 (ca. €67), ¥13,000 (ca. €108) or ¥15,000 (ca. €125), in which the tax is included. Ken, secretary-general of a regional golf association, highlighted:

Ken: When golfers pay their play fees, no golfers claim, “It is strange for us to pay it.”

Interviewer: No players cry out against it?

Ken: No, not at all. Therefore, not only the JGA but also all the other golfing bodies tried to jointly launch the abolition campaign of the 'golf course utilisation tax.' By doing so, we hope the play fee would become even ¥1,000 (ca. €8) cheaper. At present, all over the country the number of rounds which golfers play is decreasing due to bad economic recession or expensiveness of the play fee and so on. In these economic circumstances, we thought that we should launch the anti-tax campaign for the benefit of golfers.

The then president of the JGA was a politician who wielded strong political power. Therefore, the JGA and other golfing bodies jointly launched the anti-tax campaign. The campaign spread all over the country. After all, due to the politician’s influence, the campaign resulted in the exemption from the tax of older golfers aged 70 and over, junior golfers aged less than 18 and players with physical or mental disabilities. However, golfing bodies in Japan are still pursuing the campaign for the total abolition of the golf tax.

(iii) The deposit system

Private golf clubs in Japan have another specific problem of the deposit system. Generally speaking, about 90 per cent of private golf clubs in Japan adopt the deposit system. When a golf company sets up a new golf course, applicants for the membership have to pay the deposit together with the membership fee. The golf company expends the deposits to build and manage the golf courses. Usually, while the membership fee is non-refundable, the deposit is refundable after the deferring period of 10 years. A common serious problem of many golf companies in Japan at present is how to cope with this deposit problem. When I asked Hiroshi, manager of Musashi private golf club at the interview if he knew any golf clubs that have been declared bankrupt, he answered:

Yes, there are many. But even if they go bankrupt, the law of Civil Reorganisation or the law of Corporation Reorganisation rescues them. I don’t know how many golf clubs have actually been
bankrupt so far. When ordinary companies go bankrupt, they are usually gone. However, in terms of golf clubs, many bankrupt golf clubs are perfectly revived at once by new sponsor enterprises. Even if golf clubs are bankrupted, they are bought by large foreign golf business companies and survive even after the economic bubble burst. Only a few percentages of golf clubs have been so far decreased out of the total number, I presume. (Hiroshi, Japan)

It is possible that the deposit problem goes to law. If golf clubs were sued, they would lose at the court in almost all cases. If things go well, a golf club can effect reconciliation between the golf club and the members concerned by means of refunding the drastically reduced deposits by the mutual agreement. In the worst occasion, foreign-owned golf companies will buy a bankrupted golf club with cancellation of all the debts and they keep running the golf club with a new name. In this case, there is no reimbursement of deposits to the members and their membership certificates become worthless. The deposit system has affected most of the golf clubs financially. Almost no golf companies try to collect the fund and to recruit new members at present.

4.4.4 Contributions of golfing bodies

Golf courses in Japan are busily packed with golf competitions, which are held weekly, monthly and yearly. Each golf club schedules the competitions. Golf clubs have also elimination rounds of the competitions affiliated with regional golf federations, JGA and PGS (Public Golf Society). Therefore, there is no room for golfing organisations to put their programs of golf festivals into their schedules specifically for older golfers such as held in Ireland and Australia. Instead, a golf club and a public service organisation of golf contribute to people at a local level or the national level by offering their own programmes such as exemplified in the following.

(i) Contribution of a public golf club to locality

The Ginkgo Park public golf course, a former prefectural golf course, was renewed in 2007. When a prefectural office managed the golf course, it was infamous for its bad facilities and services. The direct reason for the transference from a prefectural public golf course to a privatised public golf course was a decline in the number of players due to the bad facilities and services on one hand, while the huge cost of maintenance became unaffordable to the prefecture on the other hand. The manager, Takami, had been working for a hotel before. He was invited as the manager of that public golf course to renew the facilities, services and hospitality for the golf players to be in line with what hotels offer to the customers.
Depending on the Private Finance Initiative (PFI) project, the renovation of the public golf course was entrusted to a golf company by the prefecture with some conditions imposed to this commissioned project. The golf company should return this golf course together with all the facilities to the prefecture after 20 years. Therefore, they hope that they could collect all the money that they would invest into this project during that period. The golf company is very fortunate because the PFI projects are carried out in other prefectures as well on condition that any golf company should undertake the commissioned project only for a few years and that they should contract anew with their prefectures.

Several major golf companies competed with the golf company to take over this prefectural golf course. Those major companies are perfect to run and manage a golf course. However, they were afraid that even if they had invested some billion yen into the PFI project, they might have not expected profits from this golf course. It was a huge bet. Eventually, they gave up their applications. Even after the renovation was completed, the golf course has not been completely separated from the prefecture. The management of the golf course is still under the prefectural ordinance because the land of the golf course and surrounding forests belong to the prefecture and are regulated by the park law. Consequently, the golf course itself is one of the facilities in prefectural forests. Therefore, the golf company is not allowed to change the price arbitrarily without the agreement of the prefectural council because the law restricts the details of the management of the golf course. However, the prefecture told the manager that “You shouldn’t call it ‘restriction’ but think of it as ‘a promise’” (Takami, Japan). Contribution to the citizens is a policy of the public services; hence, the promise means ‘to contribute to the locals’. The manager, Takami, stated:

We proposed the prefecture to take over their policy and that is why we are entrusted to manage this golf course, I believe. ...We proposed to work for cultural exchange between the rural area and us and contribution to the rural citizens as well. That is why our proposal might have been accepted by the prefecture, I presume. (Takami, Japan)

The golf course makes several contributions to the citizens: first, it participates in ‘Satoyama’ (natural woodlands) preservation activity; second, it facilitates the morning outdoor market on this golf course for the nearby farmers to sell their products directly to citizens living nearby and golfers as well; third, it holds nature walks such as a bird walk on the golf course territory; and fourth, it helps a squirrel research team in this ward. The team worries about the declining number of squirrels and asked the golf course to plant walnut trees and pine trees to feed them and to help
putting nest boxes on trees to let squirrels stay there. The golf course quickly accepted the team’s proposal.

Approximately 10,000 people enjoyed playing golf each month here when the interview was held in 2010. According to the manager, Takami, the play fee is cheaper on weekdays. Therefore, older people come to play on weekdays. Some of older golfers come to volunteer for the morning outdoor market. Those contributions exemplify the relationship of ‘live-and-let-live’ between the golf course and the locals, which is the principle of the prefecture.

(ii) Contribution of Japan Public Golf Society (PGS) to older people

PGS has a unique program, which has been newly started since 2009. It is an innovation named “PGS Dream Age Golf Competition”. The concept of the Dream Age Golf Competition is “Enjoy, get fit and live long.” In short, the purpose of having this competition is to make older people healthy, get fit and live long through walking on the golf courses while playing golf.

The national medical expenditure of 34.1 trillion yen per annum (ca. €284 billion) amounts to a large share of expenditure by the Japanese government (2007). Of this, 11.3 trillion yen (ca. €92.5 billion) namely 33.1 per cent pertains to the older population aged 75 and over. The government has come to understand that unless older people are healthy, medical expenditure will continue to increase. Therefore, the executive director of PGS, Toshiharu, stated:

Our purpose of starting up this competition is to let older people keep and improve their health through walking and to contribute (My emphasis) to alleviating medical expenditure burden on the government even to the small extent. That is why we started up this competition last year [in 2009].

(Toshiharu, Japan)

The Japanese Ministry of Health, Labour and Welfare published guidelines titled “Measures for Metabolic Obesity” in 2010 relating to the problem of medical expenditure. The Ministry thought that people have to be healthy through physical activities. The main problem is how to make people take the necessary amount of exercise. The Ministry recommended everybody to walk 10,000 steps a day (See p. 3). As a public service cooperation, PGS was greatly interested in health problems, and recognised health continuation and health promotion of older people as a national challenge. PGS has played an active part in addressing this challenge by way of organising this ‘PGS Dream Age Golf Competition’ from neo-liberal perspective of sociology, which was proclaimed by Adam Smith (Clerk 2005).
Golf is basically a game depending on handicaps. PGS asks all the participants aged 65 and over to wear ‘a pedometer’. PGS decides a minor handicap according to the number of a player’s steps by a fixed rule. The major handicap is comprised of both a player’s original handicap and the number of the player’s steps in walking on a golf course. It is not a simple handicapped game, but a game in which higher handicap is given to players according to the number of their steps in walking. Nowadays, it is the mainstream for players to use electric carts at many golf courses in Japan; 70 per cent of players use the electric cart when they play. When people play one round using the cart, the number of steps taken is about 12,000 or 13,000. When they play golf completely without using the electric cart, they walk 18,000 or 19,000 steps. Originally, golf was based on walking; golfers played golf pulling their own bags. However, it is the general trend for golf courses in Japan to include the usage of an electric cart in the play fee due to the ‘for benefit’ policy of golf clubs.

The reality of golf business in Japan is excessive competition. There is a big gap between supply and demand of golf courses. Whereas the total number of golfers in Japan is said to be about 9 million, the number of golf courses is about 2,450, which includes both private and public golf courses. The minimum number of visitors at each golf course is 36,000 per annum as this is the marginal break-even point of loss and gain. In terms of the management of a golf course, the executive director of PGS, Toshiharu, put:

It is the reality that the management of a golf course is financially very severe. Therefore, from the perspective of business, they have to install electric carts to gain profits. If a golf course charges ¥1,000 (ca. €8) or so as a cart fee to a player, the golf course can easily pay for it and the sales result will soon be a plus. Different from the golf business in Europe and America, Japan has its own particular golf business situation. Therefore, golf courses promote the usage of electric carts. Originally, golf is the sport which golfers play while walking, I presume. (Toshiharu, Japan)

The innovative program of “PGS Dream Age Golf Competition” is a contribution to the policy of Japanese government and older golfers as well. The competition has been held to make older golfers return to the original golf style. Its purpose is to make participants walk on the golf course for the benefit of their health.

I have discussed the specific features of golfing organisations in the three countries in this section. I now turn to discussing swimming organisations in the three countries in the next section.
4.5 Swimming in Ireland

According to a survey by Swim Ireland, an estimated 6.7 per cent of adults aged 16 and over swim each week, equivalent to approximately 230,000 people (Swim Ireland 2013). In the age cohort of 50 years and older, the percentage who swim weekly is less than 5 per cent. In terms of Masters swimming, Ireland Masters swimming started in around 1979 at the Seagull swimming club located in the south of Ireland. At that time Masters swimming was already widespread in America. However, Irish swimmers did not know much about it. An American lady coach and one of the swimming coaches in Ireland decided that they would start a Masters swimming club for older people who wanted to swim after their retirement. The Masters swimming club started off with the coach and just a handful of people at the Seagull swimming club at first, then another Masters swimming clubs followed here and there in Ireland. The older members of Seagull Masters swimming club were proud of having been “to the forefront of the development of Masters swimming in Ireland” (Seagull Newsletter 2012).

The members of Irish Masters swimming were in a range from novices to ex-Olympic swimmers aged from 18 right up to 70-80 years. “Masters Swimming was originally confined to adults over 25 years but swimmers in the 18-25 age group can now compete” (Seagull Newsletter 2012). Masters swimming used to be made up of older swimmers. However, Masters swimming has now transformed to a heterogeneous swimming body under the umbrella organisation of Swim Ireland composed of swimmers in various age ranges from 18 years. At the time when interviews were conducted in 2010, forty clubs had 1,500-1,600 Masters swimmers in total in Ireland. Some specific features of swimming in Ireland are examined in this section.

4.5.1 Closure of public swimming pools

In Ireland, there are plans to close some municipal swimming pools especially in the capital city, Dublin, as outlined by the president, Danny, and the secretary, Dolly, of the Dolphin Masters swimming club:

Danny: See, the background to that is that first and foremost they are very old pools and they’re just looking at the bottom line financially which is a horrible mistake and I’d only hope that they will go back on it. The two pools they are talking about are Sean McDermott Street and Northside.

Dolly: And there’s a third one, isn’t there?
Danny: Crumlin is it? I think it’s Crumlin. Now all of those pools are in the middle of densely populated areas with no other amenities. Now if they close those pools the chances are...they will open them again in the near future, but they will be under private ownership or they will be given out to private management firms to manage them and private pools do not welcome clubs. There are many swimming pools around Dublin and they don’t welcome clubs in. They are beautiful facilities but they only want your individual membership. They won’t hire a lane or two lanes or a pool out to a club.

Dolly: They are sports complexes and that’s it and they’re for the members and that’s it.

Danny: Yeah, they’re only interested in individual memberships.

Even if the municipal pools are flourishing and well used, the running costs are very high because they are very old facilities. Lack of proper insulation causes much heat loss. Therefore, public swimming pools are difficult to sustain unless they are subsidised like the Australasian swimming pools.

Although the president and the secretary of the Dolphin swimming pool thought that there has to be another way to rescue those public swimming pools, their own private swimming pool has a very serious problem as well. At the moment, they have a great advantage over other swimming clubs that they have their pool at the present place. They have a base whereas other clubs do not have their own pools that they swim in. However, Danny and Dolly did not know for sure whether their own pool would actually keep going at the present location in the future. Although the management side tells them, “Yes, it is,” all they have to do is to look at all the buildings around the swimming pool. Therefore, the president stated:

Our concern is that in the context of that building going, it will interfere with the pool and they may also not see it as financially feasible to build another pool. So we live in hope that this pool stays here as long as we can. That is our main line of thought. (Danny, Ireland)

Some swimming pools, both public and private, may have to close due to the deterioration of facilities over the years and hence high maintenance costs. Then Masters swimmers will have to find new private swimming pools as their training bases with great difficulty in the future. Private swimming pools usually prefer individual swimmers to Masters swimming clubs due to their ‘for benefit’ policy. Masters swimming clubs usually book a few lanes for training as a group at a time regardless of the number of swimmers. Therefore, private swimming pools prefer individual swimmers to a group of Masters swimmers.
Another example in Ireland is a pool located in the South of Ireland where a Masters swimming club is training. The municipal office tried to close that pool about a few years ago. They were going to knock it down and build apartments there. As a big campaign was held against this plan, the municipal office has not closed the pool yet. However, the chair of the Seagull swimming club, Jane, disclosed, “It needs to be completely knocked down and rebuilt because it is very old, if only the municipal office could afford it” (Jane, Ireland).

4.5.2 Altruistic contributions

Dolphin Masters swimming club was a very unique swimming club, which was originally founded in 1964 by a group of people who were interested in having a swim gathered together and they hired an hour in one of the Dublin corporation swimming pools. There was no intention of having a competitive club at that time. When the present private swimming pool was built in 1972, the club moved there and decided to do something other than just to supply swimming lessons to the members. At that point, the members turned their club into a competitive club. The actual Masters section of the swimming club was founded in 1989. The number of the members is approximately 80-100 at the moment and the age range can fluctuate. The majority of the membership is in the 40-55 age range. The gender balance is roughly 50-50 in this club. The proportion of women that participate in swimming is higher than the proportion of men.

In terms of competition, the club runs one competition on its own. The members can go on outside competitions such as held in County Cork every second year or Tralee, County Kerry where they have a competition every year. Many swimmers have been over to Scotland and England to participate in big competitions such as Scottish Masters swimming and the Great British Masters swimming competitions. From the club, about 30 members went over to Bangor in North Wales in September 2009 to a gala that was held there. Irish older swimmers went to Zurich for a swim and they went to Spain as well in 2009. They have been to about ten European Masters competitions. From the club, ten of the members went to the FINA (the Fédération Internationale de Natation) World Masters Championship held in Gothenburg in August 2010. In short, the swimmers at this club are very actively engaged in the international competition circuit.

Danny, president of the Dolphin Masters swimming club, stated that he really believes that they have been very lucky over that 20-year period that the club is in existence and that they have held onto so many people. He stated:
Yes, see it is a social, the thing about swimming and you could say about all adult sports that it’s the social atmosphere as much as the competitive or the training for the simple reason that if you go to a club and you don’t like the people in it or don’t like the general set up. Well, you’re not going to stay there. (Danny, Ireland)

The club members are very appreciative of the lady secretary’s devotion to the social atmosphere in the club. Whenever the club members go abroad to participate in Masters competitions, Dolly, the lady secretary, organises everything for the participants. When they went to Zurich in Switzerland, the competition was great and the facilities were terrific. Besides that, they visited Lucerne, which was a city that most of them had never visited. They visited Interlaken and saw a lot of the country that they normally would not see. They spent 5 days in Zurich and they swam for two of the days. The rest of the days were a holiday. They tried to see as much as they could and got full benefit out of it.

Some people bring their husbands/wives to the competition. However, it does not matter whether they are on their own or with somebody. Dolly, the club secretary, put that “We’re all together and that’s the main thing about the club. We’re just one unit. When we go away, we’re one unit and that’s it and it’s great” (Dolly, Ireland). At the present, club members give her such a great credit that it has got to the stage that most of the members do not even ask her what hotel they are staying in when they are travelling. Dolly described her experience when the club went away to Scotland for a competition:

They don’t want to know, they say just bring them and when we get there that’s fine. Once we were going away to Scotland and I had a phone call the night before and it was “Where are we going this time?” [Laughs] I said, “You’re flying into Glasgow.” and they said, “That’s grand.” That’s all they want to know. They don’t want to know the name of the hotel or anything. They just kind of...because we go as a group and we kind of all go together and we were in Innsbruck one year at a Europeans and it wasn’t just your own club. We had two other clubs kept following us as well, Irish clubs and we were going out for a meal off season in Innsbruck during the summertime and it was a very quiet place and we’d go into a restaurant where there’d be about 20 of us arriving into the restaurant, you know and they’re kind of looking at us, whereas we thought everybody would break up into smaller groups. But, no. We were all twenty of us in, you know and it was great. They normally kind of facilitated us and put all the tables together and they helped us out. [Laughs] So we just tend to stick together when we’re away. People don’t tend to break up into smaller groups; we just kind of stick together. (Dolly, Ireland)

Dolly’s case is a perfect exemplification of altruism or volunteerism. She gets the privilege of involvement with the group of people that swim in the club and a lot of pleasure seeing her
organisation come to fruition. Reciprocally, the club members reward her pure devotion to the club through their perfect confidence in her. Danny expressed his admiration of her organisational skills:

She is a fantastic organiser. Dolly is known the length and the breadth of the country for her organisational prowess. She really is and very well respected all over. (Danny, Ireland)

Another perfect example of altruistic contribution is Jane, the lady chair of the Seagull Masters swimming club in Ireland. She did not join the swimming club until she finished rearing her children for 20 years. Her Masters swimming club was founded in 1979. The club was set up for people who had finished competitive swimming but wanted to keep swimming. Her Masters swimming club started off with the coach and just a handful of people. Gradually, the word spread around to ex-competitive swimmers like Jane who wanted to resume swimming after 20-year suspension. Thirty years later, they had over 110 members in the club and many people were on a waiting list due to the capacity of their swimming pool. The club cannot take in as many people as they would like. The club has five lanes and no more than nine swimmers can swim in each lane because they would not be able to train properly for competitions if there were too many swimmers in the pool. Jane is voted as the chair every year, so that in the last 19 years she has been the chair about 12 or 13 years of those years. Therefore, as she disclosed, the chairmanship has developed her organisational skills year by year.

I have to organise a lot and I discovered over the years that I was able to organise things over the years that I wouldn’t have thought I was able to organise like this big international gala every 2 years. If somebody told me 20 years ago that I would be bringing 500 people into Cork for a gala I just would have said, “No way!” but you realise you can do things that you didn’t realise you could do. It’s very...there’s great satisfaction in that. (Jane, Ireland)

Jane used to work for a government statistical agency. After she had to retire at the age of 65, she still retained her ability of gathering information and doing surveys. She brought her skills to her swimming club to organise it. She got great satisfaction out of her work and she was proud of the fact that she had kept the club going well with her skills on top of the help of other committee members. It is good for her morale that she sees people are happy and enjoying swimming.

Besides Jane’s contribution to her swimming club, a lady secretary’s contribution to her Masters swimming club has already mentioned above. The chair of the Swim Ireland Masters Committee highlighted their contributions from a general perspective:
Unless there’s people in the organisation that organise it properly, the sport wouldn’t exist in this country. So there are a band of people that are very, very good all around the country that volunteer their time and effort and get no thanks for it. (Larry, Ireland)

Larry believed that Masters swimming would not exist in Ireland without altruistic contributions of people like Jane and Dolly. Their contributions are entirely motivated by their wish to keep the clubs going well.

4.6 Swimming in Australia

In Australia, Masters swimming Australia Inc. (MSA) was constituted in 1975. At first, the objective of establishing MSA was to achieve fitness of members. Since then MSA has extended for nearly 40 years to have “approximately 6,500 members from 190 clubs located throughout the seven branches within Australia” (Masters swimming Australia Newsletter 2013). Swimmers aged 18 and over can join a Masters swimming clubs located in each region. I examine specific features of swimming in Australia in the next sub-section.

4.6.1 The anti-closure movement and the closure of swimming pools

In Australia, Thompson public swimming pool opened in 1908. According to the manager, Cedric, the pool was probably refurbished in the 1950s and 1960s. Currently, 1,200 members regularly swim there. In 2010 they had about 207,000 visits. The pool caters for all age ranges and differing abilities right from toddlers throughout to senior citizens and people with disabilities. The swimming pool is a council-run facility, so that it is part of the fabric of the community and council. It was re-developed in 2004 when a dry component and a gymnasium were added. Therefore, people not only can swim there but also use the gym and have group fitness programmes. Today it is thriving as a popular swimming pool in Melbourne. However, the pool had a critical situation that could lead to closure due to the budget-saving policy of the then municipal office. Historically, this pool was saved by an overwhelming public response to the then state government. When the interview with a focus group was held at the poolside, it happened to be the 15th anniversary of protest. The members of the focus group had been the members of the anti-closure movement. They reminisced about it:

Bruce: well, I think historically the issues that is worth recording is that this pool was saved by an overwhelming public response to the government of the day wished to close it down because they were trying to save money, and it’s a very good story. When was it, Cecil?

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Cecil: 15 years ago to the day, yes, today was the anniversary party, I think.

Bruce: 15 years ago, so we had the then deputy Prime Minister Brian Howe, and we would all go down to the Hampshire Centre and all went down. We all jumped in at once just to prove in a 25-meter pool. One pool couldn't serve the whole community. It wasn't enough, it was the public outcry generated by people like Cecil, and me, and locals that saved this pool, and it's thriving. It's a fantastic institution; it's a place that's got a bit of history. ...so it has a great identity and it's a great place to come. It's a very special and sacred place for me.

Audrey: Yeah, yeah, there's been some issues with space and time and lanes in pools for people to do laps, but I think that's a battle that has almost been won here in Australia, hasn't it?

A friend of the manager of a university sports centre did the report on the costing on the swimming pool. In those days the pool was charging AU$2 (ca. €1.5) for a swim, and it was costing them AU$7 (ca. €5.4) to have people going for a swim. The municipal government traditionally subsidised the difference between cost and charge by 50-75 per cent. The report recommended the closure of the swimming pool. Therefore, everybody went up and used the Hampshire Centre in protest. According to Edmond, manager of the university sports centre:

The community went bananas and there were rallies and all sorts of things and they said they'd be happy to pay even extra in their rates to keep it open. So it's a difficult pool to make money or to run or even break. They are aware of that and it's run as a community facility, and a lot of things in Australia that were traditionally run by councils and city councils tend to run at a loss because they've always been there as a community service; so swimming, it's costs $5 (ca. €3.8) to have a person swim but they only charge AU$2 (ca. €1.5) for the swim. (Edmond, Australia)

The Thompson swimming pool, which survived because of the anti-closure movement, is located in an inner suburb of Melbourne, a location that attracts many people. In contrast, another swimming pool was closed in Victoria State. The Sea Dragon swimming pool had been in use since 1976. However, the club had few members, so that they lost the use of the swimming pool. The membership has declined due to the location of the pool. In the suburbs such as country areas of Melbourne, there are a lot of migrants. According to the president of Masters Swimming Victoria:

In the past, swimming was only available to those dedicated who could afford, pay to have swimming lessons, get coached, and those sorts of things. But in these outer suburbs, there are migrant populations who can't afford to have swimming lessons or things like that. (Francis, Australia)
Not only in Victoria State, but also in Eastern part of Australia, the closure of a public hospital indoor swimming pool had been reported by a newspaper (Braban, T. *The Chronicle*. December 13, 2011 Australia) caused by a need to renovate the pool’s roof. According to the Chronicle (2011), “It remains closed after six months and Queensland Health has been unable to say when it will be reopened”.

Another reason that the Sea Dragon Masters swimming club has no longer a swimming pool is because swimming cannot attract younger people to join. Francis declared, “There used to be only two sports in Victoria, cricket and Aussie Rules; now younger people have got soccer, cycling and many other sports” (Francis, Australia). Francis just pointed out that younger people are interested in versatile sports activities and they do not adhere to one sport. Today, soccer has become very popular worldwide. In comparison, swimming does not attract younger people nowadays. Therefore, Masters swimming has to positively active to recruit young swimmers, which I will examine in the sub-section 4.7.2.

### 4.6.2 Participation of young ex-elite swimmers in Masters swimming

Francis, president of Masters Swimming Victoria (MSV), mentioned the issue of young ex-elite swimmers in Masters swimming:

> We are getting younger people more and more into Masters swimming because they are finished with competition at the elite level. So we are extending our age range. It was 20-25 but now there are moves to reduce the age to 18, so there are people who have represented Australia. They can continue in their participation in the sport. (Francis, Australia)

It is not a national policy but a policy from Australian Masters Swimming to encourage swimming clubs to admit younger swimmers. Masters swimmers used to be people aged from 40 to 60 or 70. There used to be very few younger people. Now some Masters swimmers are as young as 20-25. Furthermore, there are moves to reduce the age to 18. As Masters swimming is competitive, young swimmers still want to continue with that competition as part of their sports activity, even if they do not want the elite level. They want it a little more leisurely. However, participation of young ex-elite swimmers in Masters swimming competitions is apt to cause some problem among older Masters swimmers. According to Bruce, ordinary Masters swimmers who started swimming in their 30s, 40s and 50s hesitate to compete with ex-elite young Masters swimmers, similar to Japanese older Masters swimmers, as will be explained in the following section 4.7.
4.6.3 Contribution to the community

After the revival from the threat of closure, the Thompson public swimming pool became very active and flourished due to its contribution to the physical wellbeing of the community. At the moment, an issue at this pool is related to staffing, namely making sure the pool gets the right staff that are trained correctly. The work here is a full business; the pool is open seven days a week, 363 days a year. The pool is closed only Christmas Day and New Year’s Day. It also has long opening hours; it opens at six a.m. in the morning so that all the staff are at the pool from 5.30 a.m. through to nine p.m. The pool also has the seasonal effect that more people come in when it is a warmer season or when school holidays are on, while they have a quieter season during the winter. Therefore, they have to adjust the number of staff members. They adapt a shift-work system in order to roster the staff. In terms of Masters swimming, the manager put:

We have Masters swimming. ...I think they are well organised, they give an opportunity to compete, and have it properly graded so that all levels and age groups can participate. We’re much more of that because we’re a community facility; it’s not geared towards elite sports, elitist in sport so I don’t really know too much about the other major sporting bodies, but if somebody gets involved, we’re here more for the community. (Cedric, Australia)

The Thompson public swimming pool now has around 13 or 14 full staff members and 30 staff during summer, ranging from lifeguards and gym staff to receptionists. They make every effort in making sure that the facility is safe and friendly for every one coming in to use the swimming pool. Besides, the most important thing is that the staff are well equipped and properly trained in all aspects and that they have enough staff when people need them.

4.7 Swimming in Japan

In Japan, according to the acting director, the Japan Masters Swimming Association (JMSA) was founded in 1984 and it became an incorporated body in 1999. The objective of JMSA’s activities is to have people enjoy their healthy and happy life with as many team mates in as wide an age range as possible on the basis of a motto “health, friendship, mutual understanding and competition” based on the guidelines of FINA (the Fédération Internationale de Natation), which is the world governing body for the five Aquatic Disciplines of Swimming, diving, water polo, synchronised swimming and open water swimming (JMSA Newsletter 2013). The number of Japanese Masters swimmers who registered their membership was 4,900 at the first stage of establishment. Then, every year the number was increasing and in 2009 the number of registered
Masters swimmers was approximately 47,400. In 2010 the number peaked at 47,924. However, the number of the registered Masters swimmers was slightly decreased to be 47,356 in 2011. Every year JMSA organises 80-90 official competitions throughout the country. The biggest competition 'Japan Masters' is conducted over four days in July every year and the number of participants was 6,043 aged from 18 to 98 years in 2012 (JMSA Newsletter 2012). Specific features of swimming in Japan are examined in the next sub-section.

4.7.1 Closure of national swimming pools

The number of public swimming pools in Japan has drastically decreased. In 2011, there were 4006 swimming pools, that had deceased 14 per cent since ten years ago (The Nikkei 2013) because the number of users had decreased. The decrease in the number of swimming pools is due to a range of reasons such as the low fertility rate in Japan, diversification of leisure and deterioration of pool facilities. Besides, the current recession causes financial difficulties for prefectural governments to repair the pools deteriorated over the years and to keep hygiene maintenance. Several years ago, the Ministry of Health, Labour and Welfare in Japan decided to close down all of the 72 national swimming pools and sell them to private companies. Asao, chair of the online swimming club, organised an anti-closure movement of national swimming pools against the Ministry's decision. The anti-closure campaign was held through signature-collection on line. According to Asao, all the national pools were sold to private enterprises by the end of March 2010, despite the opposition campaign.

However, Asao is not pessimistic. Although national pools were closed, the number of private companies running swimming pools has been increasing. They made a successful bid, bought the national pools and took over the national policy. Some private care industries are actively undertaking the care of older people and they regard walking and exercises in pools as an additional dimension of the care of older people. Private care business industries think that they could widen the range of rehabilitation by adding swimming pools in their facilities. For example, a care business company named 'Sun Square Shonan Group' has built four 'day-care service' centres named 'Aqua-Mate', which have swimming pools for caring older people. (Sun Square Shonan Group Newsletter 2013). Older people participate in stretching, walking, muscle strengthening exercise in the water as their aqua therapy programmes in the swimming pool. In addition to the participation in the aqua therapy, the older people enjoy playing the games of go or mah-jongg for the purpose of mixing with other older people in the same day-care service centre as a socialisation.
Prefectural (municipal) pools are also threatened to closure all over the country in Japan. However, some prefectural offices were awakened to the importance of municipal pools for the welfare especially of older people. According to a Japanese local newspaper (Hokuriku Chunichi, March 20th, 2010), a prefectural office performed the cornerstone-laying ceremony for a complex of welfare facilities which have a spa in it for the care of older people. The prefectural office told that it would be very rare in the whole country to build the facilities with a spa for the purpose of care and disease prevention for older people (ibid.). The centre was going to open to the older people in 2011.

4.7.2 Participation of young ex-elite swimmers

The Masters swimming competitions are so highly competitive in Japan now due to young ex-elite swimmers participating in Masters swimming as in Australia mentioned above. Therefore, many Japanese Masters swimmers are unwilling to participate in official Masters swimming competitions. The reason why the level of swimmers has been improved greatly is that the ex-Olympics swimmers in their 30s have turned up at competitions. Therefore, newcomers are apt to stay away from the official Masters competitions and start swimming as leisure. They are transferring from competition-oriented swimming to leisure-oriented swimming. Therefore, the number of non-Masters swimmers is much greater than the number of swimmers who registered the membership at Japan Masters Swimming Association (JMSA). Ordinary swimmers are hesitating to become JMSA members. Masahito, executive director of JMSA, put that “This is rather a worry, which I think that we should take a step to solve this problem. It has become a phenomenon during these few years”.

4.8 Issues relating to sporting activities of older people

I have so far looked at the specific feature of sports organisations for older people in the three countries. The playing of organised sports is generally based on clubs at municipal/private sports settings. In this project a club does not signify a professional sports club, but an amateur sports club. The dominant distinction between professional sports and amateur sports is that in professional sports remuneration is paid to professional players for their play. In contrast, amateur sports players are not paid for their play. Amateur sports players generally belong to non-profit-making sports organisations even if they play on private sporting facilities i.e. private golf courses or private swimming pools in this research. Therefore, non-profit-making club-based sports activities have to be financially underpinned by national/municipal sports associations or Non-Governmental Organisations (NGOs) such as Age & Opportunity, Sport Australia in Australia
and the Japan Amateur Sports Association in Japan. In terms of older people’s sports activities, however, have some serious issues which should not be overlooked. In the following sub-sections, the serious issues are examined.

4.8.1 Importance of government awareness

(i) Ireland

As aforementioned, a few public swimming pools are threatened to be closed in Dublin. In terms of health promotion, Larry, chair of Masters Section in Swim Ireland, stated:

Larry: I think that even if you look at the financial return on healthy people vs. unhealthy people, there has to be a huge financial return even on health care and not having to provide if you have people healthier all the time.

Interviewer: Health promotion?

Larry: Health promotion, yeah, and even in terms of providing medical care if people are healthy, they’re less likely get sick but unfortunately that type of thing at a level does not rate very highly. It is even on the radar. When it comes to national politics, there have been a couple attempts to soften the blow of having healthy eating campaigns or heart running campaigns and stuff like that. But there is never, in my opinion, in Ireland an assertive effort to get the country fit. You get the odd campaign but everyone’s priorities are somewhere else. It’s not on running, walking or swimming. It’s not on the physical health of the body.

In Larry’s opinion, the priorities of the national government are elsewhere. Comparing the cost of a swimming pool to the cost of ten houses for people, Larry confirmed that the ‘ten houses for people with no homes’ wins all the time. He continued:

That’s the reality of politics and decision making. The shame is in the last 10 years when we didn’t know we had money that not more of it was put into the health of the nation. (Larry, Ireland)

However, Larry is not pessimistic about the future of older people’s swimming activities. His big issue is “to get more people involved to make the organisation stronger so that they take more people to get the facilities there and hopefully to get more of a public awareness in terms of the benefit of health” (Larry, Ireland).
According to Harold, president of ACT (Australian Capital Territory) Veterans Golf Association, the activities of sports organisations across golfing, swimming, bike riding and all sorts of sports need to be co-ordinated. The healthier older people are, the less strain is put on facilities like hospitals and nursing homes. Therefore, Harold thought that the government has to open a dialogue with organisations like the Veterans Golf Association to be able to do something proactive. It is much better for government to be proactive rather than reactive i.e. to prevent diseases. The president and the captain, Harold and Herman, put:

Harold: I think that's going to be something that'll happen in the future. Most probably won't happen in my time, but I'm sure that sooner or later someone is going to have to sit down and think, 'If we keep these old buggers active, they're going to be much happier and things will work better than when people retire and just go home, sit down, and do bugger all and they just vegetate and become hospital cases.'

Herman: That's very true.

Harold: And that's something that I really think will come on the agenda.

Herman: I agree. The government are going to have to realise that this is very necessary, and even the other side of it is the belonging and feeling, a part of something rather than having elderly people as isolated individuals living in their own house, staying there all day long and no getting out, and not being part of anything. This will force them to actually be part of a golf community and I think that's very important.

Both Harold and Herman proclaimed the importance of sports, specifically golf, for older people to prevent senile diseases and keep fit. They adhered very strongly to the active ageing principle, where physical health is a core part of successful ageing (Baltes & Baltes, 1993).

Caroline, a gym instructor working at a municipal swimming pool in Australia, also opined that there should be a national drive to try to ensure that older people stay healthy and have access to the sports facilities because it eases the pressures on the public health system. A financial and social incentive from the government councils is necessary to encourage programmes for old adults, given that 85 per cent of hospital admissions for people over 65 in Australia are fall-related, broken hips and shoulders. According to Caroline, there should be a push to promote sports and physical activity to keep people stronger and healthier from a government point of
view at all levels, federal, state and local. To take the pressure off the health system, it would be important to keep people out of hospitals, out of nursing homes and functioning in their own homes for as long as they can.

From the perspective of swimming, the president of Masters swimming Victoria, Francis, has the same view with the above-mentioned president and the captain of ACT Veterans Golf Association. Francis especially stressed the need for sponsorship to finance the administration caused by the insufficient awareness of the government for older people’s sporting activities. Many sporting organisations have sponsorship. There are already big demands on sponsors to support sports, especially those played by younger people. Sports that are prominent in the media attract money even from the government. From the perspective of golfing, Australian Veterans Golf Union has to compete against other smaller organisations for money, which is quite difficult. Although AVGU has seriously started looking for sponsorship now, the president disclosed:

Some of the avenues we’ve looked for sponsorships for actively discriminate against old chaps like us, like Canberra Milk. You think [it] would be a good one that promotes healthy living, but we don’t fit into any of their age profile that they want to sponsor. So it’s that sort of things, and of course we are not high-profile. We are not on TV or that sort of thing. We are just old grey-haired blokes who like to walk about and hit a golf ball, so sponsorship is difficult. (Harold, Australia)

Moreover, the current economic climate makes it harder for companies to provide sponsorship. From the sponsorship perspective, sports activities of older people are not regarded as big topics to attract the attentions of the mass media with the exception of specific achievements such as of the old-oldest athletes. Francis, the president of Masters swimming Victoria, opined:

Well, it’s like everything else; we need sponsors to be able to finance the administration. We need money to...the thing that we experience is that we have no sponsors, and we don’t get any money from the government, that’s another reason why we are trying to get closer link with Swimming Victoria. We can then probably tap into some of the money they get from the government, but the main reason is that we don’t get sponsorship; we don’t get funding. The only money we get is from our members and part of that goes to these people up here [tap on the page] and we have to pay a levy to them to become Masters Swimming. (Francis, Australia)

Masters swimming Victoria does not have a paid administrator; they are all volunteers. Francis himself does not get paid. His travelling expenses from home to his work are at his own cost. Throughout the years he has been involved in administrative work, he has never received a penny as the president. He complained as follows:
...and for us to progress we’ve got to get promotion; we’ve got to get out to the swimming clubs, not Masters ones but other ones who belong to Swimming Victoria, and we need promotional material, but we can only do that out of our own pocket. Pity, yes it is. Anybody [is] taking part in any type of sport, be it swimming, jogging, running, cycling, whatever, it’s a health. You’re maintaining your health, not making a drain on the government but because the government says it only wants to deal with the main body in Victoria, and the main body is Swimming Victoria. They won’t deal with us as Masters swimmers. We believe we are entitled to it because of the amount of work we put into these 950 members in Victoria. The government spend lots of money on road deaths and things like that, but we don’t seem to get a penny. (Francis, Australia)

Even if they have appealed to the government, the government does not care. Instead, the government says that they prefer to deal with one body that is Swim Australia. Despite the fact that Australia has always been a strong swimming country, Francis thought that the government lacks an interest in Masters swimming. He claimed:

The government needs to take an overall look at what they want to do and what to achieve, and sports was always voluntary but now you get sports academies in Australia, in the UK, all over the place, Russia, Hungary, Germany, but that’s for the elite swimmers, and once they are not elite they are pushed aside. (Francis, Australia)

Masters swimming Victoria tried to get the government to continue with their health programmes because it is important that everybody looks after their health and lots of people do that through keeping fit. Even if it would be beneficial to the government, Francis thought that the perceived need to spend money on other priorities prevents the government from engaging seriously with preventative approaches.

(iii) Japan

The chair of an on line swimming club, Asao, opined from the perspective of health promotion that swimming is important in relation to preventive medicine. Swimming helps people keep active in later life. Swimming can help the government reduce medical expenditures. According to Asao, swimming is the most beneficial sport in which anybody can participate from infancy to 100 years of age i.e. at any stage of their life courses. He demanded the Japanese government to put emphasis not on medical treatment but prevention of diseases, which includes addressing obesity. Therefore, constructing and maintaining swimming pools within walking distance of major population concentrations is very important for the national government. Asao stated:
The number of pools is not enough at the moment....the deficits of maintaining public facilities are the reason for the government to close national swimming pools. (Asao, Japan)

However, Asao compared the situation of public swimming pools with that of public libraries. People do not pay any money to read books at the libraries in Japan. The libraries gain no profits at all. Even so, they are not closed because libraries have some benefits for readers in the long period of their life courses. Likewise, Asao opined that even if national swimming pools accrue deficits, the government should not close them. Instead, they make good use of national swimming pools for multiple purposes. He urged the government and/or municipal offices to construct more swimming pools. 'One pool at each primary school' should be standardized. The distance to primary schools is usually easy for older people to walk for swimming. Furthermore, it is not good only to construct pools. At least one licensed instructor should be stationed at each pool. Therefore, it is important to train capable instructors. According to Asao, medical expenses for sick older people would be radically increasing every year unless the government puts an emphasis on these two resources i.e. material resources and human resources. Asao continued:

Prevention prior to the cost of medical treatment...I have heard an American saying, "Three dollars for medical treatment, one dollar for prevention". It means that when you are treated you have to pay three dollars, while when you prevent sickness, you spend one dollar. I would like the national government to think much of it. This is my opinion. (Asao, Japan)

A village named “Taiyo” in Hokota city, Ibaraki Prefecture in Japan exemplified successful reduction of its medical expenditures for the care of older people by constructing a swimming pool named “Top Sante Taiyo” in the village in 1992 (Top Sante Taiyo Newsletter 2013). Medical expenditure was huge in that agricultural village. The village mayor proposed his plan of constructing a competitive swimming pool at the village council. When the swimming pool opened, older people did not come to swim at first. As the city encouraged older people to come, they gradually came.

Meanwhile, medical expenditure of that town was decreasing gradually. Eventually, the town could retrieve the construction cost of the swimming pool. More than that, there was a huge surplus in the municipal budget due to the drastic reduction of medical expenditure on the care of older people. Because of the construction of the swimming pool, the town received a fair return from the decrease of medical expenditures for older citizens, and all the citizens are satisfied with their social and physical wellbeing. This is a political model for a municipal government to alleviate the heavy burden of the medical expenditure for the care and nursing of older people.
4.8.2 Some views about older people as sportspeople

Positive participation of older people in sporting activities has to be underpinned by governmental awareness of funding sports organisations/associations for older people. However, public awareness is also important through role models conducted by older active sportspeople.

(i) Role models

According to Edmond, manager of a university sport centre in Australia, there is a pyramid in a community, which is constructed by a small amount of active people at the top and the large number of inactive people at the bottom. Therefore, how to make those inactive people active is a big problem. He put:

If you set the Masters record you're only going to influence the people you come into contact with, not others to get involved in it. (Edmond, Australia)

For example, the aforementioned fact of an Australian old lady aged 100 years who made a world record at the Masters Athletic Meets would not influence people to join in and all become shot putters. Contrary to the negative view against older people's sports activities, there is a positive view as well. According to Edmond, the manager of a university sport centre, people can compete against people at their own age level. When they have some success, they can act as a role model in their communities. It is a good example to set for people to participate in sports. Edmond stated:

If you want to show positive role models and particularly if it's put on TV or something like that, people go, "Hey, sports, I want to be in that." (Edmond, Australia)

Therefore, he thought that it is the major focus of sports to show the role models. It is an example to people. If people want to be led by the example, Edmund put, "They need leaders in the community who are keeping the fire and doing that" (Edmund, Australia). He continued:

I don't know what the word is. I want to use 'push', but it's not exactly what I mean, but extend older people's capabilities if one of the ways is keeping young and youthful and your mind active and that sort of thing is by experiencing different things and there's a lot of skills and knowledge and abilities that older people have that we don't. (Edmund, Australia)
A Japanese ex-elite swimmer now at the age of 80 years old, Kazuya, worked for a regional swimming federation as the president and the director of Prefectural Swimming Federation. He used to be a candidate for the Olympic swimming competition when he was a young swimmer. Everybody in his community knows it. At the moment, he cannot physically coach swimmers because he wears a pacemaker. Instead, he guides children how to swim. Some of them have become candidates of the Olympic swimmers. After Kazuya retired, he made every effort to train people to behave with good manners. At first, he produced minute rules and coached children because he believes that all sports should start and end with a greeting. When children start swimming in the pool, first they greet the pool. Before they warm up, they greet and when they finish training and cooling down, they greet in a loud voice, “Thank you very much.” Kazuya taught children to observe these good manners.

His greeting movement has extended outside swimming pools since 10 years ago when a Senior Lions Club was founded in his area. Members discussed at the club meeting what kind of activities the club could undertake. Kazuya, ex-president of the local swimming federation, advocated that they should try to start with the greeting movement. The club members accepted his advice as an experienced and trusted mentor (Atchley & Barusch, 2004). The club planned an activity for members to stand and greet passers-by in front of the station or on the streets. He promoted this movement of articulating the greetings loudly and the movement has continued to date.

Depending on his policy when he used to observe as the president of a local swimming federation, he has currently contributed to his local people in making not only the social network smooth and tight but also enriching social capital through greeting by means of acting as a role model and a leader in his community.

(ii) “Don’t do too much.”

The training hours at the Seagull swimming club in Ireland are very limited at the moment. If they were to get more hours, the swimming club would be able to expect their swimmers to swim more hours. However, according to the president, Danny, it would not suit the Masters swimmers to have more hours even though they complain about not having the hours in the water. He used the example of one lady swimmer who finished fourth in the European Championship in Stockholm in her age group:
If people were to know how little training she did relative to the fact that she finished fourth in her age group in Europe, they just wouldn’t believe it. At that time, she trained over the full 12-month period less than an average of 2 hours per week. So considering all, I think we’re doing very, very well and we’ve really no major problems. (Danny, Ireland)

Some swimmers would say that they could not swim well due to the lack of hours and that they could swim better with more hours. However, there would be very few swimmers that could do well even if they would have more hours. If they did have more hours, it would start to be hard work and they would lose the enjoyment. If they don’t achieve what they are aiming for in a competition, they feel bad about it. Dolly, the secretary, commented, “At the end of the day it is only a sport and you should keep it as a sport and when the enjoyment goes out of it, then that’s the time to stop” (Dolly, Ireland).

From the same perspective, Danny, president of the club, recommended that the members who are involved with his club are to try and keep alive the spirit of enjoyment, of pleasure, and of international relationships. It is because if people get too serious then something will die. It does not matter if one member happens to achieve a medal in the world championships. That is soon forgotten. According to Danny, what matters is that people participate in the competitions and do a personal best time. Those people may get more pleasure out of the competition than the person who actually wins the medal. Likewise, from his experiences and through observing people around him, Kazuya, ex-director of a local swimming association in Japan, recommended older swimmers not to do ‘too much’:

Of course, you should think of your physical condition and physical power and do not attempt too much. If I go to a swimming pool, it is easy to swim because of buoyancy. Until recently, it was easier for me to swim than to walk. But despite the fact that we have buoyancy, if we do too much, it is absolutely no good for you. (Kazuya, Japan)

Older people usually boast their past experiences, saying, for example, “When I was young, I did this or that. Therefore, I can do that much”. Kazuya was sure that it has a reverse effect to older people when they attempt too much depending on their physical powers in their former days, and when they believe they can do anything. When people get older, they become very self-assertive and headstrong. Grant (2001) has stated, “There is concern amongst health professionals regarding the high proportion of those in later life who, in many cases unintentionally, allow physical activity to become more of a memory than a regular occurrence” (p. 778).
According to Kazuya, it is not good when older people say, "I feel tired today and I do not do swimming". As it is said "Continuity is the father of success", older people should always be positively minded towards swimming and take exercise without exerting themselves too much. Kazuya added that older people should do sports for enjoyment, and continue while they have the will of doing it; besides, people should not forget to have an interest in it. If people do not have an interest in doing sports, it is no good that older people force themselves to do sports like a duty and put stress or pressure on themselves. In their daily lives, they have to enjoy doing sports:

Older people should remember two phrases "enjoy sports" and "continue to do sports". Then they feel their lives happy. It is important not to make sporting activities cause the reverse effect. (Kazuya, Japan)

Another case of a lady, an ex-Olympic swimmer was introduced by Masahiko, executive director of JMSA (Japan Masters Swimming Association). The lady swimmer participated in Olympic swimming games twice. When she was 25, she retired from her swimming due to rearing children. She resumed her swimming at the age of 45. Since then, she has broken the world records two hundred times in her age bands.

At the party to celebrate her great achievement, she disclosed her experiences to the people that when she participated in a certain 200-metre butterfly competition she stopped swimming at about 150 metres because she felt her physical condition suddenly get changed. If she had dared to swim to the end, she might have been able to complete her swim. However, she did not like to cause problems for the swimming pool, participants and officials there. From a veteran swimmer’s perspective, she told her story to older swimmers at the party as a lesson of ‘brave withdrawal’. Masahiko, the executive director, stated that he believes that it is the true Masters swimmer’s spirit.

Masahiko stated that JMSA has had some cases in which swimmers died in a pool. Those swimmers who died are usually male swimmers ranging from about 60 to 65 years old and had experience of swimming in their younger days. Generally, they retire at the age of 60 and have a lot of time to train hard. They have some confidence in swimming because they swam in their younger days, so that they do not like to be beaten by swimmers who started swimming in their later life. Therefore, they do too much. Masahiko put:
Anyhow, “Do not do too much,” and “From competitive swimming to enjoyable swimming with other swim mates.” …these are the objectives of Masters swimming. It is the policy of the Association itself. (Masahiko, Japan)

4.9 Conclusions

This chapter has focussed on golfing and swimming organisations in three countries from the administrative perspectives in the presumption that the data acquired from managers and executives are helpful to understand specific features and issues of both organisations directly or indirectly related to older golfers and swimmers. The main common features of golfing landscape in the three countries were the large number of older golfers belonging to the cohorts born after World War II between 1947 and 1949, who are now in their 60s. The older golfers in this cohort have brought about the current profusion of golf competitions especially at private golf clubs. As private golf clubs are motivated by profit, many private golf clubs now target the older golfers as a promising ‘grey market.’ However, private golf clubs have come across a serious problem of decline in membership golfers in three countries due to the present recession, which has brought about bankruptcy of some golf companies. The recession leads to the play fees becoming unaffordable for many older golfers to keep their membership at their private golf clubs, so that they have to play on cheaper ‘open days’ or ‘self days’ at their golf courses or to play at public golf courses where their play fees are usually cheaper. In terms of swimming, the increasing number of younger ex-elite swimmers has caused older swimmers to hesitate about swimming with them. Therefore, older swimmers are apt to shift from competitive swimming to more leisurely swimming.

Regarding public swimming pools, the cost of refurbishing the deteriorated swimming facilitates is often seen as prohibitive. Some public swimming pools have become economic burdens for municipal governments. The anti-closure movement in Australia resulted from active awareness and determination of a community to save the local swimming pool from closure. The anti-closure movement made the government awakened to the significance of the swimming pool in the community. As the result, the swimming pool is now flourishing as a centre of social and physical wellbeing for locals. On the contrary, many public swimming pools in Ireland and Japan are threatened to be closed. Public awareness of communities seems insufficient to result in action to influence the national or municipal governments in Ireland and Japan. This does not bode well for practicability of any public health initiatives to increase older (and younger) people’s sports activities.
The main difference between both sports organisations in the three countries pertains to their public or private status. In Ireland and Australia, even if public organisations such as public swimming pools and public golf courses are threatened to be privatised due to facility deterioration and maintenance difficulties, they are generally still run by municipal governments.

On the contrary, public swimming pools and public golf courses run by the national government or municipal governments in Japan have been sold or entrusted to private business companies due to the unaffordable maintenance costs, and have been privatised. The word 'public' is synonymous with 'open to the public' in Japan, not 'run by any municipal or national government'. Most of the present 'public golf courses' in Japan are run by private golf business companies basically without membership. That is another reason that causes a high play fee on top of the maintenance of artificial golf courses run by 'for profit' golf companies in Japan. In terms of private swimming pools, the session fee of swimmers is getting expensive for swimmers affected by the current recession in Japan.

Other important differences between Ireland, Australia and Japan stand out. The corporate and elitist nature of golf in Japan contrasts sharply with the Australian approach where the sport is made available to all irrespective of means (Golf Access Australia) and age (Veteran Golf Associations). In contrast, the Irish situation appears more aligned with the Japanese one. Historically in Ireland golf has also been an elitist sport played largely by successful professional men—in fact, some clubs barred women from membership up until quite recently in Ireland (Song 2007).

The fact that no big international sporting festivals for older people have been held in Ireland seems to be due to its small population ca. 4.6 million (27 September 2012. Central Statistics Office Ireland). Small population might be influential in limiting the scope for large-scale international/national sports events. Even if some swimming pools conduct international galas in Ireland, the number of participants in competitions is not so large, in the unit of a few hundred at most. Furthermore, the unstable weather in Ireland is also a serious deterrent especially for older people to participate in outdoor sports (except golf).

Australia and Japan put a strong emphasis on sports from a health promotion perspective. Some Japanese examples showed some strong elements of active ageing and neo-liberal policy (Clerk 2007), while health promotion in Ireland, by way of sport/exercise programmes is not nearly as aggressively addressed in governmental policy compared with Australia and Japan. Further research on this question is necessary.
Enhanced government awareness and support are required to make golfing and swimming organisations for older people more active for the sake of prevention of diseases and health promotion in the three countries. Currently, the activities of these organisations in Ireland and Australia are underpinned by the altruistic contribution of club managers or organisation executives due to the lack of the governments’ interest in sporting activities by older people (in Japan the profit motive is to the fore). It has been indicated that supporting sporting organisations could help to alleviate the enormous cost of medical expenditure out of the national budget. The priorities of the national governments of the three countries are elsewhere at the moment under the current economic climate. Once they are awakened by the importance of sporting activities of older people, the alleviation of medical expenditure of each country is potentially possible.

In order to make governmental awareness certain, older people can arouse public awareness via becoming role models individually as a positive sportsperson in their communities, even if they are not highly profiled in their sporting activities. When older people live long as role models of sports activities to show their communities how important the involvement in sporting activities is, inactive older people in their communities would be ‘pushed’ to go to the sports facilities. Older people’s sporting activities would hopefully get more of a public awareness in terms of older people’s physical wellbeing, which in turn would lead to government awareness of the necessity of subsidisation. The amount of subsidisation is much less than national medical expenditure pertaining to older people. Therefore, the positive sporting activities of older people are expected to meet national interests of countries where longevity has been increasing rapidly. Golfing and swimming activities of individual older people will be closely examined in the next Chapter Five.
Chapter Five

Older golfers and swimmers in Ireland, Australia and Japan:
Motives, experiences and life-course effects

5.1 Introduction

As older people partake in their sporting activities at the various stages of their life courses, life-course perspective makes it convenient to classify older people according to the life stages at which they took up sports. Among the older people who started their sports at their early stage of life, some have continued their sports since their childhood. Some people were forced to suspend their sports due to family duties or jobs. After they finished rearing children or retired from their jobs and could afford some money and time to participate in sports, they resumed their sports, which they once practised in their younger days. In contrast, some people started their sports as a novice in their later life.

This chapter focuses on older golfers and swimmers who are aged between 60 and 80. According to the timing of starting their sporting activities across their lives, they are classified into 'childhood/adolescent starter', 'young adult/late-young adult starter', 'middle-age starter', 'middle-age resumer', 'old-age starter' and 'old-age resumer', who have respectively engaged in sports throughout their lives. 'Childhood/adolescent starter' signifies people who started sports by the age of 19. 'Young adult and late-young adult starter' includes people belonging to 20-29 age range as a young adult and 30-39 age range as a late-young adult. This age range usually coincides with some important life events such as a full-time job, marriage, and rearing children (Alwin 2012).

In terms of 'middle-age', an epidemiological study on the Insulin Resistance Syndrome (DESIR) used 5,212 men and women aged 30 to 65 years as middle-aged men and women for the study sample (André, P. et al. 2007). Another epidemiological study targeted middle-aged and elderly European men aged 40 to 79 years to examine their bone mineral density (Verschueren et al. 2012). The categorisation of 'middle age' seems not to be fixed from the epidemiological perspective. However, the definition of middle aged is decided from 40-59, for example, at a study about an independent risk factor for death from cardiovascular causes "included 1960 healthy men 40 to 59 years of age" from the medical perspective (Sandvik, L. et al. 1993).
According to Collins Dictionary, it defines that "middle-age". Collins Dictionary tells that “middle age is usually considered to occur approximately between the ages of 40 and 60", but the term ‘middle age’ is fundamentally a social construct. Therefore, following the above mentioned medical study and the Collins Dictionary for the present purposes, people who started their sports for the first time between 40 and 59 years old are labelled as ‘middle-age starter’. ‘Middle-age resumer’ signifies people who returned to their sports and resumed them at the age 40-59. Usually, it is the timing that tends to coincide with their children growing up. ‘Old-age starter’ indicates people who started their sports as a novice after the age of 60, while ‘old-age resumer’ signifies people who returned to their original sports at the same age range, usually around the time of retirement from work through their life courses.

‘Old-age starter’ indicates people who started their sports as a novice after the age of 60. In this project, I had no old-age starters due to the major drawback of snowball sampling method (Parahoo 2006). The organisers for focus group interviews tend to refer people of similar backgrounds to themselves, and the members of the focus groups were mutual friends/acquaintances who shared similar sporting trajectories, not novices of sporting activities.

‘Old-age resumer’ signifies people who returned to their original sports at the same age range, usually around the time of retirement from work through their life courses. The timing of marriage/childrearing and retirement was often inter-linked with the timing of sports activities.

Table Five: Labelling of age ranges

<table>
<thead>
<tr>
<th>Age range</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 — 19</td>
<td>Childhood/adolescent starter</td>
</tr>
<tr>
<td>20 — 39</td>
<td>Young adult/late-young adult starter</td>
</tr>
<tr>
<td>40 — 59</td>
<td>Middle-age starter, Middle-age resumer</td>
</tr>
<tr>
<td>60 — 80</td>
<td>(Older-age starter), Older-age resumer</td>
</tr>
</tbody>
</table>

(*No older-age starters are recruited.)

In this chapter, Section 5.2 deals with various stages of older people’s starting sport in their life courses. Section 5.3 examines the reasons of middle-age resumers’ suspension and resumption of sporting activities. Section 5.4 looks at the competitiveness in older people’s sports participation. Section 5.5 explains how important social mixing is for older people after retirement. Section 5.6 outlines various feel-good factors as governing dynamics of older people’s sporting activities.
Section 5.7 deals with how older people adapt their physical deterioration due to ageing. Section 5.8 studies swimming or golfing as older people’s ‘life force’. Section 5.9 looks at how older people purport to achieve successful ageing in their later life course, and Section 5.10 probes the gender impacts on cultural differences in the three contexts.

5.2. Sporting activities at various stages in life course

Depending on the labelling of age ranges, findings pertaining to older people’s commencement of sports activities are outlined at the various stages in their life courses in this section. The main objective is to know what triggered older people to become a swimmer or a golfer at the various stages of their life courses.

5.2.1 Childhood/adolescent starters of swimming

As swimming is one of the most feasible sports, people have usually experienced swimming at the early stage in their life courses, such as in a swimming pool, in the sea or in a river accompanied by some member of their families, friends and relatives or on their own just for fun. One of their motives was prize-winning. An Australian lady swimmer stated:

I remember my dad offered me a ‘bribe’ to swim from the bridge down to some changing cabins we had, and it was all of one dollar, which to me was immense wealth, and at the end of the summer I swam it and I got my dollar! [Laughs] (Audrey, Australia)

Even if the prize money is small, it is ‘immense wealth’ for children, which motivated Audrey to train hard. Therefore, she distinctively remembered her original motive which made her continue swimming to date. She owed her long-term swimming career to her father.

Kazuya, ex-director of a local swimming federation, was born and lived in a small island with his family. He clearly remembered that he was motivated to swim by his grandfather saying:

Dogs can swim, even if they are not taught how to swim. You are a ‘dummy’ if you can’t swim unless you are taught by a human being. (Kazuya, Japan)

Kazuya’s grandfather’s hint of sarcasm made him engage seriously in swimming. As a junior high school student, his older brother was a member of the school swimming club. The brother trained Kazuya so hard that he became the champion in the prefectural swimming competition in 1946 in
short distance. The then world-record holder, Hironosin Huruhashi, nick-named the ‘flying fish of ‘Fuji-yama’ (Mt. Fuji)’, was the best swimmer in 400, 800 and 1500-metre races at international swimming championships in those days. Kazuya presumed that even if Hironosin was an unbeatable foe he could probably beat him in 100 metre and 200 metre races. He became a representative swimmer of his prefecture and participated in consecutively from the Second National Athletic Meets to the Fourth National Athletic Meets. His best rank was the second champion. He was selected as a candidate of the London Olympic Games in 1948 soon after the end of World War II. However, he could not participate in it because Japan and Germany were not invited. His hope to become an Olympic swimmer vanished into thin air. The tangible bribe of Audrey’s father made her assiduous in her swimming throughout her life course, while Kazuya would not have become a candidate of the Olympic swimming games but for his grandfather’s hint of motivation.

Teachers and doctors can also become the influential motivators for children and adults to take up swimming. A Japanese older male swimmer, Asao, started swimming as a child because he had been born pre-mature and very frail. As a primary school pupil, he attended a class for handicapped children named a ‘special class’. Meanwhile, the teacher in charge of the class recommended him to swim. He enjoyed playing in the water of the second oldest swimming pool in Japan located near his house. When he joined a junior high school swimming club, he was health-oriented at first, but gradually shifted to competition-oriented. After graduating from the school, he continued swimming and came to challenge his own records. The improvement of his records made him more energetic. Eventually, he overcame frailty through swimming.

Beatrice, an Australian lady swimmer, had suffered from bone marrow disease at the age of 6. She started swimming on her doctor’s recommendation. Swimming improved her disease and she was eventually able to walk again. Asao has still continued swimming and he is the chair of an online swimming club now, while Beatrice swam until she was 18 years old. She resumed swimming when she was 46 years old after a period of suspension due to marriage and rearing children. She is now a very active swimmer and has participated in the ocean race every year. In the next sub-section, I outline the reason why individual older people became golfers at the early stage of their life courses.

5.2.2 Childhood/adolescent starters of golfing in Ireland and Australia

In terms of early-age starters of golfing, an Irish golfer, Charlie, started playing ‘pitch and putt’ at first when he was younger. In Ireland, ‘pitch and putt’ is a very popular amateur sport since the
1940s. Players only use three clubs including a putter. Irish parents sometimes take their children to play ‘pitch and putt’ as leisure. It is plausible that parents become a motivator for their children to play golf throughout their life courses.

Most Australian Veterans golfers had started golf between 9 and 16 years of age. When Barnard, a middle-age resumer, started golf at the age of 9, his father was a golfer and wooden shafts were used on the golf clubs in those days. His father cut down and shortened a set of golf clubs for him. He lived very close to a golf club, used to go there in the afternoons after school and played three or four holes of golf. Then he stopped playing golf for 25 years because he built a house with his wife and started to raise a family. After he finished rearing his children and had time to enjoy playing golf, he resumed golf. His father was a great motivator for Barnard to start golf similar to the above-mentioned grandfather and the fathers of swimmers.

In terms of Japanese older golfers, there were no golfers in focus groups who had started golf at their childhood/adolescent stage in their life courses. When older golfers were in their childhood soon after World War II, golf had not yet been popularised as a sport. It was regarded as a sport for the affluent adult people. However, current Japanese older golfers experienced a peculiar start to playing golf. Their experiences are examined in the following sub-section.

5.2.3 Young adult/late-young adult starters of golfing in Japan

Famous professional sportsmen often become motivators for young people to start their sporting activities. Golfing is not an exception. Masahiko, a Japanese older golfer aged nearly 80, started golf at the age of 30 in 1961. He was playing a sport called ‘sandlot baseball’ until that age, but he realised that running on the field became a burden for him. When he was looking for an option, an international golf competition named the ‘Canada Cup’ was held in 1957, in which two Japanese professional golfers participated. Sam Sneed, the then famous American professional golfer, also participated in it. At the competition, Torakichi Nakamura and his partner Koichi Ono won the country Championship, which spurred a golf boom in Japan. Four years later, Masahiko’s friend invited him to play golf on the first of April in 1961, when he played a round of golf for the first time. That day he happened to score three strokes on the four-par hole. That was a ‘birdie’, of which he had not known the meaning. That memorable occasion made him still remember the exact date of commencing golf.

The peculiar feature of golf in Japan was “reception golf”. It was prevalent in Japan during the period of the asset-inflated economy or the economic bubble, which covered ca. 1986-1991.
When companies have some business negotiations with other companies, salesmen from other companies are usually welcomed at reception golf parties held by host companies. Therefore, the synonym of “reception golf” is “company golf”. It is a very important requirement for young salesmen or businessmen to be able to play golf with customers. If an able salesman did not know how to play golf, he was usually asked to learn to play golf by his boss or seniors at his company.

A Japanese older golfer explained:

> When I had opportunities to play golf with people for the first time whom I had to get in touch with on business, we were kind of reserved to each other at first when we just started to play golf. While playing a round for four hours, I felt as if people playing with had been my old friends. We chatted frankly at the end of the round. Golf is helpful to lubricate our business talk. (Kazunori, Japan)

The “reception golf” is the motivator for Kazunori to start golf, which was beneficial for him to work for his company. Aforementioned Masahiko became a “reception golfer” as well. Golf was has been one of the important business tactics for companies to negotiate with other companies to win contracts. Many companies vied with each other in having ‘reception golf’ as the beneficial place for negotiating their contracts during the period of the economic bubble. Many Japanese older male golfers started golf as young-adult starters in the circumstances of “reception golf” at their companies’ expenses during this period in Japan. Another older golfer, Ikuma, is grateful to the “reception golf” because it was advantageous in his business work. Moreover, he made many acquaintances through playing golf with them. If he had not played golf, he could never have become acquainted with directors or executives of big companies or enterprises.

Japanese older golfers generally started golf as young-adult starters when they worked energetically for their companies, while the Irish and Australian older golfers usually started golf as childhood/adolescent starters earlier in their life courses as exemplified above. In the next section, I outline specific features pertaining to middle-age resumers.

5.3 Middle-age resumers: Suspension and resumption of sporting activities

Many Irish and Australian older golfers had to suspend their golfing or swimming at the young adult stages in their life courses. The following sub-section outlines the reasons for their suspension and resumption at the middle-age stage in their life courses.
5.3.1 Family norms and duties

Most societies designate marriage and parenthood as rites of passage and statuses that require adherence to specific norms. Adherence to these usually causes turning points or transition points to their life trajectories. As young parents, many older participants in this research had to suspend their sports activities because of family norms and duties. Golf is a very time consuming sport, as it usually takes more than four hours to play one round. Therefore, family norms and duties such as rearing children hindered young parents from getting involved in time-consuming golf. As for Barnard, the aforementioned Australian middle-age resumer (See Section 5.2.2), rearing children with his wife hampered his golfing. When he stopped golfing, his handicap was low. As he just could not play to the handicap at that time, he thought he would not play for one or two years, which became 25 years. During that period he played tennis until his shoulder could not take tennis any more. He returned to golf as a middle-age resumer. Besides him, two other male old-age resumers of golfing in the same focus group coincidentally had to suspend golf for about 15 years due to rearing their children with their wives.

Male older golfers in Ireland had the similar experiences of suspending their golf when they were rearing their children with their wives at their young life stages. In contrast, when older male golfers in Japan were young parents, they did not suspend playing golf. They usually went out for ‘reception golf’ on weekends especially during the period of the economic bubble. The rearing of children had been the responsibility of housewives in Japan due to strong gender norms that assigned this task exclusively to mothers in those days. Therefore, Japanese lady golfers had to suspend/start golfing until/after their children went out into the society. However, this is no longer the norm among younger generation in Japan today.

In terms of swimming, the situation of swimmers in the three countries is slightly different from golfers because swimming is not a time consuming sport per se. Masters swimmers mostly take one or two hours for training per day, three times or four times a week. They need not swim for a long time worrying about their family norms and duties. They can continue swimming while rearing children. Heather and Geraldine in the same focus group of Irish lady swimmers stated:

Heather: When I went back to masters swimming, I have eight children, and I could get away from them; people didn’t talk about babies and feeding them and what you were doing, they weren’t interested, they were young so you weren’t somebody’s mother, you were yourself, you weren’t somebody’s mummy, you were myself.
Geraldine: Like Heather I’ve eight children as well; it was an escape to get into the water; get away from them; it’s the same as I said already; it takes you away from all your problems and it helps you; you don’t get depressed.

Even while rearing eight children respectively, these Irish lady swimmers kept swimming in order to enhance their own mental, psychological and physical wellbeing.

In terms of Japanese older lady swimmers, they had to suspend their swimming completely due to family norms and duties. Tomoe, a Japanese lady Masters swimmer swam until the age of 20 years as a regular member of swimming clubs at schools. Then she had to quit swimming due to marriage. After her daughter grew up and joined a high school swimming club, she thought she could teach her daughter as a mentor what she had learned about swimming in her young days. She resumed swimming at the age of 58 as an instructor at a swimming club and now she has been a coach for 15 years. Japanese lady swimmers had to suspend their swimming as well as Japanese lady golfers until they finished bringing up their children at the middle stage of their life courses. In the next sub-section, I explain how older swimmers resumed their swimming at the later stage of their life courses.

5.3.2 Children as a motivator to resume sporting activities

There are various reasons for older swimmers who suspended their sporting activities for a while to resume their sporting activities. Some of older swimmers resumed swimming at the middle-age or old-age stages of their life courses. As in the case of Tomoe mentioned above, children became motivators for older people to conduct sporting activities throughout their life courses.

As swimming is a very strenuous sport, older swimmers sometimes burnt out due to demanding training as regular school swimmers at the adolescent stage of their life courses. For example, Bruce, an Australian Masters swimmer in a focus group, started swimming when he was 15 years old. However, he realised that he really could not swim well. That was when the butterfly stroke had just been introduced in Australia, and he realised, “They [other people] can’t do it either!” (Bruce, Australia).

Therefore, he became a butterfly swimmer and nobody knew that he could not do that style properly, because “nobody could swim butterfly” (Bruce, Australia). He raced at school for about 4 years. However, he usually came last, and he gradually gave up swimming because his swimming did not come to fruition. After Bruce enrolled in the Army and went to Vietnam, he
came back home. When his son was eight years old, the Olympics games were held in Australia. As his son wanted to swim, Bruce took him down to the local swimming club. He asked the manager if he could swim as well. He resumed swimming and he knew that it suited him. Bruce was coached for the first time, had a regular programme and started to win races until someone suggested, “Why don’t you try Masters swimming?” He then joined a Masters swimming club and he eventually could win the medals which he had always wanted. His son became a motivator to awaken him to resume his swimming.

5.3.3 Physical problems as a motivator to resume or start sporting activities

Physical problems became a motivator to awaken older people to swimming. It is plausible that swimming is a good method of rehabilitation so that it awakened older swimmers’ past experience of swimming or it made older people to start swimming at the middle-age stage of their life courses.

(i) Middle-age resumers

An Australian older swimmer, Earnest, started swimming at the age of 12. He swam in the surf at the beach and was a member of a lifesaving club for 5 years in his 20s. Then, he lost his interest in swimming. He did not play any sport until he retired. About a year or two before his interview, he joined a swimming club and has resumed swimming in order to alleviate his bad back since then. His swimming slowed down due to health reasons. Nonetheless, swimming was a big help for him. At the time of the interview, he swam between 1.5 kilometres to 2.5 kilometres three or sometimes four times a week. This is the same case with another Japanese older swimmer who started to swim through rehabilitation. Physical problems become a motivator for older people to start sporting activities as a novice usually recommended by their doctors.

(ii) Middle-age starters

When a Japanese older person, Masahumi, was just 50 years, he was seriously sick. He suffered from gout and a pulmonary disease, and was hospitalized for about one month. When he was hospitalized, he was told that he suffered from a lung cancer and had only a few more years to live. His body was almost corrupt. He seriously repented having neglected his health. At that time his doctor recommended him to start a sport and advised him to give up smoking. Then, as advised by the doctor, he began swimming. His purpose was to regain his health. In those days when he started swimming at the age of 51, he was obese. He realised that swimming alone was
not sufficient to lose his excess weight. Therefore, he tried to swim three times as much as possible and once in a week to do exercise by a walking machine (cycle ergometer) at the gym in a physical training hall so that he might lose his weight and build his muscle. He successfully lost weight and got slim. He enjoyed competitive swimming at the time of the interview.

(iii) Old-age resumers

Toshiki, a Japanese older man, was a swimmer when he was young, but he did not swim between the ages of 20 and 60 years until his retirement because he totally lost his interest in swimming. When he was working for a company, he devoted himself to the "reception golf". One month after his retirement, he had the meniscus in his left knee injured. Being motivated by rehabilitation, he started walking in the water at the swimming pool of his company. When the pain was gone, his past swimming experience awakened him to resume swimming. He has totally abandoned golf since then. Toshiaki was an adolescent swimmer and the problem in his knee was a motivator for him to resume swimming.

In terms of golfing, it is a mild sport so that even if some golfers wore a pacemaker or had stents, they enjoyed playing golf without any worries about their health. On the contrary, swimming is too strenuous for older people who have cardiovascular problems. Older people who were fitted with a pacemaker had to quit swimming, similar to the aforementioned ex-director of a local swimming association in Japan, because a pacemaker is an electric device. Among the participants in this research, there was no old-age starter of golfing and swimming in their 60s except two Japanese lady swimmers who started swimming at the age of 59 years and at the age of 54 years.

5.4 Competitiveness as a driving force and seeking a challenge

Most older people interviewed for this research still had a competitive or achievement-oriented streak. Peter, an Irish golfer in his early 60s, set goals for himself every time he played:

The last time I went out to play the course, I had 102 and I thought this is ridiculous. I must do better, then you set yourself a goal and I need to get under 100 or certainly into the 90s. You set your start for yourself. I think it's important part...competitiveness to be to achieve and you know to...better. That's a driving force (My emphasis). Game changes at the same course every time you go out...It's a challenge. You set yourself objectives and those objectives set to achieve when you do. Then you feel a certain satisfaction of doing that. (Peter, Ireland)
Once he set up his own objective on the competitive basis, he did his best to achieve the objective. Competitiveness was his ‘driving force’ to achieve a better result, which made him challenge others in competitions. Norman, another member in the same focus group, emphasised the importance of having rivals in playing golf, which he thought made him play better:

It’s fine to beat them [rivals]. Likewise they try to beat you and again when they beat you. You shake hands and it’s all over and you go off for a drink or a cup of tea. That’s marvellous really. (Norman, Ireland)

It was very important for him to compete against his partners in his group. His partners also tried to beat him. Finally, when a game was over, they all shook hands. Norman thought that the rivalry kept golfers mentally alert and it was very important when they got older. An Irish lady golfer was very competitive. When I asked the ladies of a focus group whether they participated in golf to make friends or enjoy socialisation, one of them definitely denied, saying:

No. I think really I took up golf because I want the activity that is the main reason and then side by side that comes with the fact that you make contact with new people. So the reason I took it up was not for social contact. It was for sporting reasons and then the off-shoot of it is that you make social contact. (Louise, Ireland)

As for Louise, social contact was a by-product of competition for her. She stated that “[golf is] challenging and it’s a challenge that I like to try to get better at it” (Louise, Ireland). She started golf in her 50s, that is, 10 or 12 years before the interview. Golf was a challenge for her, but comparing with other (more strenuous) sports, she was still able to enjoy golf. It can be said that her competitive streak underpinned her spirit of challenge.

Greg, an Australian golfer, played golf once a week because health restricted him from playing more often due to hip replacement, open-heart surgery, damaged spine and arthritis in the hips. Notwithstanding these health problems, he regularly played golf. Although he played golf as an exercise for the rehab, for the enjoyment and for the social side of it, he stated, “I like a bit of competition. I’m not very good at it but I like it, just to push yourself a bit harder” (Greg, Australia). He played baseball, cricket, soccer and squash for many years over 40 years ago. His experience of playing various sports made him very competition-oriented. Hamilton, another Australian late-age resumer, was also a player of various sports such as tennis, Australian rules football, squash, badminton and table tennis. After he enjoyed golf for about 10 years as a young golfer, he did not play it at all for about 30 years because he chose other sports. He took up golf again when he was 65 years old as an old-age resumer. He stated, “I just evolved into golf.” He
was very competitive and liked to play competitions. As his experience of playing various sports underpinned his competitiveness, he stated:

I like to play competitions. I like to compete with myself as well, and also from a fitness point of view I like the exercise, the walking, and the social side, mixing with other people. (Hamilton, Australia)

When a Japanese older man, Nobumasa, was in his 40s, he had a neighbour who played golf. On Sundays, his neighbour went to golf leaving his wife and children at home. Nobumasa asked his neighbour if it might be easy to hit a stationary ball. Then the neighbour told him to come along to a golf course once and try to hit a golf ball. Nobumasa hit a ball for the first time at the golf course. His score was 128. He realised that his ball did not go so far away as he had expected before he hit it. He used to play softball, and hence he anticipated that anyone could easily hit a stationary ball with a club. He put:

I had a can-do spirit, so that I would not like to be beaten even one centimetre by anyone; namely, I had a strong sense of rivalry. That strong sense of rivalry has not been changed to date. (Nobumasa, Japan)

Henceforward, he gave himself up to golf at a public course. It is clear that his competitiveness, which had been fostered by playing softball, ignited his spirit of challenge due to difficulty of hitting a stationary golf ball.

A Japanese person, Yukiko, started golf at the age of 54 as a late middle-age starter. Her golfing career was only seven years. She worked as a saleswoman for a company, so that she thought that golf would be the best way to know her customers via golfing with them. She took golf lessons for one year at a driving range. She recognised that when she endeavoured to play golf well, her score rewarded her efforts. At the first stage of learning golf, Yukiko jumped out of bed at two or three o’clock at night secretly without being known by her husband. Whenever she had some time, she went out of her house and swung her clubs outdoors for a while when no one was there. She wanted her skill to catch up rapidly with that of other players. She confided:

Once you turn up on the course, you think that you don’t like to be beaten by other players, even your friends... four members are rivals. When they hit a good shot, pressure comes on me. When they fail to hit a good shot, I express consoling words to them, but I say to myself in mind, “OK, this is the chance. Crush them!” Human beings have such a feeling, don’t they? (Yukiko, Japan)
Golf made her mentally alert in trying to beat her rivals. It was a challenge for her to make her score less than her age.

In terms of swimming, middle-age resumers of Masters swimming in three countries were very competitive. Audrey, an Australian lady Masters swimmer, participated in FINA (Federation Internationale de Natation) World Aquatics Convention. She was the silver medallist. She was furious about the gold medallist because she could have beaten her rival if there had been another five metres. This strong spirit of rivalry has been a driving force for her competitiveness, which underpinned her unremitting participation in competitions throughout her life course. Some older Masters swimmers enjoyed challenge and competed against other people, while others competed against themselves. They set their own personal time and were keen on challenge to improve their own record, no matter how fast or slow their record might be. Eliza, an Irish lady Masters swimmer was competitive against herself trying to improve her own time. It was to do with her personal best time that she won medals in her age range.

Izumi, a Japanese lady swimmer, was a novice swimmer at the age of 59. She was swimming three times a week at the time of the interview. Izumi was health-oriented at first. Practice of swimming made her very pleased with the progress of her skills and her time. When she was 60 years old, it took her 28 seconds to swim 25 metres. She was 69 years old at the interview time and told that it took her 21 seconds. She was delighted for the improvement of her records despite advancing age. Izumi was self-employed, so that after she finished her work later, she swam from nine to 11:30 p.m. Then she returned home by bicycle. Sometimes she went to bed at one or two a.m. She had to cut her sleeping time in order to spare time for swimming. As she was a housewife, she had to speed up doing her chores for her swimming’s sake:

My husband is the old-fashioned person and he tells me that swimming is my leisure. Therefore, unless I make my house tidy, I can’t go out for swimming. I am very keen about swimming and so that I have been able to finish my house chores quickly nowadays. I used to finish my chores taking a whole day, but now it takes only a few hours. My objective is to swim one time more than other swimmers. (Izumi, Japan)

Swimming had such a great impact on Izumi’s later life course that her life became completely different from the life before she had chosen swimming as her sport.
5.5 Importance of social mixing after retirement

Swimming is a very unsocial sport because when people swim in a lane they cannot talk with anyone. Team sports involve a lot of interaction, but swimmers have little interaction with anyone when they swim. When an Australian Masters swimmer, Becky, got into the water, she just swam alone. She put, “The swimmer shuts the door to the rest of the world” (Becky, Australia). In this sense, swimming is an individual sport. Swimming can be compared to running on the track field, where once runners get set in their own lanes, they just run. However, as for older Masters swimmers, swimming does not mean just to swim competitively. Swimming is to do with people. A focus group of Australian lady Masters swimmers explained the reason why the social milieu is important:

Matilda: As you age, it’s very important to be in a social milieu where you are just accepted for being a person; no judgments are made; whether you’re good or bad; or how it is, we all treat each other as individual people; by and large we like each other; so it’s a very good social atmosphere and very good if you are ageing; in this group I don’t feel my age; I feel I’m a human being; I’m not an older woman.

Marjorie: I concur with everything the other has said, and I think when you retire from work it’s very important to still stay involved with people and there is a mental stimulation with it, and the fact that we can mix with 25-year olds up to 80+ year olds, as an individual, it’s very involving, it’s great.

Martina: This sounds a bit repetitive but that’s exactly what it is. This is a very social club and as they said, the ages of our club members are from 20 right up and you all mix together and have lovely social events, and it’s rewarding to all swim together and no one’s criticising. Everybody is giving encouragement, which you don’t get in the age group in anything I know anyway, so just the involvement with the activities that we do and club members that are very… it’s a very rewarding.

Marion: So social, health wise, fitness, it’s all good, all positive!

A Japanese lady who was a late middle-age resumer of swimming explained that when she became inclined to stay in her house, she could not make friends. So she came to swim. After swimming, she went to have lunch with her friends, had a chat with them and then went back home in a good mood.
Both male and female Masters swimmers in the three countries recognised that Masters swimming had a function of building up friendship or camaraderie and life-course transitions. They met friends, had a bit of fun and swim with friends. After the races were over, maybe they had a drink or a cup of tea. Furthermore, they met other Masters swimmers from other countries in competitions. They had company, enjoyed company, made new friendships and they developed their friendships at social occasions of swimming. Of course, they had already built up a friendship with their friends in their clubs. Eliza, an Irish lady Masters swimmer, had lost her husband. It took her awhile to come back to their swimming club but she has good friends and everybody rallied around her to support her. Geraldine, another Irish lady swimmer, had the same experience as Eliza:

You know you make a lot friends socially and you know my husband died 15 years ago and you have the same support group that are always there for you and you go swimming a few nights a week and you meet them all and it means an awful lot to me. (Geraldine, Ireland)

Besides, their social network widened from a small local network to a big international network. On the one hand, Masters swimmers travelled to participate in galas that are held all over the world; on the other hand, Masters swimmers from foreign countries were welcomed to the countries where the galas were held. After the competitions, they made contact with each other.

Shigeru, a Japanese male older-age resumer of swimming aged 78 was honoured for participating in Japanese Masters competitions 20 consecutive times and the plaque is fixed to a wall at his swimming club. He has made the new Japan Masters records in his age range. He put the record of his swimming at competitions for the last 20 consecutive years on his memo to examine his results. As he had quite often participated in International Masters swimming competitions, he had many rivals in his age group all over the world, with whom he has continued to correspond to date. Masters swimmers kept contact with his foreign friends, built up a worldwide social network and developed their friendship over the years as one of the central factors of their swimming life. Swimming competitions usually creates better social opportunities for older swimmers to socialise with each other at sporting situations. It is plausible that competitive situations such as galas and inter-club competitions created wider social opportunities for individual swimmers than training situations.

Golf is not an unsociable sport even if it is an individual sport. At some golf courses golfers are not allowed to play alone. When an individual golfer visits a golf course on his/her own, they are usually welcomed into a group of players. Friends are made easily even among unknown players
for the first time when they play a round together. When Masahiko, a Japanese male golfer aged nearly 80, went to play a game, he got up early and arrived at a golf course at 9 o’clock. Then, some golf courses allowed him to play with other golfers. Therefore, he played with totally unknown players. It is much harder to play with unknown people in many other team sports such as baseball and soccer. He opined:

Golf is a personal, individual sport. Of course, there is a team game [e.g. foursome]. But, in general, individual golfers participate in games, each individual hits a ball individually and compete their scores then and there...this is the game of golf. That is the fun of playing golf. (Masahiko, Japan)

After older golfers enjoyed the game, they usually confirmed the next game on a certain date and they made their friendship deeper. Ikuma, a middle-age starter, was invited to play golf in his 40s by his friend. He thought that golf is a sport not for ordinary people but for rich people. He did not have any particular interest in golf when he was urged to hold a golf club by his friend for the first time. As persons inexperienced in golfing always think that hitting a stationary ball is easy, he thought likewise at first. However, he found it was very difficult despite his anticipation that he could hit the ball easily. Gradual improvement led him to feel positive about golf. Besides, he put:

While I didn’t play golf, I was excluded from the group of my friends. I couldn’t join their conversation about golf. But since I played golf, I could join the group of friends and shared topics about golf with them. (Ikuma, Japan)

Similar to Matilda, an above-mentioned Australian swimmer, golf made Ikuma not only included in a circle of friends, but also socially mix with them. Once older golfers make company with unknown golfers, then they mix with them, keep company with them and develop their friendship while competing with each other. Golf influences older people so greatly that their lives without it are unimaginable. Ikuma opined, “My life without golf makes my physical condition deteriorate by watching TV in pyjamas all day long without doing anything” (Ikuma, Japan)

No difference has been detected between male golfers and female golfers in terms of social mixing. As for Angela, an Irish older lady golfer, golf meant many things. She met many people through golf and made friends with them in her club. Golf was a very good social outlet for her to mix with her friends. She explained:

No, [I] wouldn’t be without it... Even if you play bad golf, you can come in afterwards and have a cup of tea or a drink. You’re with friends and have a nice chat and you forget about your bad golf and you have enjoyed your day. (Angela, Ireland)
Brad, an Australian older golfer, recognised the importance of social interaction after retirement. His motivation for playing golf was the social outlet of conversation with partners. During four and half hours he had some conversation with them. He stated:

...and you're usually having a little drink at the end of the day to celebrate the victory or the loss. It's just a nice way of meeting people in a relaxed environment, sometimes less relaxed if you're not playing terribly well, and it's just a nice mix of competition and social interaction. After retirement people usually miss the social interaction of the office or the company, golf helps to replace that lack of social interaction with others than family. (Brad, Australia)

Golf was an alternative of social mixing in the work place for Brad, while Margo, an Australian lady golfer, disclosed her motivation of continuing golf. When her children had started school she had a little more time. She started golf with her friend. It was nice for her to see friendly faces in the club welcoming and encouraging her. She felt very comfortable in the club. At that time, she lived closer to the golf club. After her children grew up, she moved further away from her golf club. However, she chose to remain at the club because she enjoyed the company with the people at the club and the social side. She stated, “I think you have developed nice friendship over the years and that becomes important when you get older” (Margo, Australia). Once she was very close to giving up golf because of long distance travelling to the club. However, she realised that it is very important to maintain her social life throughout her life course. Both male and female swimmers and golfers in three countries not only competed to win but also regarded their social mixing with other people as very important in their later life courses.

5.6 The feel-good factors as driving forces

This section deals with feel-good factors, the existence of which was specifically pointed out by almost all older golfers and swimmers. Older people felt good while playing their sports. Feel-good factors were important as dynamic forces, which govern the sporting activities of older golfers and swimmers. The feel-good factors are classified into six components. I examine each component respectively in this section.

5.6.1 The sensual feel-good factor

Being outdoors and breathing fresh air is a strong feel-good factor for older golfers in the three countries, especially for older Irish golfers who play golf in bad climactic conditions. Lucille, an older lady golfer, expressed her exhilaration of playing golf outdoors in the fresh air:
I think it's nice to have an outdoor sport like golf. You spend a lot of time inside doing housework and I think it's lovely to be out in the fresh air, especially during the summer time. This weather I mean is just out of the world, to be out there playing golf. It's just super. I'm as free as a bird out playing. You forget all your troubles. (Lucille, Ireland)

As Lucille exemplified, almost all Irish golfers expressed that the virtue of golfing was to get them out into the fresh air. The clubs in Ireland would organise competitions every weekend even during the winter months, and hence golfers use their courses all year around, almost 52 weeks a year, no matter how much rain they have. As for Irish golfers, regardless their gender, 'to go outdoors' was synonymous with 'to get freedom' like a bird flying freely in the air out of a confined milieu.

In terms of swimming, water was a strong feel-good factor for older swimmers in the three countries. What made them feel good in the water was its buoyancy. A Japanese lady Masters swimmer, Tomoe, pointed out that when her whole body floated on the water, buoyancy worked well. It made her feel comfortable and peaceful to keep floating lightly on the water. Both Australian lady Masters swimmers, Audrey and Martha, opined:

Audrey: It [swimming] actually chose me. It was just something that I just instinctively loved. Maybe I'm closer to that stage in our evolution as land-based animals; maybe I'm a throwback, I don't know, but water is just magnificent.

Interviewer: Does it make you feel differently?

Audrey: Yes, and when I was stuck in hospital for a long time I used to go and stand under the shower for an hour. [Laughs] I couldn't do that now in the era of water shortage, because I just wanted to feel water on my body, it is the most...I couldn't swim but I could at least feel that...have that feeling of water around me....Yeah, that's the feeling of being in the water, against your skin; I actually get it in part for the feeling of the air because I love to ride a bicycle too, and that feeling of the air going past, of feeling the elements I suppose it's something very fundamental, and sensual.

Martha: I guess it's something that if you have it from an early age that you have swam. The water is just the most natural place to be. Sometimes getting in the water at winter is a bit cold and you think "Ohh!" but swim a little bit and we feel "ah!" That was great. Even some cold mornings we come out and say the water was great, so being in the water is just, it's the natural, a natural feeling, to be in the water.
After being very tired from work, Desmond, an Irish male swimmer, came to his swimming pool on the way back home and he swam there. When he went home, he found that he was a different man. He put, “I’m awake...I feel vital, feel full of energy. It just gives you a bit of a buzz you know” (Desmond, Ireland). According to Desmond, the ‘buzz’ was synonymous with ‘something in the water’, which made him pull up away from the fireside at home and go swimming. He continued:

I’d be delighted. I went up because you feel there’s something in it. But if I hadn’t the swimming, I’d be sleeping in front of the fire all evening. (Desmond, Ireland)

This ‘something’ in the water is what another Irish Masters swimmer missed so much when he did not swim for two or three weeks due to his sickness. He explained:

Your whole system is out of sync and then getting back into the water means an awful lot. I had a sickness there a few years ago and I was off swimming for a while and then I came back to it again and the first swim I did 1300 metres and when I told the doctor, “I done 1300 metres,” she said, “What? That’s too much.” I didn’t...it just was heaven. I was in heaven when I went back into the water. I just missed it so much. It’s incredible how good it is...absolutely! (Dick, Ireland)

The sensual feel-good factor felt in the open air and water by older golfers and swimmers is the fundamental, natural factor that gave rise to enjoyment of their sporting activities.

5.6.2 The scenic feel-good factor

People play golf on wide courses where green grass is embedded. Many golfers like to play golf walking on green courses. Although Irish older golfers had climactic disadvantage due to the wet weather all the year around, they played golf on the sand-based green grass almost 52 weeks a year. They enjoyed beautiful emerald colour on golf courses all year round. In contrast, golf courses are closed in Australia and in Japan when they have snow and frost in the coldest season of the year. Irish older golfers admired their golf courses:

You’re walking down beautifully manicured fairways and beautiful greens and there are usually shrubs and flowers and things like that and it’s nice environment to be walking in and out definitely. (Charlie, Ireland)

Both Irish and Australian lady golfers appreciated the aesthetic side of golfing. As for Angela, an Irish lady golfer, golf was challenging but she did not feel challenged. She just loved being out
“looking at the trees, hearing the birds, seeing what flowers are up that were not there last week” (Angela, Ireland). Likewise, a focus group of Australian older lady golfers were proud of their golf courses with the birds because Australia is blessed with a variety of beautiful birds:

Lisa: All the courses around Australia...it’s just a joy to play on them or walk around them. The bird life here is beautiful and the kangaroos...Yes, we have a lot of parrots, about 15 types of birds or more.

Lucy: Quite a few kookaburras that laugh...I don’t know if they are laughing at your golf shot or not. (Laughs)

Linda: And the magpies out on the course, and the crows that steal the ball. They take your ball. One man last night said he was hitting his ball and the crow took it in the air and took off with it!

Lisa: They think it’s eggs and that’s why they take them. The crows are very cheeky. They unzip your bag looking for food. Very cheeky, very clever...

In terms of Japanese golf courses, they are usually located in hilly areas and planted with beautifully shaped pine trees and cherry trees. Japanese older golfers praised the beauty of cherry blossoms in full bloom when they played golf in the springtime:

Especially at a golf course like this one you can enjoy beautiful green colour and when the spring season comes, cherry blossoms will be in full bloom. It is good for me to play golf seeing beautiful cherry blossoms around us. (Masahiko, Japan)

Older golfers, both men and women, in the three countries enjoyed playing golf in beautiful circumstances. In contrast, Masters swimmers swam in swimming pools, so that they did not mention anything about the scenic feel-good factor.

5.6.3 The social feel-good factor

As discussed already in Section 5.5, many older golfers had already pointed out the importance of the social side of playing sports. They looked forward to coming to their golf clubs because they played golf with a group and then had a social gathering afterwards, usually over a cup of tea or a drink. Older golfers thought that it was a very important part of their week to be involved or to participate in golf, to come down and meet their friends and to have a drink discussing the news of the day. An Irish older golfer stated:
If you play maybe once or twice a week to do that, it's very good for you. It means that you are active mentally as well as physically. (Peter, Ireland)

As Peter told, older golfers liked to keep their friendship that they had established over the years and they all enjoyed the company of people they played with very much. When they finished a round, they always enjoyed the social side of golf. Christopher, another Irish older golfer, metaphorised this social side of golfing as the '19th' [hole]:

I just love the social aspect of it, you know, meeting people and when you start of being friends. But sometimes you might end up having a bit of fun or an argument over a bet or wager that you have on the game, you know, that kind of thing. There's a great thing in Ireland as well the 19th; 18th holes of golf but there's the 19th where you go in and have a drink on the winners, you know. There is that. That's very important in Ireland anyway. (Christopher, Ireland)

Even if their friends were not in the club and could not play golf sometimes, it was good for older golfers to be a member of a club, came down and socialised with other people. Peter, an Irish golfer, explained what underpinned his golf:

If you have partners in the team and somebody plays a good shot, the other partners are very enthusiastic. So it generates camaraderie you know. You go around and every good shot is praised by the fellow players usually and congratulated. It develops a sense of camaraderie and it develops friendships, too. So you have competitiveness, camaraderie, and the social side of it. It occupies lots of your time and you have to learn different skills and different shots and picking out the particular clubs and particular shots for each time makes you concentrate and keeps you mentally alert and you're physically walking miles every time. You go out, so between the whole combination of things. It's the reason why we play it. (Laughs) (Peter, Ireland)

According to Peter, the social feel-good factor was very important for him to keep mental and physical health at the current stage in his life course. The physical exercise, socialising and enjoyment of the sport are very closely inter-twined in his experience.

Likewise, many older swimmers enjoyed the social side of swimming. Roger, an Irish swimmer, states that he enjoyed the social mixing with people more than the swimming per se:

No, I wouldn't love [being] in the water much as these friends, but I like to be able to participate. I like to be able to have some bit of an input socially. It's for me; it's nice as well, the people. It's to do with the people rather than actually getting in swimming. (Roger, Ireland)
After races were over, Masters swimmers had a drink. Roger disclosed that “I like the Guinness, so Guinness is good for you. So only excuse we have is to drink Guinness after swimming” (Roger, Ireland). Many Masters swimmers in three countries became friends and enjoyed the company with other swimmers at competitions. According to David, an Irish Masters swimmer, when he suffered from bowel cancer, swimming was part of the therapy to put him back into the real world:

Oh, it’s fine, I would put down to swimming ...the feel-good factor, meeting people like these friends as part of way of my recovery. I’d go for my chemotherapy and come up here for my swim. I couldn’t swim to the same level I used to, but the feel-good factor and being in a group is so important. You see you have your family and your family love you, but you come up here and you’re with...on a different level and it’s your time for... to play your sport and you’re with your friends and it’s so...like to me it’s just living. I could never see a time when I wouldn’t be doing it, you know. (David, Ireland)

Many older golfers regarded their friends as important constituents of their social network. Likewise, Masters swimmers provided each other with social support, personal assistance, wellbeing and affinity in times of their illness and bereavement. The sports-related social network made older people feel good. Therefore, making friends via socialisation was the social feel-good factor, which was a vital factor for older people to continue their sports activities assiduously.

5.6.4 The mental feel-good factor (the stress reliever)

Both swimming and golf can be stressful in competitive situations. Irish lady swimmers disclosed how their stresses were felt and dissipated. While waiting before they swim, they wondered why they came to the competition and thought that they should not have come. Sometimes, they even thought that they wanted to go back home. However, once the first race was over and they came out of the swimming pool, they felt relaxed and enjoyed their results. Then they just went to the next race without feeling any stress.

As for older swimmers, the stress was usually produced not only by competitions, but also by mentally difficult times with family, job and relationship with others as well. The difficult times caused mental tension, which became burdensome for them. However, the Masters swimmers expressed that swimming took off the burden from their minds. According to Martha, an Australian lady Masters swimmer, if she felt tense and hopped in the water, her mind was taken off other things and she could relax. Therefore, if she was stressed or she had problems, she concentrated on swimming and forgot about the other things. When she finished swimming, her
thoughts had moved on from the things that might have been on her mind prior to swimming. Therefore, swimming helped her to relax. Another Australian female Masters swimmer metaphorically described the swimming as “the best drug” (Audrey, Ireland). In another words, swimming is ‘stress-free’ (Miriam, Ireland). After she told that she forgot about everything, Miriam continued:

Nobody can get you in the pool. No one phones you, nobody can call you. So you are free, stress-free and I enjoy it. (Miriam, Ireland)

Marjorie, an Australian lady swimmer, regarded this stress-free mental situation as ‘inner peace’. Swimming could be soothing and calming for her if she was stressed. Furthermore, Mitzi, an Irish lady swimmer, thought that she could get a lot of pleasure out of swimming. She continued:

I think it’s a great stress reliever, and I like it because it [swimming] is a loner sport. You can think about you. Problems are sorted out, [you] forget about everything. I just feel it takes you away somewhere else; then afterwards you have a feeling of wellbeing. (Mitzi, Ireland)

Concerning this ‘somewhere else’, Heather, an Irish lady swimmer, related it as ‘another little world.’ As mentioned above, both Irish lady swimmers, Heather and Geraldine, came to swim even when they were rearing eight children. According to Geraldine:

You go into your own little world and you come out and it’s not half as bad as it was when you were going in…you know any problems you have just dissipate and you just swim and you forget it and it’s very good and it’s the comradeship as well you know and the social side of it. (Geraldine, Ireland)

Regarding Dick, an Irish male Masters swimmer, swimming signified a whole world, where everything revolves around the swimming. He metaphorically mentioned that swimming was “a heaven”. Older Masters swimmers lived in this heaven-like ‘whole world’ of swimming got inner peace and enjoyed their stress-free time.

In terms of golfing, Ikuma, a Japanese older male golfer, pointed out that he had quite often reflected why he was so poor at golfing when he missed a short putt or when his ball did not go to the proper direction: “I am sure I feel such a feeling but it doesn’t mean stress, does it?” Likewise, Candice, an Irish older lady golfer, expressed that golf was a very frustrating sport because it was a constant battle with a ball. She put, “I don’t think it’s progressing me. Really it’s going
backwards.” (Laughs) Although Candice mentioned that golf was a frustrating sport, Charlie, an Irish male golfer opined:

Yes, it is a bit stressful when you’re not playing well, and it’s frustrating at that stage. But, generally speaking, no because you cannot take it too seriously. I don’t know if it’s an age thing or not, but you come out with the same mental attitude and you feel good, but it doesn’t always work out for you something you aim for a certain circumstance. But it doesn’t work out and it could be terrible trouble and it is stressful in that regard…‘Stressful’ might be too severe a word. You could be just frustrated. More than that, if you were to take it too seriously, then it would be stressful. (Charlie, Ireland)

It depended on a golfer’s mental attitude whether he/she took golf as frustrating or stressful, especially at the first stage of their starting golf. For example, Lucy an Irish lady golfer reminisced:

Sometimes I’m very stressed when the ball goes into a difficult place and you hit it out and it doesn’t come out. You hit it again and again and again…not very nicely hit. But at the same time what I’m saying is in the beginning when I started playing…that really annoyed me and I thought I’m really not good at this game. I should quit. But now I don’t mind. I’m going to stay with it because I really enjoy it and I always feel that next shot will be the one that will go right up to that pin in one. (Lucy, Ireland)

At the later stage of their life courses, older golfers were not much stressed by golf anymore. Even if they had not hit the previous shot well, they could enjoy golf expecting the next shot would go well. It can be said that golf became a feel-good factor and contributed to the mental wellbeing for older golfers. Therefore, when older people had some stresses in other parts of their lives, golf became a great stress reliever. An Australian lady golfer, Flora, explained:

It [golf] means having fun and I think it’s good way too if you are stressed at all in other parts of your life. It’s really good to come out and have a game of golf. Meet up with people and all of a sudden, you forget all your troubles. So mentally it is good as well. (Flora, Australia)

Older people experienced a mental feel-good factor on the green golf courses or in the water. Besides, both golfing and swimming as the stress relievers helped older people soothe and calm the stresses of their daily lives.
5.6.5 The physiological feel-good factors

Addiction was one of the factors that motivate older people to keep sporting activities assiduously. The addiction is one of the characteristics of hard sports, especially such as marathon running. It is known that long distance runners become addicted to adrenaline and endorphins. These hormones make runners feel good or happy while they are running. Training of competitive swimming is not an exception. Ordinarily, Masters swimmers practice 1000 metres repeatedly in a 25-metre lane, where they repeat swimming 40 lengths up and down in the same lane. Fiona, an Irish lady swimmer, confessed that swimming 32 lengths at the 800-metre swim was quite boring due to its repetitiveness. Therefore, as training was taken in their hard programmes, some Masters swimmers did not like to attend training sessions. Fiona, an Irish older lady swimmer, disclosed that she thought of all the work she had to do such as shopping and ironing while swimming. A focus group of Irish male Masters swimmers explained what they experienced:

David: It’s adrenaline junkies. That’s what I call it. The average person trains to a certain level, but when you’re doing it as long as we are, you go above that level and you have the feel good factor and you’re happy. (Laughs)

Devlin: Yes, actually it’s the same yeah.

David: Adrenaline junkies, yeah, because when you know when you exercise your body produces adrenaline which makes you feel good. I think the more you train, the more you become addicted to it. You want to feel good.

Desmond: Oh, yeah. If you missed there’s something wrong. I don’t know what it is about. You just have to come up.

David: I think it’s your body missing its fix.

Desmond: Yeah at that time, you need the fix at that time.

It is plausible that since long-distance training of swimming is hard work, older Masters swimmers got addicted to swimming by stimulation of the physiological factor which made them feel good physically. In terms of golfing, a focus group of Australian golfers compared golfing to long-distance running as well:
According to them, golf became an addiction despite being a mild sport. Golfers may benefit from the same hormones that develop during long-distance swimming or running because golfers walk long distance for more than 4 hours when they play 18 holes a round. They walk between 4 and 6 miles according to the size/type of golf courses. In terms of the benefit of the physiological feel-good factor, Alexander, an Irish golfer, mentioned that golf helped him prolong the effort to get through life. If he did not play golf, he wondered what he might be doing at home right now. He put, “Just to keep me alive, to keep the adrenalin going, the blood, the brain to keep me excited. Do you understand what I mean? I mean it keeps me alive” (Alexander, Ireland).

The physiological feel-good factor contributed to older people on the golf courses as well as in the water when they were competing. Irish older swimmers mentioned ‘adrenaline junkies’ or ‘ephedrine’ as a happy hormone which makes many swimmers hooked on swimming. It is plausible that older golfers were affected by the physiological feel-good factor as well while walking more than four hours on the golf courses.

5.6.6. Psychological feel-good factor: Rejuvenation

Some Masters swimmers disclosed that they were rejuvenated by swimming. However, older people could be well rejuvenated by the process of participating in sports. A Japanese triathlete and Masters swimmer, Masashi, explained that when he went to an older people’s gathering, he felt he was ageing. Instead, when he came to his swimming pool, he felt himself spiritually young because he swam with young people. Another Japanese Masters swimmer felt rejuvenated as well because he voluntarily coached children. After retirement he did not have any work anymore except for coaching children. Therefore, he felt that his happiness increased when he was coaching children. When Masashi, a Japanese late middle-age starter of swimmer expressed his feeling, a lady Masters swimmer in the same focus group was driven to astonishment:
It is strange that my feeling is as if I were in adolescence. Through my swimming activity, I feel as if I could still fall in love. (Masashi, Japan)

Masashi was coaching children as well. As those older Masters swimmers stated, they were not physically but mentally rejuvenated. A type of hormone, which is so-called 'happy hormone' such as growth hormone or ephedrine, brings about mental rejuvenation. In this sense, the feeling of rejuvenation is regarded as another physiological feel-good factor. The commonality between Masters swimmers who realised that they were rejuvenated is that most of them were coaching children and swam together with young people. Therefore, it can be said that rejuvenation may be due to the process of participating in sports.

Unlike Masters swimmers, older golfers did not directly say that golf made them mentally rejuvenated because older golfers usually did not play with children, nor coach them. They did not often play with young people because young people usually came to golf courses on weekends hampered by their jobs, while older people played on weekdays due to cheaper play fees. However, Shinsuke, a Japanese older golfer aged 72, expected to be rejuvenated when he played with partners in their 60s who were younger than he was. Furthermore, he tried to rejuvenate himself by taking care of his diet and even clothes. He preferred wearing a pink shirt at the time of the interview. Furthermore, he stated:

Do not buy a jersey (sportswear); don't have it at home and not wear it. The sportswear allows us to easily lie down...these three rules have to be strictly observed. Otherwise, you break your health. When you wake up and do not have anything to do in the morning, you should get out of bed and change clothes and make yourself tidy, then you feel refreshed in mind. Yes, I do it on behalf of my golfing and maintain my health. It is good mutually for both of us, my wife and me, that we wear tidy clothes since the morning. (Shinsuke, Japan)

A 'jersey' means a sportswear in Japanese. Many Japanese older people wear the sportswear at home because they need not change clothes wherever they go out. Therefore, a 'jersey' makes the lifestyle of older people easy-going and makes them look slovenly. Shinsuke signified the necessity of self-discipline, for example, to wear clothes in showy colour in his daily life or even on his golf course in order to feel rejuvenated.

In summary, six feel-good factors were detected in the data. The difference between older golfers and Masters Swimmers is that the scenic feel-good factor did not relate to Masters swimmers because they usually train in the indoor swimming pools. Some feel-good factors unite together
into a dynamic force or a ‘life force’, which governs older people’s lives based on their sporting activities positively across their life course.

5.7 Counteracting physical deterioration caused by ageing: ‘Selective Optimisation with Compensation’

Older golfers and swimmers recognised that their physical deterioration influenced them when they played golf and swam. They had some worries about their physical deterioration due to ageing. This section focuses on how older Masters swimmers and golfers coped with and adapted to physical deteriorations and positively adjusted to them in their own ways, once they realised that their physical situations had changed and they had to accommodate them (Baltes & Baltes, 1993). Angela, an Irish lady golfer, was not very active in playing golf at the time of the interview:

Well, I would be very average player [now]. I play twice a week and I haven’t very much interest in playing much more. It’s social and it’s a means for getting out in the air for me and I like to play golf, but I’m not madly competitive playing on teams or anything like that, never. (Angela, Ireland)

Her competitiveness was on the wane after having played golf for a long time. Likewise, an Australian lady, Margo, started golf at the age of 32 and has been playing golf for 39 years. She used to play twice a week but then she got a little tired, and hence she was trying not to play three times in a fortnight. She disclosed that she was not a competitive golfer at the moment. However, when she just started golf, she felt very positive about it. Although Margo disclosed that she was about to give up golf, she wanted to keep going as long as possible. She was thinking that she could play ‘pitch and putt’ later on as an alternative to golf. According to her, many older lady golfers played an optional sport to keep their fitness up and to enjoy the company of others. Lisa, another Australian lady golfer, took the same line of discourse:

A lot of older ladies tend to...when they feel they cannot cope with their course, will go to what they call ‘pitch and putt’ and play there, which means a lot less walking, much quicker and there’s still a lot of enjoyment, and a number of our ladies who are in their 80s who formerly played here now play ‘pitch and putt’ and are very active in that. (Lisa, Australia)

Many Australian older lady golfers selected ‘pitch and putt’ to adjust to unavoidable physical deterioration. Lisa hoped she could keep going and enjoyed her golf via ‘pitch and putt’ as an option. Masahiko, an aforementioned Japanese male golfer at the age of nearly 80, disclosed:
Recently, I had operation on my eyes; and minor physical troubles here and there in my body, so that the number of rounds has been radically decreasing. It’s not difficult to see a far-away ball, but I can’t find to which direction the partners’ balls were hit due to my carelessness. (Masahiko, Japan)

He implied that what he had been experiencing was in fact due to his physical deterioration. Kazunari, another Japanese older golfer at the age of 67, stated more clearly that he felt physical deterioration in playing golf:

About four or five years ago I thought I would like to come here every day. But recently after I played one round, I am apt to feel hard next day. I don’t want to come here every day. (Kazunari, Japan)

Comparing two older Japanese golfers, Kazunari felt a decline in stamina even though golf is a mild sport. Likewise, Tetsuo, another Japanese male golfer, told, “I worry about whether I can play until the last hole”. Golfers can use electric carts, but Tetsuo tried to walk while playing in order to cope with his physical deterioration. Furthermore, he tried to compensate for and adapt to it by stretching:

I do stretching after I finish playing golf when I take a bath in the bathroom. I have to get rid of tiredness on the day when I play golf. Otherwise, when tiredness lags behind and makes my muscles and tendons stiffened, then my shoulders do not turn smoothly or knees become painful. Therefore, I take great care to prevent them. (Tetsuo, Japan)

All Japanese older lady golfers aged 75 in a focus group went to a female fitness club or Yoga for the sake of playing golf. They recognised that their muscles were gradually weakening. Therefore, they tried to cope with it by building up their muscles. Since they went to the fitness club, they have not felt tired with playing a round because they gained physical power in their bodies. Although they had confidence in their health, Hiroko put:

Hiroko: When I hit a ball hard, I feel some pain in my left waist but in a few days it cures of its own accord. Such symptoms occur recurrently.

Interviewer: It does not affect your play, does it?

Hiroko: No, it does not. If I brought it into competitions, it would badly affect my score a lot. And so I try not to play golf until it cures.
The physical situation of Irish lady golfers was similar to that of Japanese lady golfers. The Irish lady golfers had physical problems such as back problem, heart problems or knee problems as well. They tried to compensate those problems with exercises for the sake of playing golf. June disclosed:

I do have a back problem, but that's why I do aqua aerobics and do my exercises before I come out this morning, exercising. (June, Ireland)

Both the Japanese lady golfers and the Irish lady golfers had already known that as their physical situations were changed, they had to accommodate to them positively. Some Irish male golfers had a ‘stent’. Older people were all at the age when their hearts were giving them some trouble. Arthur, an Irish golfer, stated, “Golf is a relaxing sport, so it [stent] is not a major difficulty, but it’s a very satisfying game, gets you out in the fresh air”. The Irish older male golfers did not worry much about their physical deterioration. Rather, golf motivated them to get out and feel good in playing golf in the fresh air. Lucy, an Irish older lady golfer stated:

I think you may have your aches and pains. But if you get out and play your golf, it helps you to focus on something else other than the aches and pain. So I think it’s positive to get out there and you normally feel better by the time you finish. Even if your game is fairly [bad], at least it focuses you to speak about your awful game rather than your aches and pains. (Laughs) (Lucy, Ireland)

When a focus group of Australian Veterans golfers was asked if they would have any difficulty in playing golf, they burst into laughter and unanimously answered, “Yes!”

Interviewer: What is it?

Bill: Everything!

Brad: Just about it! What is it? Ah, the ability to hit the ball where I want it to go is the prime problem!

Bill: See. He used to be a very good golfer. He was a champion for the club that he played at, and now he’d be the first to admit that he could never do that again, because he’s gotten older, I presume. (Laughs)

As exemplified above, the physical or functional deterioration was the unavoidable phenomenon for all older golfers in their later life courses. What Bill especially felt was the difficulty of
concentration over the four and a half hour period. After he played well for two hours, then his concentration started to drift. He stated:

You try to make an effort to try to get it [concentration] back, and I think part of that is lack of mental fitness and physical fitness which is just part of ageing process. That’s the thing that drives me mad about golf. That’s the main frustration that I’ll be a champion one minute and a chum the next; but it’s worth all of that and be out there and doing it because it’s part of the challenge. (Bill, Australia)

As Bill stated, deteriorating concentration was the problem, which many older golfers experienced. Many male and female golfers detected deterioration in their golf as they aged, and had more difficulty in keeping up their concentration for the entire round. A focus group of Australian older lady golfers disclosed that they did not have physical difficulties but did find it hard to concentrate during a round. The difficulty of concentrating on every shot for more than four hours was a problem for all the older golfers. In order to adjust to deteriorated concentration due to age, an Australian older golfer, Abel, mentioned a role model who was 103 years old:

We have a role model in a Veteran golf. He’s 103 years old and he played a few holes the other day. That’s all he can manage. (Abel, Australia)

As they advance in age, older golfers might not be able to play 18 holes. However, in order to enjoy playing golf throughout their life courses, it is better than nothing to play only a few holes. As for older people, an alternative or a substitute was a golf course that would fit their abilities, which was somewhat shorter, with a smaller number of holes. Hence, their walking was easier on a shorter golf course and it was much easier for them to play in a shorter time than it used to be; reduction of play times (adaptation) and transformation of play styles (compensation, optimisation) enabled older golfers to keep playing golf at a modified level (Baltes & Baltes, 1993).

Among the older Masters swimmers, many disclosed that their physical ability and physical function were declining as well. Especially, for late middle-age starters of swimming between 40 and 50 years old, their physical function was very different from early-age starters of swimming. Desmond, an Irish male Masters swimmer, compared himself to the early-age starters quoting a famous saying:

Very good swimmer... people that swam like as you know as younger people... they could swim better than what we can swim because technically they were taught how to swim correctly.
Whereas we came into swimming when we were 40, 45 and 50 years old you know…it’s very hard to teach an old dog new tricks (My emphasis). (Desmond, Ireland)

The physical deterioration of older Masters swimmers manifested itself in the form of not only physical functions, but also injuries. Early-age starters or late-age resumers in particular were apt to have injuries due to continuous hard training in order to participate in competitions or to improve their own time records. A focus group of Australian Masters swimmers started swimming at the ages between five and nine. They joined their Masters swimming club in their 40s as middle-age resumers. Among them, Mark had already had experiences of participating in competitions at the age of 12. He was steered into swimming by his father who was a competitive swimmer and formed a swimming club. He was good at swimming. However, he lost his interest in swimming in his early 20s except for going to the beach. He came back to Masters swimming at the age of 64 after his retirement from work as a late-age resumer.

There are some injuries that are swimming-related. Most are related to age. Since I’ve turned 70, each year I’ve had some significant medical or health problem, but that’s just part of ageing. The heart or the prostate or the gall bladder—all these things each year or sciatica which I’ve had for the last six weeks. These are things that are there as part of the ageing process and I work through them and swimming is a constant, and unless it’s swimming-related, occasionally I’ll have a swimming-related injury, be it the shoulder or the groin; then for the most part I can just swim through them, but they are not major problems. (Mark, Australia)

Not only Mark, but also other swimmers respectively disclosed that they had injuries and health problems such as severe degeneration from the base of the neck down to the shoulder, late-onset adult asthma, sinusitis, protruding discs in the lower spine, and an arthritic knee. Whether the injuries were swimming-related or age-related, they did not seem to be major problems for older Masters swimmers. One of the typical swimming-related injuries is ‘swimmer’s shoulder’. Many swimmers, especially early-age starters and late-age resumers, had shoulder problems due to long-term hard training. An Irish Masters lady swimmer started swimming in a river when she was 8 or 9 years old. She joined a Masters swimming club at age 42 as a late-age resumer and learned how to swim properly. She disclosed that she had an injury at the moment:

I can’t use my left arm. I haven’t used it for five months and it’s a ‘swimmer’s shoulder’, ‘subscusfinatous’. It’s the small swimming muscle in your shoulder that gets injured for some reason, you know, because you swim too much or repetitive strain injury is one reason. Maybe at some stage, your posture wasn’t always right. You develop bad habit. I’ve had a lot of
physiotherapy on it and I had a steroid injection for the first time ever up in Dublin, Steroid Cortisone. This is a steroid. It still sores. (Mitzi, Ireland)

Even if she has the ‘swimmer’s shoulder’, Mitzi did not give up swimming. Instead, she continued to do easy swimming. A focus group of Irish older Masters Swimmers was asked how they envisage their future swimming, and one of them answered:

If they get an injury...say somebody gets a shoulder injury and they can’t use their arm, well they still turn up and they do leg kick. They turn on their back and they turn on their front and they don’t use the arm or they’ll swim with the good arm and they keep the arm down by the side. It’s just... some people will look for a reason not to do it but there’s no reason we won’t do it. You know you just get up and go and get out there. (David, Ireland)

Older swimmers might be forced to stop swimming temporarily due to swimming-related or age-related injuries. However, they tried to adapt to the current situations by optimal compensatory measures to keep going as long as possible even if their swimming became therapeutic (Baltes & Baltes, 1993).

5.8 Swimming or golfing as a ‘life force’

Most of the older people interviewed were very positive about swimming and golfing. Even if they had age- or sports-related injuries, they were not compelled to give up their sport because of their injuries. Instead, they strongly tried to prevent negative changes in their sports by means of selecting alternatives, compensating for the negative changes, adapting to them and coping with their current situations. The above Masters swimmers who had some injury used one arm or trained kicks to adjust to their physical deterioration. Injuries did not directly become barriers to make older people drop out of swimming. Dropping out was not seen as a viable option by the Masters swimmers. An Australian male Masters swimmer put:

I had a heart attack five years ago and the cardiologist said to me that he felt I should stop this swimming business, “You’ve proven yourself you don’t have to do anything.” And I said to him, “Well, that’s fine for you to say that. But if I stopped swimming now I don’t think I’d be alive in two-year time because it is the most important part of my ordinary life.” Leaving aside my family, it is a thing that provides interest, stimulation and social relationship and I wouldn’t like to see me if I wasn’t doing it. It’s very important part. (Mark, Australia)
For Mark, to stop swimming activity was to stop living. He still had to see a cardiologist every six months and he was on medication. However, Mark resumed swimming by means of making his swimming programme part of his total fitness programme i.e. as a method of compensation. He thought he had recovered. But other swimmers watched him as ‘friends indeed’ in case of need in order to help him while swimming. Another Australian swimmer had a serious lung problem:

Well, I think it [swimming] saved my life recently in so far as I have a genetic tendency to clot, and I had clots in my lungs, massive on both sides which often is a fatal condition and I didn’t die, and I figured probably it’s got something to do with the fact that I’ve been doing the swimming. (Cecil, Australia)

Cecil’s opinion was similar to Mark’s opinion. Both men attributed their vitality, their joy of life and even being alive to swimming. Furthermore, even if some lady swimmers had some physical injuries, diseases, or became frail, they suggested that they would like to continue swimming until 100 years old. For example, a Japanese lady swimmer imagined:

When we get old and even when we are taken to the poolside by the help of a wheelchair, we can swim like a fish lightly and smoothly. Then, when we get out of the pool, we will be tottering. I would like to continue swimming until 100 years old. (Koyuki, Japan)

An Australian lady swimmer, Audrey, envisaged swimming as part of her future as well: “I’m the same; as long as I’m breathing, even if I’m in a wheelchair, I’ll still be doing it”. Audrey’s dream was to become a member of a centenarian’s team. Swimming has become part of older swimmers’ life. In other words, swimming is a ‘life force’ for older swimmers throughout the later part of their life course.

Likewise, most of the older golfers were very positive about golfing. When a focus group of Australian older golfers was asked whether they would reduce or cease participation in golf at any stage of their life courses, they disclosed their positive attitude toward golfing unanimously:

Hamilton: Only if I’m not well enough to do it; same as Gordon said, as long as I can play, I’ll play.

Greg: Old golfers don’t give up lightly.

Hamilton: We don’t stop playing; we die on the golf course.

Greg: Get buried on the 18th hole. (All laugh)
Gordon: We had two people die here on the golf course!

Greg: That's how much a bad joke can hurt. [Laughs]

Hamilton: A lot of people can die on the course, it is mostly heart attacks.

Interviewer: Is it not a shock for you?

Gordon: It's a shock but what can you do? You have to look at a body.

Hamilton: If you spend a lot of time on the golf course and you are an older person, the odds are that you may die on the golf course. If you sat watching TV all the time and not did anything else, you would die in front of the TV, so it's the same.

For older Australian golfers, it was the same to die in front of the TV without doing anything and to die on the golf course. However, they chose positive activity namely playing golf and were comfortable with the prospect of a death on the golf course because golf is their 'life force' until the end of their life courses. For them, to stop golfing activity is to stop living.

5.9 An example of 'successful ageing'

Retirement is a big milestone (or a life event) for people who have been in paid employment. Disengagement from work comes all of a sudden to some of older people. Earnest, a member of Australian focus group, came out of his working life where he worked 40 hours a week every week, into disengaged life. Every day he had something to do until retirement.

It's very easy just not to do anything, now I think it's important that you engage in a number of activities that you enjoy, and I think this group shows that we've done that. (Earnest, Australia)

Eric, member of the same focus group, referred the saying, "Use it or lose it", meaning that if people do not exercise, they will stop moving their bodies, and get pains in their bodies. Eventually, they will be unable to run or even unable to walk. Therefore, it is important that all 'use it or lose it'. Eric explained, "If you do not 'use it', you just become a vegetable, you just deteriorate, and I think looking back on the group that preceded us, our families, a lot of our people retired at 65, they did nothing when they retired because there was nothing available".
All the older golfers and swimmers felt satisfied with their lives to date even if they had some pains or injuries at the time of the interview. Eric exemplified his happiness, showing a list of guests invited to his diamond wedding anniversary:

I think it’s as successful as ageing can be. Ageing is a permanent sort of thing you know. You can’t look forward to improving but you hang on to what you got! [All laugh] but yes, I think we are ageing pretty successfully. I think when I look around...I think ...we’ve said before it’s our diamond wedding anniversary today, and 10 years ago we had a golden wedding down in the beach house, and I went through the list of people today and I found out that there are 12 less with us now than there were 10 years ago, so I have to say that I am ageing relatively well; so in other words, almost 20 per cent of those people in 10 years have disappeared, gone on to greater things, I hope! (Eric, Australia)

Eric’s ‘ageing well’ is “the prototypical indicator of successful ageing” (Baltes, & Baltes, 1993 p.5). According to Eric, he retired fairly young with his peers. After their peers left their work, the first problem they had is that they did not have their health. The majority of them were very unhappy because those people whom he had known over the years and worked with him or spent time with him, did nothing. They got up in the morning and sat in front of the TV. Contrasting with their inactivity, Eric chose physical activity, i.e. swimming. Consequently, those people went to the doctor once a week, while Eric went to check-up once a year. Eric attained his idea of ‘successful ageing’ by choosing a sporting activity.

5.10 Cultural differences in the impact of gender

Generally speaking, husbands dominated the matrimonial life of Japanese older people. Japanese society used to be patriarchal. Wives had to be loyal to their husbands because of their economic dependency. Loyalty to their men was regarded as a virtue of wives in Japan. Therefore, when a wife tried to start doing anything, she had to ask for her husband’s consent. Hiroko wanted to start golf at the age of 40 after she finished bringing up children. However, her husband refused it. He was not keen for her to start golf. When her sports-minded children went out into the world and asked her to play a sport together, she could eventually start golf at the age of 49. Aiko, another Japanese lady golfer, started golf at the age of 36 as an early middle-age starter. Due to her child’s entrance examination, she had to suspend her golf for four years. As her child entered a school in a remote area, she had to stay at home alone because her husband always went out to play “reception golf” on weekends. She complained to him about this and he told her that she had better return to golf. Therefore, she resumed her golf at the age of 40 and played very actively. Otherwise, she would have become a so-called ‘golf widow’, which means that while the
husbands were out for “reception golf”, most housewives were forced to stay at home due to the expense of playing golf together in Japan.

If something happened to their husbands, Japanese female golfers would not be willing or in the mood to play golf. In contrast, however, if wives come down with illness, A Japanese lady golfer, Humiko, disclosed, “They [husbands] would go to play golf unconcernedly.” A way of life that ‘husband leads and wife follows’ still remains embedded deeply in the generation of older lady golfers aged 60 to 80 in Japan.

In contrast, her husband who was the captain and president of a private golf club taught Lorna, an Irish lady golfer of a focus group. When her husband joined the club, he asked her to play golf and soon she became absorbed in it. Katherine in the same focus group was reluctant to play golf. Her husband has been playing golf at the same golf course for 55 years. He always wanted her to play golf. Therefore, when her children became older, she started playing golf because her husband was thinking that it would be nice when she retired and they could go out together. However, when she started golf, her husband did not teach her. She explained, “It is because otherwise you would just fight with the husband”. She would fight with her husband because she could not be playing golf properly as her husband taught her. She did not choose golf, but her husband chose golf for her. Lorna, her friend, explained the reason:

They all...the husbands all joined and then to keep the peace at home, to keep the peace so that there would be no rows or fights...and how long are you going to be out and all of this...So they decided it was safer to bring the wife with them than leaving them at home because I said, “What kept you...you couldn’t be all that time playing golf?” you know; so to stop all that, he said, “Come on. You’re joining.” That’s it. “Come on.” So there was a method in their madness. (Lorna, Ireland)

Lorna played many mixed games together with her husband. It is because if her husband plays with another woman, he is in trouble. Therefore, he plays with his wife.

In both Ireland and Japan, the husband usually took up golf first and then the wife followed. However, it is evident that there are some cultural differences between the husbands and the wives of both countries. In Japan, a wife usually followed obediently what her husband did due to strong gender roles and norms. Contrastingly, however, the husbands in Ireland thought much of keeping the peace at home with the wives.
Dorothy, an Australian lady golfer, was taught golf by her father as a child. After she had played it until she was 40 years old, she stopped playing golf for a long time and she has resumed playing golf for about 8 years after her retirement from nursing. She did not like to play with her husband, who was intolerant towards women. She confided:

When men get older, they get intolerant. “Stupid old lady! Why can’t she walk faster? Why can’t she hit the ball straight? Why would you want to play with someone like that?” My husband is like that. I’ve got it at home. I don’t need it when I go on the golf course. (Laughs) (Dorothy, Australia)

It can be said that Irish and Australian lady golfers are more assertive than Japanese lady golfers who are more reserved or obedient to their husband due to cultural difference. In all three countries, however, the men’s preferences generally shaped their wives’ involvement both in golf and swimming to a large extent.

5.11 Conclusions

Many developmental changes occurred in older people’s sporting activities over their life courses. Older people’s sporting activities, i.e. swimming and golfing in this research, were motivated by their family members, teachers, medical doctors or friends from the early stage to the later stage in their life courses. The importance of the intergenerational relationships between older mentors, relatives and young children in encouraging sports participation cannot be overlooked.

Sometimes, the motivation was the wish to recover from diseases or injuries. The motivators to sporting activities were so influential that some older people cherished the unforgettable events clearly even in their later lives which enabled them to continue their sports throughout their lives.

While they were young parents, many research participants had been forced to suspend their sporting activities until their children went out into the world due to family norms and duties i.e. the need to prioritise building houses, rearing children and taking them to schools. Gender roles play an important part for older people participate in sports. The very time-consuming nature of golf was a great preventer for young parents in Ireland and Australia to continue their golf. However, this pattern did not apply to Japanese men due to a key cultural difference between the two western countries and Japan (Japanese men were not expected to engage in childcare). Swimming is a less time-consuming sport than golfing. Therefore, some Irish and Australian older lady swimmers had been able to keep up swimming while even rearing their children as their gender role.
Some older people were motivated to join sports clubs after their retirement from work, while some resumed sports after a temporary suspension by bereavement, ill health and age-related issues. However, once they started or resumed sporting, they could enjoy social mixing with others after competitions at clubs. Through golfing or swimming activity, older people fostered their camaraderie over many years.

Among feel-good factors, the social good-feel factor was highly important for older people after their retirement or bereavement. The social feel-good factor was a governing dynamic for the physical and mental wellbeing of older people in their later life courses. The social feel-good factor made older people keep on performing their sports activities after retirement. In terms of competition, when older people made achievements, such as hitting their personal best scores in golfing or recording their personal best times in swimming, their self-esteem grew because they achieved what they could not imagine they could do at their later life stages. The sense of achievement gave older people self-respect or self-esteem through self-efficacy. Underpinned by other feel-good factors, the sense of wellbeing became their 'life force' and drove them to participate in sports activities unremittingly in their later life-course trajectories. A virtuous circle operated whereby the enjoyment of the sports activity motivated continued engagement in the activity (See Figure One p: 166).

Older people who do not participate in sporting activities also can enjoy socialising with other older people, for instance, in pubs or community events. They may also aim at health promotion, prevention of disease and find various feel-good factors in their activities such as doing exercises, walking and gardening. However, older people who took up sporting activities attached additional significance to their lives such as a wider social network which extended from their own clubs, inter-clubs into an international network via social mixing attached to competitions.

The motivation for sporting activities sometimes came from physical deteriorations, either disease-related or injury-related, which acted as the impetus to start or resume sporting activities in middle or older age. It is well known that swimming is therapeutic for the older people who have diseases such as asthma, diabetes and injuries. However, golf can be therapeutic as well. As for older golfers who had some physical troubles such as diabetes or metabolic syndromes, they believed that golf is the best sport for the purpose of exercise therapy. Therefore, older people made a conscious effort to become active through golfing and swimming in order to prevent their physical or mental deterioration.
In terms of competitiveness, Masters swimmers and older golfers were not very different. Masters swimming is basically a competitive sport underpinned by the swimmers' spirit of challenge. Swimming is an individual sport. Once older people participate in competitions, they have to swim in their own lanes by/for themselves. Many Masters swimmers disclosed that they compete against themselves, to maintain or improve their personal best and of course against their rivals. Their challenges lead to their best records and if they were lucky, their time became the national or the international records in their own age range.

Golf is usually played by a group of golfers. However, it is not a team sport. Golf is an individual sport. Once older golfers stood on the course, they hit a ball individually, and compete with partners for their scores. Besides, each golfer has his or her own handicap. Therefore, they try to get their own handicaps lower. Even if golf is a mild sport, older people interviewed for this study tended to compete against each other or themselves.

At the later stage of their life courses, older people suffered under the physical/functional deterioration caused by ageing, which influenced their sporting activities. However, they tried to keep going in their sporting activities throughout their life courses effectively via selective optimisation with compensation. Older people who participate in sporting activities do not give up lightly. They positively selected alternatives (selection), made most of them (optimization) and compensated their deteriorating physical/functional conditions (compensation) in their sporting activities. They tried to create sufficient functional capacity i.e. adaptive and/or coping capacity to enjoy their sporting activities throughout their later life-course trajectories in order to achieve what they understood to constitute 'successful ageing'. Therefore, life course as a social and institutional structure is regarded as very influential for older people to participate in sports activities at each of their life-course trajectories.
Figure One: Positive dynamics and the “virtuous cycle” of active sport participation by older people
Chapter Six will summarise the insights into older people’s club-based sporting activities gained throughout the thesis, and combat stereotypical (negative) understanding of older people and sport that go largely unchallenged and even unnoticed (Cuddy and Fiske 2002: 3 In: Robinson et al. 2008).
Chapter Six

Conclusions

6.1 Introduction

The main purpose of this research was to gain an understanding of some of the organised sports activities of older people in Ireland, Australia and Japan and of the broader organisational and societal underpinnings of such activities. I explored sports organisations for older people and older participants in sporting activities in these three countries. I collected data using qualitative research methods so that I might detect when, how and by whom sports organisations were established. I studied older people’s subjective understandings and the social and cultural contexts of their participation in organised sports; namely, why and how older people in the so-called ‘Third Age’ cohorts participated in organised sports activities and what sports activities meant to the older participants.

I hope that this exploratory research might be read by policy makers in every country and contribute to national policies or strategies for health promotion. I also hope that older people who do not currently engage in organised sports or who are unaware of the importance of sporting activities will read it. Furthermore, I hope that this research would contribute to the study of social gerontology being an exploration into what has been a poorly understood research domain.

In this final chapter I provide an overview of the findings having researched both sports organisations and older people engaging in sports activities. This chapter comprises six sections. Section 6.2 provides an overview of the common features and differences of sports organisations in Ireland, Australia and Japan which directly or indirectly influence older people participating in organised sports activities in these countries. Section 6.3 deals with the common features and differences of older adults’ sporting activities. Furthermore, this section explains the governing dynamics of older people’s sports participation (the common features and experiences shared by older people active in sports in the three countries). Section 6.4 deals with how older people envisaged their future sporting activities. The final Section 6.5 considers future research into what might be done to encourage older people, who are currently inactive in sports activities, to take up sports.
6.2 Common features and differences of sporting organisations in the three countries

I collected interview data from golfing and swimming organisations in the three countries from an organisational perspective. Managers, presidents and executives of golfing and swimming bodies were helpful in enabling me to understand the specific features and issues of both golfing and swimming organisations, directly and indirectly influencing and shaping older people's activities. A worldwide recession has prevailed for a long time, becoming even more serious recently. Not only sports organisations at macro level but also older people taking part in sports activities at micro level have suffered under recession. The management of most golf clubs in the three countries has become more difficult. Given the backdrop of recession, the decrease in membership has induced difficulties of management of golf clubs because their income has decreased. However, the great issue common to all three countries was that even if club membership has been declining, the number of golf clubs has not decreased. The influence of the recession was reflected in the decrease in the number of rounds played by the members at private golf clubs. Consequently, private golf clubs had to compete with each other by reducing the price of play or green fees thereby making it feasible for members to play. In order to compete keenly to survive, many private golf clubs have been working out new plans such as setting up 'open days' when anyone can play golf, or 'self days' when golfers play without caddies or golfing carts.

The main common feature of the golfing landscape in Ireland, Australia and Japan is the current profusion of older golfers. They belonged to the age group born soon after World War II, who are now in their 60s. The current profusion of older golfers aged 60 and over caused a proliferation of golf competitions aimed at them especially at private golf clubs in the three countries. As private golf clubs are motivated by profit, they targeted older golfers as a promising 'grey market' for the purpose of dealing with a contradictory phenomenon which has occurred now (on one hand, there has been the decrease of membership golfers due to the current recession; on the other hand, there has currently been a profusion of older golfers due to baby-booming phenomenon). However, especially in Japan, this number of older golfers was anticipated to decline in the future caused by the temporary nature of the baby-booming phenomenon. Therefore, golf organisations in Japan have already worked out countermeasures to keep their business steady e.g. inviting junior members to their golf clinics or golf academies together with their mothers as potential future customers. They also have their sights on the 2016 Rio de Janeiro Olympics, where golf is to be an official event for the first time in which current junior golfers can participate. In Ireland and Australia the demographic profiles are very different from Japan. The number of older golfers is
set to increase in both countries. Golfing organisations in Ireland and Australia are targeting older golfers to compensate the decrease in membership among younger people on account of current recession.

In terms of swimming organisations, the main common features of the swimming landscape were the challenges pertaining to the management of most public swimming pools in the three countries, which have also become more difficult on account of the present-day recession. The cost of refurbishing the deteriorated swimming facilities was often seen as prohibitive. Some public swimming pools have become economic burdens for national and municipal governments. In Ireland, several municipal swimming pools are to be closed. However, an anti-closure movement of citizens has postponed their closure. In Australia, an anti-closure movement arose out of the awareness and determination of a community to save the local public swimming pool. The anti-closure movement awakened the municipal government to the significance of the swimming pool to the community. However, some public swimming pools have been closed and the time of reopening it is uncertain due to the current lagging recession. In Japan, all 72 national swimming pools were sold to private enterprises despite opposition and protest due to the long-term recession.

In general, some public swimming pools in the three countries were closed or threatened with closure on account of the recession at the present time and insufficient governmental/public awareness of the significance of public swimming pools for the welfare of local residents. Furthermore, national or municipal governments’ funding for sports organisations which organise older people’s sporting activities was insufficient to provide the accessible facilities needed for older people in the community, despite national strategies of health promotion.

The main difference between the golfing and swimming organisations in the three countries came from their ‘public’ or ‘private’ status. In Ireland and Australia, even if public organisations such as public swimming pools and public golf courses were threatened with privatisation due to the high costs arising from facility deterioration and maintenance difficulties, they are still run by municipal governments. In contrast, in Japan when public swimming pools and public golf courses run by national or prefectural (municipal) governments have been sold or entrusted to private business companies on account of the maintenance costs, though privatised they still retain the name ‘public’. In Japanese the word ‘public’ is synonymous with ‘open to the public’. Therefore, almost all of the present public golf courses in Japan are managed by private golf business companies having now basically no membership. That is one reason which accounts for
the infamously high playing fee charged for playing on the artificial golf courses run ‘for profit’ by golf companies in Japan.

There are other features that differentiate sporting organisations in Japan from those in Ireland and Australia. In golfing organisations, competition programmes are made by the club committees in Ireland and Australia, while they are made by the company committees directed by the general managers of clubs in Japan. For example, municipal governments in Ireland and Australia have responsibility for the maintenance of golf courses and are not involved in making competition schedules at all. Making programmes is entirely the responsibility of the club committees comprising club members. On the other hand, making programmes is the responsibility of golf business companies in Japan. Therefore, club members depend on the ‘for profit’ policies of the golf business companies. This research found that the management policy of both private golf clubs and public golf clubs in Ireland and Australia is ‘for the club members, of the club members and by the club members’, while it is ‘for the golf company’ i.e. ‘for profit’ in Japan. Unlike sports organisations in Ireland and Australia, altruistic (volunteer) contributions from the members per se were not expected in sports organisations in Japan. Therefore, when the services given by the golf clubs (such as prizes for winners) were considered unsatisfactory by the members, club members expressed their dissatisfaction with the golf club concerned in justification for their paying of expensive play fees. On the contrary, even if the prizes for winners were only one golf ball or one mug, competition participants were satisfied with it in Ireland and Australia.

In terms of swimming organisations, the situation was similar to that of golfing organisations. The competition programmes were made and scheduled by private swimming clubs in Japan, while competitions schedules were autonomously produced by members of swimming clubs in Ireland and Australia. Consequently, big swimming galas were scheduled every year and organised by each Masters swimming club for the comradeship of all the Masters swimmers in the country. Any Masters swimming members would participate in it from all over the country as well as from outside the country. In contrast, big swimming competitions at the national level were organised only by the Japan Masters Swimming Association (JMSA) and programmes were imposed on Masters swimmers. JMSA organises 80-90 official competitions annually, and is proud of the greatest number of registrants (47,356) aged from 18 years and over in 2012 (JMSA Newsletter 2012). However, there are no social events such as galas for members held by JMSA unlike swimming organisations in the two western countries. At the local level in Japan, swimming pools were in the same situation as golf clubs which were mostly managed by sports business companies. Therefore, swimming schedules were produced by the swimming business companies.
and imposed on club members. In short, this research found that the main difference between sporting organisations in Ireland, Australia and Japan was one of ‘for sports’ vs. ‘for profit’.

Another marked difference between the two western countries and Japan was the ‘golf course utilisation tax’ of Japan. Local (municipal/prefectural) governments in Japan levy a tax for playing golf at golf courses. There are no other countries in the world which levy an infamous tax on any kind of sports. When policy makers worked on taxation more than eighty years ago in Japan, golf was thought of as a leisure sport or a hobby for affluent people from the high socio-economic class. The stereotypical prejudice in the political world meant retention of the taxation because it has brought large annual revenues to the municipal and the prefectural governments. In general, sporting organisations in Ireland and Australia are self-governing (democratic), while they are governed in a non-democratic way by business companies in Japan.

One important issue is that despite the policies of the Japanese government that seeks to promote healthy life among people, the government awareness of a ‘healthy sport’ such as golf is contradictorily insufficient not only for older people but also for all the nationals to participate in. Besides, the public awareness is also insufficient, which was evidenced by the fact that the abolition of the ‘golf course utilisation tax’ was not called for by golfers themselves and ordinary people as well in Japan. Ordinary people might think that golf is not a sport for them due to its high cost.

In contrast, Ireland and Australia has a long history of golf as a healthy sport. Therefore, there are many public golf courses for people where they play by affordable play fees without any restrictions imposed to players by golf clubs. From this perspective, the Irish and Australian governments might find it easier to promote older people’s participation in healthy sports like golf and swimming, while the health promotion proclaimed by the Japanese government might end up as mere sloganeering. However, this research did not target the governmental attitudes towards the health promotion for older people to participate in sports in the three contexts.

The question of how policies or strategies to promote older people’s sports participation in various contexts have worked out needs further research.
6.3 Common features and differences of older people engaging in sporting activities

Given the backdrop of organisational and administrative differences of sporting organisations between Ireland, Australia and Japan, I outline common features and differences of older participants in sporting activities in this section. In terms of common features of older peoples’ sporting activities in the three countries, many older people experienced life course effects at various stages in their life which motivated their sporting activities.

6.3.1 Life-course effects

This research detected from the life course perspective that early life affected later adult behaviours and outcomes (Alwin 2012). Older people engaged in their sporting activities at various stages of their life courses. Life course perspective made it convenient to classify older people according to the stage in life at which they took up their sports. Many of the people who started sporting activities in childhood/adolescence stated some unforgettable motives lasting throughout their life courses. While some had continued their sport since childhood/adolescence, others were forced to suspend their sporting activities on account of family circumstances, duties or family events at the stage of young/late adulthood. After they finished child rearing, their family/personal circumstances having changed, or retirement meaning that they had some disposable income and time on their hands, older adults resumed their sports in middle age or older age taking up sports which they had left off in their younger days. In contrast, some started their sports as a novice in their later life, mainly following medical advice on behalf of rehabilitation and health promotion, and encouragement by their friends who had already been members of sports clubs. Encouragement by members of their social network affects older people effectively to participate in any sport for the first time.

(i) Tangible/intangible life-course effects

Many older swimmers in the three countries have experienced swimming at early stages in their life courses at various places depending on its feasibility, such as in a swimming pool, in the sea or in a river accompanied by their family members, relatives, friends, or on their own. Some life course effects worked to motivate swimming throughout their life courses as a lifelong sport. Life-course effects were divided into tangible effects and intangible effects. ‘Tangible effect’ signifies practical things such as prizes, money, and equipment for sport. For example, an
Australian lady swimmer explained that one Australian dollar given to her by her father was an enormous treasure in her childhood that motivated her to train hard. For an older Australian golfer, a club with a wooden shaft which had been cut and shortened by his father must have been treasured by him because he used it for practice every day at a nearby golf course after school when he was a school boy. Even for adults, prize winning gave an impetus to keep going with their sporting activities.

In terms of ‘intangible effect’, the recommendation of teachers, doctors or family members was an incentive at any stage of life course, especially for physically weak children or infirm adults, to keep swimming as a rehab or therapy. For example, a Japanese man became seriously sick at the age of just 50. He was told by his doctor that he might have only a few more years left to live. According to his doctor’s recommendation, he started to swim, regained his health and became a competitive swimmer at the present time. Another Japanese older swimmer had become a candidate for the Olympic swimming games on the basis of his grandfather’s recommendation in his childhood, spoken to him with ‘a hint of sarcasm’ as a motivation.

Another example of an intangible life course effect was directly shown by Asao, chairman of an on-line swimming club. He took his daughter to the nearby swimming pool in her infancy and taught her to swim. Eventually, she became a member of the national team of synchronised swimming when she was at the adolescent stage of her life course. She participated in Atlanta Olympics synchronised swimming championship and contributed to the national team that won the bronze medal in 1996. On retirement from the regular membership of the national synchronised swimming team, she became a coach for a synchronised swimming team in one of the EU countries. Intangible life-course effects generally work through family and other personal relationships. Both tangible and intangible effects had a great influence on the research participants at various life stages.

(ii) Negative/positive life-course effects

The life-course effect worked not only positively but negatively at a young adult/late-young adult stage. When childhood/adolescent starters of sporting activities became adults, their family commitments and duties changed as a result of marriage, building homes and childrearing, forcing some to suspend their activities until their circumstances and duties towards children and families came to an end. Other cases of swimming suspension were detected in this research, which were caused by hard training as a member of a school swimming club as an elite swimmer at the adolescent/young adult stage. After they graduated from schools, their energy was exhausted and
they abandoned swimming for many years. The key factor that made people resume their original sporting activities was usually the relationship with their children. When children wished to start swimming, parents were reawakened at their middle age stage by their children to resume their original swimming activities while accompanying children to swimming pools. Negative life-course effects were apt to shift to positive life-course effects in the context of evolving family relationships.

Specific negative/positive life-course effects were related to young-/late-young adult starters of golfing in Japan. When current older people were young, "reception golf" was prevalent all over Japan during the period of the economic bubble ca. 1986-1991. When companies had some business negotiations with other companies, salesmen from other companies were usually welcomed at reception golf parties held by the host companies. The "reception golf" equated to "company golf". It was a very important requirement for young salesmen or businessmen to be able to play golf with customers. Many current older Japanese people learned how to play golf in those peculiar circumstances in Japan. "Reception golf" became a positive life-course effect for young salesmen or businessmen.

However, "reception golf" directly restricted their wives' ability to undertake sports activities. When many older Japanese ladies were young housewives, their husbands would always go out to "reception golf" on weekends. Therefore, housewives were forced to stay at home as so-called "golf widows". Their husbands would go to play golf without caring about their wives. Current older Japanese ladies were brought up in the traditional way of life that 'husband leads and wife follows'. Japanese housewives had to submit their lives obediently to their husbands' lives and "reception golf" became a negative life effect to current older housewives who brought up their children without any assistance from their husbands. However, when their children were grown up, housewives could start or resume their sporting activities in middle age. In this sense, the shift from negative life-course effect to positive life-course effect on older sportswomen is caused by evolving family relationships in their later life courses.

Important life-course events at an earlier stage of the life courses can be seen to have an effect on what older people choose to do at a later stage in life. When older people start participating in sports later in their life, they are apt to have injuries which have a negative impact on their life courses. This happens whether they started their sports early in life, or later in life when physical deterioration had already set in. A typical swimming-related injury of older swimmers is 'swimmer's shoulder', while golfers suffer from 'golfer's shoulder'. Commonly, older swimmers and golfers suffer from waist pain, knee pain and shoulder/arm pain. Functional deterioration for
older golfers includes failing eyesight and difficulty keeping concentration while playing a round lasting more than four hours.

In order to compensate for these problems, older people selected alternatives for their activities, such as improved equipment or easier sporting activities. Because of major advancement in nanotechnology, older golfers can use clubs made of carbon fibre, and wear special protectors for knees, arms and elbows. Older swimmers can wear highly improved swimsuits and protectors for their knees, arms and shoulders as well. Some older people went to Yoga or gyms to strengthen their muscles for their sporting activities. By doing extra exercises outside the setting of their sport, they prevented injuries or decay. Some older golfers no longer had enough energy or stamina to play at normal golf courses, and so they adopted easier golf i.e. ‘pitch and putt’ to keep active and continue to enjoy their sport throughout their life course. By means of SOC (Selective Optimisation with Compensation) (Baltes 2003), older people purposely shifted a negative life-course effect to positive life-course effect to keep playing sport further even into the ‘Fourth Age’.

6.3.2 Governing dynamics of older people’s sporting activities

Once older people were motivated to start playing organised sports, they would join sports clubs and enjoy their sporting activities there. The common features of older golfers and swimmers in the three countries were ‘feel-good factors’, which were important determinants when they kept on playing sport. I detected six components of the feel-good factor in older people’s sporting activities. These were (1) the sensual feel-good factor, (2) the scenic feel-good factor, (3) the social feel-good factor, (4) mental feel-good factor or the stress reliever, (5) the physiological and (6) psychological feel-good factor. The social feel-good factor in social mixing through sports was a particularly important factor after retirement. Almost all older people emphasised the importance of the social side of their sporting activities.

When older people were engaged in jobs until their retirement, they had fostered long-term comradeship in their work places. However, when they were disengaged from their jobs, they needed some alternatives for that comradeship. They could find alternatives in their sports clubs without any difficulty, where they had already established their friendships with other golfers over the years. In some cases their workmates turned through retirement, into their playmates in their sporting activities. Or, they could easily find playmates even if they went to a golf club on their own for the first time. There are of course powerful selection effects at work here, whereby the older adults who seek out membership in sports clubs are inclined to be more sociable than those
who stay away from sports clubs; a virtuous circle arises whereby the inclination to socialise leads to seeking out social and sporting activity, enhanced level of socialising and physical exercise, and the benefits that flow from these.

Especially, in the case of older lady swimmers and golfers, some of them had already suffered bereavement. In the days of their sadness their good friends rallied around to support and encourage them to return to their sporting activities at their clubs where they had fostered their comradeship over the years. In this way, they could maintain their physical, mental and social wellbeing through their sporting activities at their clubs in their later life even after the bereavement. In this sense, the social feel-good factor is one of the great governing dynamics of their sporting activities.

6.3.3 Competitiveness

Older golfers and swimmers were not that different in terms of competitiveness, although Japanese older people emerged as more addicted, focused and keen to win. When older people achieved a goal late in life, their self-esteem grew because they had achieved what they could not imagine they could do at their later life stages. The sense of achievement enabled older people to gain self-respect or self-esteem through self-efficacy. Underpinned by the feel-good factors, the sense of wellbeing became their life force and drove them to participate in sports activities consistently throughout their later life.

Masters swimming is a competitive sport underpinned by the swimmer’s spirit of challenge. Swimming is an individual sport. Once older people participated in competitions, they had to swim in their own lanes by/for themselves. Many Masters swimmers disclosed that they competed against themselves to maintain or to improve their own personal best times. Their personal challenge led to their best records and if they were lucky their time might become the national or the international record in their own age range.

Golf is usually played by groups of golfers. However, it is not a team sport. Many older golfers pointed out that golf was an individual sport. Once older golfers stood on the course or older swimmers stood before their lanes, they hit the ball individually or swam in their own lanes individually, either competing with each other or against themselves. Some older golfers aimed at ‘age shoot’, which means to play with the same handicaps as their age. For example, when older people were 70 years old, they tried to score 70 in their play. Older people maintained their competitiveness by setting objectives for their play. Even if there is a difference in terms of
intensity between golf (low-intensity sport) and swimming (high-intensity sport), older people’s spirit of competitiveness was similar on the green and in the swimming pools.

6.4 Envisaging future sporting activities

Physical deterioration occurred not only in the form of physical function, but also in swim-related or age-related injuries. Especially, childhood/adolescence starters or late middle-age starters of a sport were apt to have injuries caused by consistent hard training to improve their own records. Older people wanted to preserve their sporting activities by selecting easier alternatives optimally to compensate for physical deterioration (Dionigi 2010). Dropping out was not seen as a viable option by the research participants. Bad results in competitions caused by physical deterioration do not let older people feel dispirited because of the feel good factor which underpins their sporting activities. Even if they had physical injuries, diseases, or became frail, they would express their strong wish that they would like to continue their sporting activities for as long as possible, and tried to do so.

Some older people in the three countries regarded death in front of the television without doing anything and death on the green golf courses/in the swimming pools while performing their sporting activities as the same occurrence. Wherever it occurs, death per se is unavoidable and inevitable. However, the participants in this research chose positive sporting activities and were comfortable with the prospect of a death in a sporting setting because their sport was their ‘life force’ until the end of their life course.

Unlike in Ireland and Australia, there is no concept of ‘successful ageing’ among older people in Japan. Instead, Japanese older people hold the concept of “Ikigai”, which can be translated as ‘life worth living’ (Tsuruwaka and Okayasu 2003) or ‘what makes life worth living’ (Mathews 1996: 12 In: Willcox et al. 2007: 140). Japanese government promotes older people to have the Ikigai in their daily life (Willcox et al. 2007). When Japanese people live long in healthy condition, they use the expression “I am ‘satisfied’ whenever I die”, using a word “honmo” in Japanese that is equated with ‘satisfied when a goal is achieved or at the end of life’. (My single quotation marks)

Even though there were some cultural or religious differences in the view of life and death between the two western countries and Japan, interviewees in all three cultural contexts expressed the view that ‘to stop sporting activities is to stop living’ (my emphasis).
6.5 Concluding remarks

Older people started their sporting activities at various stages of their life course. Various life-course effects influenced older people's sporting activities throughout their life courses. I detected that older people engaged in sports were pushing the limits of ageing, that is, they were physically, mentally and socially active so as to challenge the limit of human mortality, morbidity and social isolation to attain what they saw as successful ageing at their older ages. Dannefer (2010) has postulated from the life-course perspective that "[the flexibility and unfinished nature of the human organism] are not restricted to the early years. They continue throughout life, reflected in the potentials of older people for life-long learning, curiosity, and the continued evolution of the self" (p. 6). Furthermore, "the potentials for learning, change, and growth in adulthood and old age are, therefore, constitutional and universal features of human ageing" (ibid.). Based on the life-course perspective, Dannefer reasons that this is why nonagenarians and centenarians can continue to gain new knowledge and acquire new skills in a wide array of areas (ibid.). As some of the older participants in this research exemplified, they have 'juvenescence', which "refers to the cluster of features that give them this lifelong youthfulness" (Dannefer 2010: 6) via golfing and swimming.

Overall, almost all older people partaking in this research seemed to have suffered no significant decline of physical condition while playing their sports. As 'to stop sporting activities is to stop living' for them, they envisaged moving into the 'Fourth Age' with optimism and determination to keep up their sporting activities in modified form, if necessary. Furthermore, they seemed committed to sustain longevity and improving their quality of life through their sporting activities until the end of their life courses. While this thesis has illuminated the experiences of older people who are active in organised sports, it was not possible to extend the scope of enquiry to those who do not participate in sports.

What inhibits older people from engaging in sports might be some chronic disease or injury caused by their sporting activities; for example, due to cardiovascular diseases or 'swimmer's/golfer's shoulder' cited by some interviewees. This factor also operated among the people included in this study, but they tended to implement ways of coping with and adjusting to the challenges arising. For instance, when a pacemaker was set in an older swimmer's body, he had to give up swimming which he had done for a long time, while older golfers who have a pacemaker or a stent in their bodies can enjoy golfing without any problem. Researchers have showed that older women are afraid of falls when playing a game, thinking this might lead to their fatal loss of mobility (Bruce et al. 2002). This suggests that educating older adults about benefits
and risks of sport and providing quick access to any first aid required could help to convince some older adults that the risks of (most) sports are lower than the benefits.

A long-term sedentary life or work might have prevented older people from participating in physical activities. Some people like to watch sports on TV, even if they do not participate in sports. Some people do not like sports at all. Literature has shown that physical inactivity is one of the leading factors which make people unhealthy (WHO 2011). Older people’s lack of knowledge about participating in exercise or sports might lead to their physical inactivity (Allender et al. 2006). The socio-gerontological issue of why older people who have already understood the merits of organised sporting activities do not participate in sports merits further research. In a sense, almost all older participants in this study are surely elite sportspeople who could afford to positively participating in sports activities. The socio-economic issues of why older people who cannot participate in sports activities are also worthwhile further researching.

Furthermore, sporting activities are not the only route to living longer and happier. Not only sport but also other activities help to improve older people’s quality of life, foster their sense of wellbeing and in this sense contribute to ‘successful ageing’. In terms of sport, however, the great issue is why a lot of older people do not participate in sporting activities even if they have time and disposable income or even if they are still physically capable. At the present time, sport is mandatory in schools as curricular or extra-curricular activities in almost all countries of the world. Therefore, virtually all older people have had experience of doing some kind(s) of sporting activities at the younger stage of their life. Resting on this premise, even if older people do not participate in organised sporting activities at the moment, most have already participated in some kind of sports and might have already known the enjoyment (or pain) of playing a sport or sports.

Based on the findings in this thesis, negative experiences in childhood or earlier adulthood could still act as a deterrent to practise sports for some older adults. This suggests that generating positive experiences in the context of sport at older age, for example, by offering ‘taster’ classes in low-impact sports in the context of socialising and entertainment might entice some older adults to take up sports. Furthermore, in the light of the strong life-course patterns detected in this thesis, investment in sporting activities for children and younger age groups should also have a positive impact on levels of sports activity among adults as they age. The effectiveness of interventions and the returns to investments into encouraging sports among different age groups over time are important topics for future research.
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Appendices

Appendix A: Face-to-face interviews/focus group participant information and informed consent form

Title of PhD. Research study:

An exploratory study of club-based sports participation by older people in Ireland, Australia and Japan

Researcher’s name: Yoshio Oro

Participant Information

What is this study about?

I am a PhD student from Trinity College Dublin, Ireland and I am trying to learn more about the lives and the experiences of older people who are positively participating in sports activities. I am asking older people aged 60 - 80 to talk to me, the researcher, about the meaning of their participation in sporting activity. The information provided here is designed to help you to understand what I am trying to do so that you can decide whether you would like to participate in the research or not. I will also talk to you in person about the study and explain the content of this information sheet. If you have questions, I am more than willing to answer them.

What does taking part involve?

If you agree to take part in this study, I will conduct an interview with you using a voice recorder. This interview will last for 30 - 60 minutes. The purpose of this interview is to collect data from persons aged 60 - 80 through face-to-face interview or focus groups because you have rich experience in this sporting activity. What you tell me about your life and experiences in sporting activity is YOUR DECISION. However, I am certainly interested in hearing about all aspects of
your participation in sporting activity that you would like to tell me. During the interview, I would like to focus on the following topics:

- Description of pathway into sports involvement,
- Motivation,
- Contribution,
- Future,
- And other.

You do not have to answer questions about all of the topics listed above. At any time during the interview, you can simply say that you do not want to answer particular questions or that you would rather not discuss a particular aspect of your experience in this sporting activity.

My interest in spending time with you in this way is simply to get to know you better in an effort to fully understand your life and experiences in sporting activity. When I am present, I will simply sit and chat with you. After I leave, I will usually write some notes, which will record my interaction with you. It is important that you know that your name or any other identifying details will not appear in these notes and any report of the completed study.

**Do you have to take part?**

Although I would like to hear you about your sporting experiences, you should not feel that you have to participate in this study. In other words, taking part is voluntary and it is your choice. If you do decide to take part, you can change your mind at any time, even during the interview. If you feel uncomfortable about answering certain questions during the interview, you do not have to answer them. You have the right to terminate - that is, end - the interview at any time.

**Confidentiality**

With your permission, I will audiotape the interview to help me to record your talks accurately. In other words, the tapes will be used only for keeping track of what we said. I will turn off the recorder if at any time you wish that some part of the interview not be recorded. After I have our interview, I will listen to it and type up what you said. These tapes and everything you talked about will be kept in a locked filing cabinet that only I can access. All tapes will be destroyed after I have transcribed them (that is, written down that we talked about during the interview).
will do my best to make sure that people are not able to identify you in the study by giving you a “made-up” name (what researchers call a “pseudonym”).

What you say to me in the interview is completely confidential. I, the researcher cannot tell any other person what you say in the interview. This means that whatever is discussed or spoken about in the interview will not be communicated to other people except where there is an immediate risk of harm to you or another person. If any such circumstance arose, this would be discussed with you first.

What happens to the information you provide?

The information will be written up into a PhD thesis. It is my intention to make the findings of the study available to a wide audience, including policy makers and the general public. The benefits of the study are that it might contribute firstly to informing inactive older people to become active, secondly to elucidating the questions why Ireland lacks a big international sport event primarily targeting older people and why older people participate positively in sports in Australia and Japan and lastly to the development of the study of ageing (what researchers call “social gerontology”).

It is important that you know and understand that your real name or any other information that might identify you or any other person you mention to me will not be used in the PhD thesis or publications.

Contacting the researcher

If you want to discuss any aspect of this study, or if you have questions about the study, you can contact the researcher at any time. My name is Yoshio Oro and you can contact at +353 087 1248925 and Email: oroyoshio@gmail.com If you wish, you can also contact my research supervisor, Dr. Timonen, at timonenv@tcd.ie or +353 1 896 2950.
Informed consent form

If you agree to take part in this study, please sign below:

(Name: BLOCK TYPE) agrees to take part in the study described in this information sheet and to speak to the researcher from Trinity College, Dublin. I have read and understand the aims of the project described above.

Research participant:

Signed __________________ Date __________________

Researcher, Yoshio Oro:

Signed __________________ Date __________________

Thank you very much.
Appendix B: Translation of face-to-face interviews/focus group participant information and informed consent form into Japanese

アイルランド、オーストラリア、日本における高齢者の、クラブを基盤としたスポーツ活動の実地調査

調査参加者への説明と承諾書

調査者：大畑 義雄

指導教官：ヴィルピー・ティモネン博士

調査参加者への説明

アイルランド、オーストラリア、日本における高齢者のクラブを基盤としたスポーツ活動の実地調査

1  これは何についての調査ですか？

私はアイルランドのトリニティー・カレッジダブリン校の博士課程学生で、スポーツ活動に参加している高齢者たちの生活、経験について詳しく知りたいと思っています。私、即ち調査者が60歳から80歳までの高齢者の方々にお聞きしようとしているのは、皆さんのスポーツ参加の意味を私にお聞かせくださることです。ここでお話する説明はこの調査に参加して下さるかどうかを決めて頂くために、私がこれから何を試みようとしているかを皆さんに理解して頂けるように計画されています。私本人が皆さんにこの調査についてお話しし、この調査書の内容をご説明させて頂きます。もしもご質問がおありなら、喜んでお受けいたします。
2 調査に参加することはどういうことなのでしょうか？

もしも皆さんがこの調査に参加することを同意してくださるなら、私は音声記録装置（ボイスレコーダー）を使用して皆さんにインタビューを行います。

所要時間は60分から90分です。このインタビューの目的は60歳から80歳までの方々から個人面接（フェイス・ツウィ・フェイス・インタビュー）あるいは集団面接（フォーカス・グループス）を通して、皆さんが今のスポーツ活動について豊かなご経験をお持ちなので、そのデータを収集させていただくことです。

皆さんがご生活やご経験についてこの私にお話しくださることは皆さんのご決断次第です。しかし、私は皆さんが話したいと思っていらっしゃるスポーツ参加の全てについて喜んでお聞きしたいと思っています。インタビューの間、私は次の質問項目に重点を置きたいと思います。

3 質問項目

- 皆さんのスポーツ歴
- スポーツ参加の動機
- スポーツ参加の貢献
- 将来のスポーツ参加
- その他このスポーツ参加に関わる諸問題

皆さんは上に挙げた質問項目の全てに答える必要はありません。インタビューの最中に何時の時点でも特定の問題に答えたくないと思う場合がありましたら、つまり現在のスポーツ参加で何か特に答えたくないと思われる場合に「答えたくない」とだけ簡単に仰って下さってかまいません。

このインタビューで私が皆さんとご一緒に時間を使うのは皆さんをより良く理解し、皆さんのお経験について十分に理解したいと思う努力からに他なりません。ここを立ち去った後、皆さんとの相互活動を記録しておくメモを取ります。重要なことは皆さんの名前やその他皆さんを特定する事柄はこのメモや調査完了後のレポートに一切明らかにされることがないということです。

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4  皆さんはこの調査に参加なさらなければなりませんか？

私は皆さんのスポーツ経験について、お聞きしたいのですが、この調査に必ず参加しなければならないとお感じになるには及びません。言葉を換えて言えば、この調査への参加は自発的なもので、皆さんが選択なさるのです。

もしも参加しないとお決めになれば、例えインタビューの最中でも、いつでも参加のお気持を変えていただいてかまいません。インタビューの最中にある質問に答えるのが嫌だとお感じになれば答えるには及びません。皆さんはいつでもインタビューを終了させる、つまり終わらせる権利をお持ちです。

5  守秘義務

皆さんのに許可を得て、私は皆さんのお返事を正確に記録するために、インタビューをテープレコーダーに記録します。別な表現をすれば、テープは私たちが話し合ったことの軌跡をたどるためにだけ使用されます。いつでも皆さんインタビューのある部分を録音してもらいたくないとお望みならば、私はレコーダーを止めます。テープとのインタビューが終了後、私はそれを聞き、皆さんに読ったことをタイプで清書いたします。このテープつまり皆さんに読まった全ての記録は私しか開けることができない鍵付きのファイルキャビネットに保存されます。全てのテープは音声を文章化した後、（つまりインタビューの間私たちが話したことを書き表すことです）すべて廃棄され、皆さんが確実に特定できないように最善を尽くし、架空の名称（研究者たちは「偽名」と言います）を使用して、論文やその他の出版物、また研究発表の中に組み込まれている皆さんの身元を明らかにする詳細な事項は一切除去して分からないようにいたします。

皆さんがインタビューの中で私に仰ったことは完全にマル秘事項です。この私、つまり調査者は皆さんに仰ったことは他の誰にも話しません。これはインタビューの中で討議され、話し合われたことがあることであっても、皆さんや他の人に何か直接危険が及ぼす危険がない限り、他の誰にも明かされないということです。何かそのような状況が発生したら、先ず皆さんと相談いたします。
皆さんから得た情報はどうなるでしょうか？

その情報は博士論文に仕上げられます。この調査で分かった事柄は広く読者に、その中には政策作成に関わる人々や一般の人々も含まれます）、利用していただく所存です。この調査の長所は先ず体を動かさない高齢者の皆さんに体を動かすように勧めること、二番目に高齢者のために構成されたスポーツ活動が各国相互間でどのような違いがあるかを解明すること、最後に加齢研究の発展（研究者たちは「社会加齢学」と称していてます）に貢献することです。

皆さんのは名や皆さんの身元、また皆さんが私に仰った他の人々の身元を特定するいかなる情報も博士論文や他の出版物には一切使用されないということを皆さんが知り、理解することは重要なことです。

7　調査者との連絡

もしも皆さんがこの調査で何か話し合いたいとお望みならば、又はこの調査について何かご質問がおありならば、いつでも調査者と連絡を取ることができます。電話番号は00353 87 12489211です。またEmailのアドレスは orovoshio@gmail.com です。

もしお望みならば、私の指導教官のヴィルピー・ティモネン博士に連絡を取ることができます。電話番号は 00353 1 896 2950，Emailのアドレスは timonenv@tcd.ie です。
承諾書

もしこの調査の参加にご同意いただければ、次の箇所にサインをお願いいたします。

______________________________（氏名：活字体）説明書に書かれたこの調査に参加し、トリンティー・カレッジダブリン校の調査者と会話をすることに同意いたします。上記の計画の目的を読んで理解いたしました。

調査参加者のサイン ____________________________ 日付 ____________________________

調査者　大呂　義雄のサイン ____________________________ 日付 ____________________________

有難うございました。