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**Middle-Aged and Older Adult Walking and Hiking Groups of Cochrane, Alberta:
How Outdoor Group Exercise Influences Perceptions of Health, Healing, and
Disease**

by

Rodney Steadman

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Abstract

Middle-aged and older adult walking and hiking groups of Cochrane had unique perceptions of health and healing due to their activities, the equipment they used, the environments they explored, and the relationships they developed. Past anthropological research has focused on aging, ethnomedicine, social structures, and the human-environment relationship. My thesis built on these themes by applying them to middle-aged and older adult walking and hiking groups. I used theories associated with ritual, play, and medical anthropology to discuss and interpret my research group's perceptions of health and healing. I approached my thesis from four theoretical perspectives: walking and hiking experience; walking and hiking culture; play; and perceptions of health and healing. Walking and hiking experiences provided the opportunity for middle-aged and older adults to challenge their traditional notions of the human body and provided them with a space and place to explore alternative health and healing methods to biomedicine.

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Abbreviations

CHC	Cochrane Hiking Group
FCSS	Family and Community Support Services
MWG	Men's Walking Group
WWG	Woman's Walking Group

Introduction

Outdoor activities have been a part of my life for as long as I can remember: camping, skiing, and hiking. I grew up in Calgary, Alberta, and I would spend almost every weekend in the winter downhill skiing in the Rockies. My parents would drop me off at the ski bus collection point, I would meet a friend, and then off I would go for the day. The junior high school I attended would frequently offer overnight hiking and cross country ski trips and by the time I reached the end of high school, I knew I wanted to do something in physical education and outdoor pursuits. I was accepted into the now defunct Outdoor Pursuits Program at the University of Calgary. The program was a part of the Faculty of Physical Education, now Kinesiology, and exposed me to a wide range of outdoor activities I would otherwise not have had access to. I became an avid climber in the summer and obsessed backcountry skier in the winter. After university I worked as a skiing and climbing instructor for several years and later as a personal trainer and I still make a point of getting out into the mountains for some physical activity.

Over the summer of 2010, I was hiking and scrambling (climbing non-technical mountains) predominantly in Kananaskis Country west of Calgary. It was while on a hike to Chester Lake that I came across several groups of older adults hiking. I considered this an important group for research due to our increasingly youth obsessed culture and the biomedical essentialism used to define the aging process. Glenda Laws (1995) points to the strict use of

essentialism (the assumption that social phenomena have universal causes that can be categorized) in scientific investigations, associating biological changes with chronological age, as a source of ageism. Laws believes that this single-minded approach to aging research rejects the socially constructed intricacies of aging; therefore, the categorical assignment of biological changes creates an image of aging that associates it with negative body images such as, loss of bodily control, susceptibility to disease, and a close proximity to the lifecycle's end.

As serendipity would have it, a short time after my encounter with the older adult hikers, I was at a dinner talking with a doctor from the town of Cochrane (about 40 km west of Calgary). He told me about a group of older adult walking and hiking enthusiasts in his town and he set me up with a contact. I was off and walking with my thesis.

Knowledge Gap

The perceptions of health and healing of middle-aged and older adult walking and hiking groups have not been extensively researched through the lens of ethnography. There have been extensive ethnographies written about older adult communities such as Barbara Myerhoff's (1980) work on Jewish older adults in Venice, California. The human-environment relationship has been rigorously researched across the social science spectrum including, and more specific to anthropology, the influence of "space" and "place" on cultural belief systems (Boaz 1914; Sapir 1924; Malinowski 1939; Setha and Lawrence-Zúñiga

2010); furthermore, walking has also been the focus of research by all branches of science including anthropologist Tim Ingold's (2004) observations on walking as a holistic experience of the environment.

There are also the transcendent experiences that can be produced by physical activities in "natural" settings. These events have been well documented by humanistic psychologists and identified as "peak" or "flow" experiences (Maslow 1976; Csikszentmihalyi 1999). The peak and flow experiences of play activities have also been topics of interest by influential scholars of anthropology: Emile Durkheim (1912) considers religious practices as the birth place of games; Victor Turner (1986) observes that play in humans is a liminal activity due to its properties of ritual, meditation, and pure enjoyment; and Clifford Geertz (2005) applied Jeremy Bentham's concept of "deep play" to explain the high stakes gambling of Balinese cockfighting.

Physical activity in general has undergone intensive scrutiny since Robert Crawford (1980) introduced the concept of Healthism in his influential publication, "Healthism and the Medicalization of Everyday Life." Crawford identified how capitalism co-opts "health" for profit by elevating the ideal and morally superior normal, healthy, body above the undesirable and morally corrupt, abnormal, unhealthy body. Health and healing practices have also undergone intensive study by leaders in the field of medical anthropology such as, Nancy Scheper-Hughes and Margaret Lock (1987) in their seminal work "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology" and

Scheper-Hughes' (1992) research into the structural causes of Brazilian infant mortality in *Death Without Weeping: The Violence of Everyday Life in Brazil*.

My thesis will contribute to anthropological knowledge by integrating aging experiences of the (un)healthy body with concepts of play through ethnographic research into middle-aged and older adult walking and hiking groups. All the aforementioned studies and theoretical approaches are interconnected: space and place can be linked to ritual behaviours, which in turn are manifestations of play with the potential to produce flow experiences. In some cultures, ritual healing is linked to specific places and spaces created for the express purpose of healing through the flow experiences of liminal activities such as meditation or trance (Scheper-Hughes and Lock 1987). I will use theories associated with ritual, play, and medical anthropology to discuss and interpret the perceptions of health and healing of middle aged and older adult walking and hiking groups.

Chapter One

Theories

This chapter establishes my theoretical approach to my thesis. I begin with a journal excerpt involving a new member to the CHC. I will then discuss the theories associated with ritual and play, followed by the experiences of walking and hiking and the creation of inscribed spaces. Finally I will discuss Nancy Scheper-Hughes and Margaret Lock's (1987) “mindful body” approach to health and healing.

Chloé’s Story

Journal entry: Powderface Ridge hike in East Kananaskis Country on 05 October 2010. It is a very large group today with 26 people. The large number of people, according to one of the hikers, is due to an optimistic forecast of sunny and warm weather in contrast to the rain and snow we’ve had for the past couple of weeks. Also, the hike does not have much in the way of elevation gain or distance; therefore, it is not excessively strenuous for the physically compromised and promises contrasting views of the Rocky Mountains to the west and open prairie to the east. There are a few new people in the group and I managed to catch up with one very happy and energetic newbie.



Figure 2-1 The group atop Powderface Ridge.

Chloé (a pseudonym as will be the case with all names used) is a 58-year-old retired teacher and cancer survivor. The first thing she tells me is that she has recently taken up kayaking and had the thrill of running her first rapids on the Bow River. Chloé has a tremendous passion for nature and outdoor activities. She recently moved to Cochrane, with her husband, and joined the group to meet other outdoor enthusiasts in their age group and to learn some of the local trails. Chloé developed her keen interest in nature as a child having spent time with her father exploring the outdoors. Her passion is close to the surface as she occasionally interrupts the interview to point out scenery along the hike: “I just find it’s very peaceful and it’s so beautiful.” Before they had their son, Chloé and her husband, an avid fisherman, enjoyed getting out into nature on a regular basis. She would hike while he fished. Her outdoor activities became limited after the birth of her son, but as soon as he was able she brought him hiking with her. It gave her precious time to interact with him without distraction.

When Chloé was diagnosed with breast cancer she did some research and discovered that exercise, specifically heavy aerobic exercise, could prevent cancer from coming back. She then started to walk every morning, searching out hilly terrain, for a minimum of an hour every day – she found it important to tell me that she didn't do her walk on the morning of the Powderface hike because she figured the hike was enough exercise for the day. Chloé believes that her active lifestyle contributed to her healing process: the walks eased some of the negative side effects of chemotherapy and improved her overall sense of wellbeing. It also aided in maintaining a healthy body weight vital, she believes, to her recovery from six surgeries. Chloé had met other cancer patients that were not active and overweight and found that they had difficulties healing. She did take painkillers after her first surgery, her nurse was a former student and she followed her advice, and suffered “terrible side effects.” She decided not to take the painkillers after her next and consecutive surgeries and discovered she did not suffer from pain and healed quickly. Again, she attributes this to her vigorous morning walks.

Chloé feels lucky. She doesn't believe her diagnosis and cancer treatment was as traumatic as it could have been:

[I]t came at a nice time, if you can have a nice time for cancer [we laugh]. My a son was in grade 12.... So, that six months that I was off, happened to be his last, semester at school. He'd be finished at noon. No sorry at two. He would come home every day, and we, would cook supper together. So, that was, five months of extra time with [names son] that I'd never ever would of had, otherwise. He also went for walks with me [laughs].

Chloé's story is thick with emotion. She was unwilling to allow the medical

establishment to capitalize on her emotions and provide the narrative for her disease and recovery. She was determined to deal with her diagnosis and treatment on her own terms. Chloé discovered that the simple act of walking in a natural setting helped her manage her cancer, bond with her family, and opened her up to future experiences. Within the hiking and walking groups I researched for my thesis, Chloé's story is not unusual.

Perceptions of Health and Healing

It is the assertion of my thesis that walking and hiking groups, using Edward Sapir's (1924) definition of culture, are "a genuine culture" providing its members with "a sense of inner satisfaction" and "a feeling of spiritual mastery" (420).

Outdoor enthusiasts' perceptions of spiritual mastery are linked to their experiences in nature. The spiritual growth experienced by individuals while walking or hiking in nature resembles healing rituals as described by Bourgwgnon (1979) where the focus is on the individual, his or her lifestyle, and group affiliations; therefore, my thesis will investigate how perceptions of health and healing are constructed by middle-aged and older adult walking and hiking groups.

Bronislaw Malinowski (1939) considers the social setting of a group indispensable because it conveys important symbols and values to the initiate about the group. Group membership fulfills specific psychological and physiological needs through emotional attachment or bonds created between

individuals. The social bonds of a group, as observed by Victor Turner (1980), are strengthened and passed on to new members through a social performance where individuals “mime and dance with one another” in “webs of interpretive non-verbal symbols” (147). Through mimicry and play social roles are learned and hierarchies are established. These are not usually uncontested, for while some may aspire to these social roles, others mock them, resulting occasionally in a “social drama” (147).

Turner suggests that all groups will experience a social drama. The components of social drama are “breach, crisis, redress, and either reintegration or recognition of schism” (149). The social drama occurs among the “star” subgroup(s) to which the members most deeply identify with that fulfill their social and personal aspirations. This can be a group of people that act as role models for the group. The star group may indulge in behaviour akin to sibling rivalry for what they perceive as altruistic actions in support of the group, but result in a breach of protocol. This breach becomes a crisis for the group where individual relationships are accessed and factions are created exposing underlying issues. Group leaders attempt to limit the effects of the breach by imposing various redressive mechanisms including public ritual. The redressive mechanisms will either reintegrate the group or acknowledge the need to split the group. Turner argues that it is from social drama that cultural performance is generated starting with the rituals and laws born of a breach of protocol resulting in the formation of a group narrative. Turner suggests that social drama is how we

define ourselves. It is how we assign power in our societies and give meaning to our lives, or as Clifford Geertz (2005) observed in “Deep Play: Notes on the Balinese Cockfight,” a social drama is a story a culture tells “themselves about themselves” (2005, 82).

Chloé’s story demonstrates consistent themes of life transitions related to health, age, and social groups: traumatic illness, an inactive lifestyle to an active lifestyle, retirement, middle to old age, and joining the CHC. Arnold van Gennep (2004) identified culturally significant transitional periods as rites of passage: “rites of separation, transition rites, and rites of incorporation” (11). Turner acknowledges that the rites of passage hold many similarities to social dramas: they occur over a designated period of time; there is a separation from the activities of daily life, friends, and family during a liminal phase; a challenge (literal or symbolic) is accepted and overcome as initiated by senior members; and a symbolic reintegration into daily life acknowledging a change in the individual’s status and relationships. Liminality is the most applicable phase to walking and hiking groups due to the ambiguous nature of the activity: they possess few elements of a participant’s life before or after the liminal activity (Turner 1969). During this phase individuals may become more passive or humble and obey their leader’s orders implicitly. It allows members to temporarily or permanently eliminate those aspects of their personality that conflicts or inhibits their potential to learn from their experience. The liminal space is a social equalizer allowing for uninhibited interaction between

participants from different social groups. Turner observes that individuals undergoing a liminal experience can create intense feelings of comradeship and *communitas*.

As previously stated, Turner considers play a liminal activity due to its properties of ritual, meditation, and pure enjoyment. He suggests that play can mock, mimic, tease, provide moments of hope and desire, and facilitate curiosity without the promise of resolution or satisfaction. Geertz (2005) documented these traits of play and their cultural importance while researching the Balinese cockfight. Admittedly, the cockfight is an extreme and violent example, but Geertz's discoveries and assertions have heavily influenced the social sciences and are applicable to all cultures that play. Geertz suggests that the Balinese cockfight is a metasocial event that comments on the established hierarchy within the community and how their social group functions in relation to the hierarchy. As stated earlier, it is how the Balinese "interpret themselves to themselves" (Geertz 1973:10). The cockfight is infused with the emotions of high-risk excitement, despair when a loss is experienced, or gratification and joy after a win. These emotions are the foundations of the Balinese experience both individually and communally. Observing and participating in cockfights provide the community provided with an education in sentimentality, through a collective text, about their spiritual beliefs and personal sensitivities. The cockfight and all the activities associated with it (gambling, violence, blood sacrifice, machismo, conflict between classes, and spectacle) allow the Balinese to express their rage

while at the same time acknowledging their aversion to it. The rules of the cockfight are to control the emotions around the event and provide a venue for play and self-expression. The Balinese attend cockfights to observe and feel the changes that a person undergoes when separated from their daily life and exposed to the emotional extremes of the event. Turner's assertions about play support Geertz's findings by suggesting that play relies heavily on the experiences of the individual and provides insight into the internal state of the individual or community. As a result of play's many qualities, Turner considers play the ideal mode of human performance. The occasional violent outburst that sometimes resulted could be controlled by the exterior rules of society and internally by the inhibitory mechanisms of the brain. Therefore, as both Turner and Geertz suggest, play teaches the individual self-control and the consequences of antisocial behaviour. Play is a combination of experiences that are culturally transmitted and contemporary at the same time contributing to a social group's construction of reality (Turner 1986). Turner went as far as to consider play an evolutionary mutation that allowed humans to combine information and experiences in unique and original patterns as a survival strategy. Hence, according to Turner, play is as much a part of human evolution as any other biological characteristic.

Johan Huizinga (2000) is an early researcher into play and is frequently used as a point of departure by play theorists and researchers. His research coincides with Turner and Geertz in that he considers play an important part of the cultural process resulting in several of the basic forms of social life

experienced by a community. Moreover, Huizinga suggests that playful competition is a social compulsion predating culture itself and infusing all life. According to Huizinga, ritual behaviour took its first timid steps in sacred play; playing with text and language gave birth to poetry; the words and forms of religious expression became the playground for philosophical thought; and patterns of physical play became the building blocks for the conventions of war and noble life: similar to Turner's social drama. Huizinga concludes that to be "civilized" is to play.

Mihaly Csikszentmihalyi (1999) identifies this quality of complete concentration on the play activity as the "flow experience" (824). The flow experience is described as an activity that is so engrossing and pleasurable for the individual that participation in the activity becomes its own reward. The types of activities associated with this experience are athletic competitions, artistic endeavours, games, and rituals. Csikszentmihalyi has coined the term "autotelic experience" to describe the flow experience and identifies individuals that frequently enjoy the flow experience as "autotelic persons" (824). There are several characteristics to the flow experience: the individual has a clear understanding of what they are doing throughout the activity; there is instantaneous feedback from the activity; and the individual feels they have the skills required to meet the challenges of the activity. If they participate at a skill level above their own, they can become frustrated or anxious and if their skills are above their level of participation, then the activity may become boring. During the

activity, happiness may not be experienced because of the extreme focus required of the activity, but afterwards people recall their mental state as being extremely positive. Autotelic individuals experience positive states more often than non-autotelic and consider their lives to have increased meaning and purpose. Providing opportunities for flow experiences allows for an individual to grow throughout their life by providing new challenges and broadening their skills, such as Chloé learning how to kayak.

Walking for Ingold (2004) is a rhythmic activity, similar to Csikszentmihalyi's flow experience, with a "pattern of lived time and space" where the individual is continually adapting, and fine-tuning, their gait to the environment (332). It requires a high degree of intelligence that incorporates all the experiences of being human. Ingold argues that it is the landscape that shapes an individual's experience of their environment, not vice versa. We create a vast network of personalized trails through our nuanced physiological responses to our routes of pedestrian travel in landscapes that change with the seasons and shape our experiences: it is how we explore our world, physical body, and socially constructed self (Slavin 2003). Ultimately, walking provides a lens through which to view and interpret our life experiences.

Setha Low and Denise Lawrence-Zúñiga (2010) view the human-environment relationship through the lens of "inscribed space" where humans "write" a lasting testament to their presence on a landscape physically and/or metaphorically. This can result in a social group transforming their experiences of

a landscape from space into place (Low and Lawrence-Zúñiga 2010). Low and Lawrence-Zúñiga suggest that experiences can be inextricably linked to place and space can act as a vessel for memories of special events and people.

Ingold observes that the knowledge we gain from our environment is heavily influenced by walking techniques, footwear, and walking aids. There are depictions throughout the ancient world of people wearing sandals and walking with the aid of a stick or staff (Loebl and Nunn 1997). Ancient Egyptian hieroglyphs and Biblical writings demonstrate how walking aids can reflect the social status, age, and health of an individual (Loebl and Nunn 1997). Ingold asserts that the use of tools is a holistic human endeavour where “both hands and feet, augmented by tools, gloves and footwear, mediate a historical engagement of the human organism, in its entirety, with the world around it” (2004, 332). He draws this conclusion by observing that there are very few activities we participate in where our whole body is not engaged, so why should tool use and walking be any different. Body decoration or art and clothing can be a constructed expression of a social self-identity where an individual’s social category is imprinted upon the body (Strathern and Strathern 1971; and Turner 1980).

Scheper-Hughes and Lock view “the body as simultaneously a physical and symbolic artefact, as both naturally and culturally produced ... securely anchored in a particular historical moment” (7). Their approach is a holistic one in opposition to the Cartesian dualism of biomedicine where the mind is considered as separate from body: the physical and tangible from the spiritual and intangible.

The mindful body provides both a method of analysis and a theoretical approach comprised of “three bodies:” phenomenology (individual experiences of the world); symbolic and structural anthropology (social body); and the “body politic” based on the post structural observations of Michel Foucault as to the social production of the body, through surveillance, to regulate and control the individual (8).

Scheper-Hughes and Lock begin their prolegomenon with a critical analysis of clinical biomedical ideology underpinning the techniques used to ascertain the cause and potential cure of an illness. According to Scheper-Hughes and Lock this ideology has its beginnings in 400 BC with Hippocrates and his determination to separate magic and religion from his school of rational and clinical medical analysis. Although there have been many forms of dualism throughout Western history, it was the 15th century observations of Rene Descartes that most directly influenced modern biomedicine. Scheper-Hughes and Lock suggest that Descarte's influence on clinical medicine was to view the body as a machine and the mind as separate and intangible. A “mindful” influence on the body was not considered. The medically approved *partial* reunification of mind and body did not occur until the 20th century with the development of psychoanalytic psychiatry and psychosomatic medicine. I say partially because, according to Scheper-Hughes and Lock, there is still a tendency to view an affliction as “either wholly organic or wholly psychological in origin: ‘it’ is in the body, or ‘it’ is in the mind” (9). This persistent duality has made it difficult for researchers to

escape the vocabulary – for example, biosocial and psychosomatic – when attempting to understand human illness and suffering holistically.

Individual Body

Scheper-Hughes and Lock analyze the “individual body” by identifying the relatively recent Western philosophical concept of “I,” separating the “mindful self” from the body and the natural world, as unique among the cultures of the world (12, 14). For example, the concept of yin and yang in Chinese medicine where individual health is reliant upon balance in the natural world in the same way that the health of each organ in the body is reliant upon the health of other organs: Eastern Mysticism emphasizes balance in life while Western belief systems emphasize conflict and contradiction (Scheper-Hughes and Lock 1987). The perspective of balance is also seen in the cosmologies of Islam and Buddhism where the individual is inextricably intertwined with the universe or God. The holistic cosmologies of Shintoism and Buddhism in Japan stress the importance of social obligations while de-emphasizing self-importance (Scheper-Hughes and Lock 1987). In cultures without a highly individuated self, individual sickness is viewed as a breakdown in social relations where the sickness can only be healed through group participation in a ritual of reunification.

Scheper-Hughes and Lock use “body image” as an analytical and theoretical tool for interpreting the individual body. Body image alludes to how an individual views his or her body in relation to their environment. It may include how a social

group assigns significance to various body parts, fluids, and functions. Body image can provide data revealing cultural constructions of the human body and the various health related threats to the body.

Social Body

Scheper-Hughes and Lock suggest that the “social body” is culturally constructed and can provide an insight into how a social group’s worldview is represented by the body (19, 20). The values of a society can be expressed through symbolic equations that delineate gender roles through daily activities, rites of passage, reproductive rituals, and kinship. Of particular importance to my thesis are the symbolic equations that reveal how a group views a health body in relation to a healthy society and a diseased body in relation to a dysfunctional society. Scheper-Hughes and Lock assert that all societies have an idealistic vision of the health that is imposed on the body by society, and conversely, through metaphor. For example, balance, consonance, incorporation, and wholeness are long lasting ideologies of health found in several cultures throughout history and in the modern holistic movement. The opposite can be seen in cultures that view death and illness as a result of social disorder. For each belief system there is an inextricable link between health of the individual body and health of the social body.

Scheper-Hughes and Lock note that Western society has lost the much of the “richly detailed symbolic uses of the human body” to domesticate their lived

spaces in nature (20). This can be seen in cultures that view their natural environment as a representation of the human body and vice versa. Healers will gather specific individuals in their social group to nurture the natural environment and indirectly heal the sick. Scheper-Hughes and Lock turn to Manning and Fabrega (1973) to demonstrate the differences between Western biomedicine and non-Western ethnomedicine. In Western medicine there is the Cartesian separation of body and mind where illness resides in one or the other, but not in both. This separation is extended to social relationships where communities are segmented using a wide range of criteria such as age, gender, social setting and socioeconomic status. Ethnomedical systems do not separate mind from body or the individual from society so illness is not located in one place or one person exclusively. This interconnectedness extends to the spirit world and deceased ancestors where the body is a representation of the universe and not the complex machine of Western society. The ethnomedical use of the body as a metaphor for nature allows for a social group to achieve a unique sense of independence or control over the natural world. Scheper-Hughes and Lock suggest that it is this sense of control that is missing in postindustrial societies resulting in dissociative disorders, addictions, and various other psychological disorders. The authors assert that a hierarchical division of labour for the production of goods magnifies the alienation experienced by Western societies in the capitalist system devoid of a comforting body metaphor. The language used to describe our emotional and physical states are socially constructed to reflect a mechanized view of the body:

“‘worn out’ or ‘wound up,’ or when we say that we are ‘run down’ and that our ‘batteries need recharging’” (23). The symbolic equation is of humans and machines where the body has become a commodity. The body can be transformed through surgery and prosthetics into a cultural ideal or used as a source of replacement parts to prolong life, but Scheper-Hughes and Lock question at what cost to our humanity.

Body Politic

The “body politic” addresses issues of “power and control” (23). When a social group perceives a threat they may turn to symbols of self and social control through surveillance and a blurring of the line between the state and the individual. A society will also use power and control to produce the types of bodies necessary for its ideal functioning. In Western societies the ideal body is one that is “beautiful, strong, and healthy” feeding into the core values “of autonomy, toughness, competitiveness, youth, and self-control” (Pollitt (1982) as cited by Scheper-Hughes and Lock 1987, 25). Scheper-Hughes and Lock suggest that a healthy body in the United States is achieved through discipline and hard work whereas an unhealthy body represents a moral laxity. The mixed messages of overindulgence and self-control have become a source of body image confusion resulting in serious eating disorders and an endless cycle of overindulgence and dieting (Crawford 1980; Scheper-Hughes and Lock 1987; Guthman 2009). Guthman asserts that the cycle is propagated by a neoliberal

economy and only accessible to people living in a specific socioeconomic sphere where diet and fitness goods and services are financially available. Neoliberalism fosters a dependence on cheap labour from free markets and free trade for the production of cheap goods. Fast food provides a massive financial opportunity for companies because a population unable to afford or have access to nutritional food alternatives consumes their cheaply produced food. Guthman suggests that this is the reason obesity rates are so high in low-income neighbourhoods.

Scheper-Hughes and Lock support their body politic argument with Michel Foucault's observations on the creation of a docile body for use by the state. As already discussed in the Introduction, abnormal elements of the individual are identified for correction by the state and surveyed by the individual and fellow citizens (Foucault 1977). The individual is increasingly bombarded with a seemingly endless barrage of disorders and diseases from medicine and psychiatry where normal is only applicable to a very small segment of the population, if at all (Foucault as cited by Scheper-Hughes and Lock 1987). Scheper-Hughes and Lock suggest that with the loss of socially accepted expressions of discontent through ritual practices, as seen in ethnomedicine of non-industrialized societies, biomedicine and psychiatry have stepped in to transform the discontent into a symptom of a disease. The authors recommend that the body politic incorporate individual and social expressions of discontent into the language of sickness and have doctors act as bellwethers of change in the social psyche. Preliminary research has revealed that a doctor for two of the MWG founders heavily

influenced the creation of the group. This doctor did act in a manner suggested by Scheper-Hughes and Lock by addressing the cardiovascular health problems he observed in his male patients as a social problem to be solved socially.

Emotions

Culture is the foundation on which emotions are built (Geertz 2005). Without culture, we would not understand our feelings. When applied to medical anthropology, the pain and illness experienced by a diseased body can provide information on the functioning of society (Scheper-Hughes and Lock 1987). Mark Zborowski (1952) researched cultural responses to pain and discovered that individuals from separate cultural backgrounds reacted differently to when they expected pain and how they accepted pain. Expected pain was pain that was unavoidable such as pain experienced when playing sports. Accepted pain was pain that an individual willingly subjected himself or herself to. Zborowski observed that labour pain is expected pain by various cultures around the world, but it is not accepted in the United States; therefore, measures are in place to mitigate the pain. How a society deals with their pain demonstrates the values of that society (Zborowski 1952). Emotionally charged events such as sickness or ritual experiences can result in a merging of mind, body, and society – identified earlier as play and flow experiences – in various combinations creating an opportunity to observe the mindful body as well as the three bodies (Scheper-Hughes and Lock 1987). The authors consider experiences of pain, sickness, and

death as the “unmaking of the world” of the victim only to be remade through rituals of healing (29). Group healing rituals provide the individual with the opportunity to merge discordant aspects of the body with society and make them whole again. It is a belief in the healing ritual on an emotional level that will dictate its level of success (Hahn and Kleinman 1983).

The perceptions of health and healing in middle-aged and older adult walking and hiking groups will be analyzed using theories associated with the walking experience, inscribed spaces, walking culture, play, and the “mindful body.” Chapter Three will address the creation of the walking groups. Chapter Four will investigate the walking and hiking experiences, inscribed spaces, walking and hiking culture, and play. Chapter Five is dedicated to the mindful body approach and the experiences of the body. Before I discuss the data collected, I will explain how the data was collected and analyzed in the following Chapter.

Chapter Two

Data Collection and Analysis

This chapter presents the methods used for data collection and analysis. The techniques used for data collection were participant observation, convenience sampling, interviews, and digital photographs. Once the data was collected and interviews coded, I identified themes applicable to my theoretical approach.

Methodology

Early on in my research I recognized that perceptions of health and healing are very subjective; hence, I employed the qualitative method of ethnography. Ethnographic research is a method where the researcher learns about the lives of his participants through direct interaction, observation, and participating in the activities relevant to the research goals. Participant observation was my primary method of data collection to identify important themes (O'Reilly 2005; Angrosino 2007). Once a theme was identified, I would use other sources of data collection to establish the importance of the theme to the individual and group, such as observation, interviews, and pictures (O'Reilly 2005; Angrosino 2007; Pink 2007). At times this could be a very fluid process where some obvious themes were documented very quickly using all methods of data collection, while other themes required data analysis before their importance was established and cross-checked with participants through interviewing.

Participants were chosen using convenience sampling, as outlined by Harvey Russell Bernard (2006), where participants are chosen in the field according to availability and willingness to participate and representative of the social phenomenon to be researched. Due to the narrow focus of my thesis on a specific subgroup (middle-aged and older adult walking and hiking groups) within the larger population, I chose participants that were members of each group and actively participating during hiking and walking activities while I was present and within the WHO's definitions of middle-aged as being 45-64 years of age and older adult as 65 years or older (Table 3-1).

Table 3-1 Age and gender of participants that responded to age question by group affiliation.

	Men 45-64	Men <64	Women 45-64	Women <64
MWG	4 (3 CHC)	10 (9 CHC)		
WWG			6	4 (1 CHC)
CHC	3	1	10	1

Data for age categories was organized by group affiliation. If a participant belonged to more than one group, I only included them in the walking group and not the Cochrane Hiking Club (CHC). This was done to avoid counting individuals more than once. I did, however, note how many members from each walking group, according to age, hiked with the CHC. Participants that agreed to be part of my research project either gave verbal consent during a recorded interview or signed a consent form: they were also asked to fill out a demographic form (Appendix A). I made a conscious effort to have equal representation from both genders during my convenience sampling, but more women than men were

on the CHC hikes while I was in attendance and willing to participate in my research project (Table 3-2).

Table 3-2 Number of men and women participants from each group		
	Men	Women
MWG	14	
WWG		15
CHC	4	11
Total	18	26

Participant Observation

The key elements of participant observation, as outlined by Karen O'Reilly in her book *Ethnographic Methods* (2005), are: allocating an appropriate amount of time to spend with a research group, introduction to the group, and learning the language or vernacular of the group. I allotted time for my research on the basis that I didn't need to learn the language so I could spend the majority of my time observing and interviewing. I scheduled for two months of field research with the groups and alternated each week between spending two days with one of the walking groups, one day with the other, and one day with the CHC (the hiking group met every Tuesday while the other groups met Monday, Wednesday, and Friday and sometimes Thursday for the Women's Walking Group (WWG)) (see Table 3-3 for number of days spent with each group). I would spend approximately two to four hours with a walking group and four to eight hours when hiking was the activity. I began my field research on 30 August 2010 and ended 13 October 2010 with periodic follow-up interviews in October and November and short answer email questions over the write-up period.

Table 3-3 Number of days spent with each group (30 August 2010 - 29 November 2010)		
MWG	WWG	CHC
13	9	7

Interviews

In all my first meetings with each group I did not take notes openly, use an audio recorder, or take pictures. My goal was to be undistracted and engaged in all my conversations. This was a valuable decision for my research because it made me aware of how free the conversations were during hikes and walks and ideal for capturing relaxed and natural answers to my questions when compared to my past experiences recording audio interviews in a formal setting, such as a room set aside for interview purposes. People were very animated when they discussed their passion for hiking or walking and would frequently interrupt our conversations to point out wildlife, vistas, or interesting landscape features. I wanted to make sure I captured this passion in my recorded interviews. Also, I became aware that my positioning in the physical space around my participants influenced how they responded to my questions: if I was beside my participant, they tended to talk more intimately and answer quickly whereas if I was behind or in front, they were more thoughtful in their responses. I found the best position for me when conducting recorded interviews, during most hikes, was behind my participant. It was easier for me to reach ahead than behind with my microphone and the person being interviewed could focus on the trail ahead. I found the most natural, comfortable, and socially accepted position during walks to be side-by-

side. People like to look at whom they are talking with if they can. Another benefit of interviewing while walking or hiking was that interviewees did not feel pressured to provide an immediate response as sometimes occurs in a formal setting during a moment of silence. They could take their time to think about their answers and reflect on the activity and surroundings.

Interview questions were generated from discussions and observations during my introductory hikes and walks with the groups. I created a series of interview questions that address the theories introduced in Chapter One: walking experience, walking culture, inscribed spaces, play, the mindful body and emotions (see Appendix B for interview questions). The interview questions were a guide and I made sure to allow my participants the opportunity to explore a tangent if it provided me with a unique insight into a theme and I would end each interview by asking them if there was anything they would like to add to the interview. They often had something to add.

The audio recorder I used for interviews was the Zoom H2 recording onto an eight-gigabyte SDHC disc as .wav audio files. The Zoom came with a windsock and detachable handle (Appendix C), which became invaluable on uneven terrain and in severe weather (I would wrap the part of the microphone not covered by the windsock in plastic in wet weather). The Zoom acted as a disc reader and attached to my laptop with a USB cable. Once the files were downloaded, I transcribed the interviews using Apple's work processing software Pages and Express Scribe, a free download, and tasked the functions keys to

control the play back options in Express Scribe. During the transcribing process, I was also coding the interviews for key themes.

Pictures

Pictures were primarily used as a source of documentary material to record “representations of *aspects* of culture; not recordings of whole cultures or of symbols that will have complete or fixed meanings” (Pink 2007, 74). Therefore, the anthropological meanings I derive from my photographs will be supported by observations and interviews. Some individuals did supply me with their own photographs providing insight into important cultural representations, but those were for analysis purposes only. I have taken all photographs presented in my thesis. The majority of hikers frequently photographed their outings and would often share the stored digital images on their cameras during breaks in hikes. Sharing a picture was as important as taking a picture.

Pictures also provided me with a means to remember interview settings, what an informant was wearing, locations, and weather. I would often try to take quick pictures during an interview in an effort to capture an important cultural moment. One such moment occurred while on a hike to Galatea Lakes. One of the older group members, a 72 year old male, waited around the bend in a turn close to Lillian Lake with a large rock to throw in the water and splash me and the person I was interviewing as we passed. I noticed him as we turned the corner and quickly took a picture of him with rock raised above his head. Hence, for this

event I have photographic evidence supported by an audio recording of the event. The data provided me with representations of play, camaraderie, and acceptance (he wouldn't have thrown the rock if he thought my informant and I might take offence to his actions). The date and time digitally imprinted on the pictures helped me identify when events happened, the duration of walks and hikes, and remember the physical appearance of my participants on the day of their hike or walk.

Analytic Process

After reviewing the collected data, key themes were identified and then organized into four main categories for the creation of a codebook (Appendix E). Each category coincided with theories represented by my research questions. Reoccurring terms were identified and used as representations of the themes. For example, when participants discussed "elevation" during an interview the key word "elevation" was written under the portion of the interview where it occurred and then highlighted green for the category "Walking and Hiking Experience" (see Appendix F for sample interview). If elevation was discussed in the context of an expression of culture, the key word "elevation" would again be written under that portion of the interview, but this time it would be highlighted red for "Walking/Hiking Culture." "Elevation" would be written twice and highlighted in different colours if the use of the word had more than one meaning. Coding for the category "Walking/Hiking Culture" consisted of terms that participants used

to identify their group. “Retired” was a consistent theme amongst members of all groups and related specifically to a person’s social status within their community. All terms under the category of “Walking/Hiking Culture” were highlighted in red. Data organized into the “Play” category were highlighted yellow and focused on discussions of liminality as it related to the activity and their surroundings. For example, discussions centered on “spirituality” or “religion” indicated that participants were playing with the meaning of their surroundings and their place within the world they were experiencing. “Play” was also indicated when hiking or walking was described as “adventurous” or “challenging” activities. The meaning of play in these instances was more along the lines of a flow experience where the activity is all consuming providing the participant with a sense of accomplishment. The last category was “Perceptions of Health and Healing.” Data organized into this category included discussions about body image and how that image was socially constructed and controlled by their walking and hiking groups and their broader Western society. Also, participant’s emotional responses to their physical and psychological health problems were organized under the “Perceptions of Health and Healing” category.

Ethical Issues

Ethics approval for my thesis was obtained from University of Alberta’s Art, Science, and Law Research Ethics Board. All participants provided informed written or verbal (during audio recording of interviews) consent with the option to

withdraw from any part of my thesis research at anytime. Ethics approval was granted for one year and expired on 12 August 2011 with the option to renew.

Before joining in with any walking and hiking activities I made sure the group members were clear on my research project and their rights as participants. I did run into one incident where a member of the WWG thought I was a representative from the Town of Cochrane. She became upset at my presence, but one of my informants quickly stepped in and diffused the situation. I later interviewed this individual and she had accepted my presence in the group. There had been some conflict between the Town and WWG and she initially thought I was there to discuss the issue on behalf of the town.

Another ethical issue I reflected upon was how my own lived experiences hiking in various wilderness locales shaped how I interacted with my research participants, and how I interpreted the data. Separating my personal bias from my data collection and analysis has been a difficult process. I am well versed in exercise physiology and outdoor activities, which can be problematic when faced with anecdotal evidence promoting the health benefits of equipment or exercise routines. I have endeavoured to check my bias where possible, but, as Karen O'Reilly (2007) acknowledges, contemporary ethnography by its nature is reflexive and conducted with the awareness that there are limitations when humans study other humans' lives. Therefore, any bias I express will take into consideration the impact expressing my bias may have on my participants.

In this chapter I presented my data collection and analysis techniques and I established ethnography as my research approach. I explained how I used convenience sampling to recruit participants and my data collection methods of participant observation, interviewing, and digital photographs. After data was collected, I analyzed it and grouped the information according to themes. The following chapter will focus on identifying my research groups and the social dramas associate with the creation of each group.

Chapter Three

Walking and Hiking Groups of Cochrane

In this chapter I provide an overview of the field site and the walking and hiking groups. This overview includes a physical description of the locale, and a demographic composition of Cochrane and the walking and hiking groups. Finally, I provide a history of the walking and hiking groups, highlighting the social dramas shaping these groups' identities and structures.

Cochrane has a population of 13,760 and is considered a bedroom community for the city of Calgary with approximately 40% of the labour force working in areas outside of Cochrane (Statistics Canada 2007). Using the WHO's (World Health Organization) (2011) definition of middle-aged as being 45-64 years of age and older adult as 65 years or older, 37% of Cochrane's population are middle-aged (approximately 18.8% female and 18.6% male) and 9% are older adults (5% female and 4% male) (Statistics Canada 2007). Therefore, approximately 46% of Cochrane's population are middle-aged and older adults.

The WWG, or sometimes referred to as the Cochrane Ladies, is a group of middle-aged to older adult women that partake in walking, hiking, and various other social activities. They do not advertise for new members and membership into the group is based on familiarity and group acceptance. They currently have approximately 40 members and there are no membership fees, sign-ins, or waivers. The WWG was created in the summer of 2001 as a health initiative by

Cochrane FCSS (Family and Community Support Services) to encourage middle-aged and older adult women to increase their level of physical activity. They would meet with a nurse at the Cochrane Library and then proceeded with their walks. The program ended early 2003 due to loss of funding, but some of the women continued to walk as a group. The WWG has evolved over the past nine years to include a weekly outing to the mountains, group vacations, and various other social activities such as shopping trips to Calgary or group lunches. Some women have taken on minor administrative roles, such as notifying the group of upcoming events or maintaining a membership contact list, but the group prides itself on being leaderless. The WWG met for their walks three times a week at 8:30 am. They started at different locations around Cochrane and walk a mix of pathways and rural roads.

The MWG (Men's Walking Group) was created in March 2002, out of concern by a local doctor for the health of his aging male patients. He approached one of his patients, an individual with a background in mountaineering and the personality to see a project through to completion, to create a walking and hiking program in Cochrane. The patient accepted and the hard work began. He organized a seminar, attended by 20 men of all ages, and went door to door to introduce the program to the community. The following week the MWG, consisting of three men, had their first walk along the Bow River in Cochrane. In the first week of April 2002, four participants had their first hike with the co-ed CHC. As of September 2010, the MWG had approximately 40 members and the

CHC had close to 50. There is a nominal membership fee for the CHC and participants are expected to help out with fuel costs if they are car-pooling. The MWG is free, but walkers must sign in. Both the MWG and CHC received financial and administrative assistance from the Recreation and Culture Section of the Town of Cochrane. This allowed the groups to purchase insurance, equipment, and, in CHC's case, run courses on how to prepare for backcountry travel, general first aid, and wilderness first aid. The courses were mandatory, for insurance purposes, for individuals wishing to lead CHC trips. The group met three times a week, 8:30 am, at a fixed location and restrict their walks to the Cochrane pathway system with the occasional deviation in routes.

Each of my introductions into the various groups was unique. The first group I attempted to gain access to was the MWG. I began with a search of the Town of Cochrane website for contact information for the MWG. I left a message for the MWG contact person and waited for a response. It did not come. I contacted the doctor who initially told me about the group to find out if there was anyone else I could contact in the group. He told me he would look after it and shortly thereafter I received a call from a member of the MWG. On Monday, 30 August 2010, at 8:30 am I met the group at the Mitford Park parking lot in Cochrane. They were very welcoming and interested in my research. While on the walk I learned that the following day, Tuesday, was the weekly outing for the CHC. I asked if I could join the hike and, with a little trepidation expressed by the creator of both groups, was given the OK. I understood his hesitation in allowing

me to join the group because he didn't know my background. He was excited to have me research the groups, but he did not know the extent of my hiking experience. I informed him of my past outdoor activities, but he was still cautious: I could be lying or all my experiences were in the distant past and I may not be in hiking shape.

On Tuesday, 31 August 2010, I found myself once again in the Mitford Park parking lot. Gaining access to the CHC was an easier process because there were several men from the MWG and I am familiar with hiking culture. I already knew the vernacular for equipment, activities, and navigation, which eased my acceptance into the group. CHC membership, at that time, was \$40 for the season or \$5 for the day. If you joined a car pool, you were expected to contribute \$15 for gas. To hike with the CHC it is mandatory for all hikers to have high top hiking boots and the use of hiking poles was strongly recommend. Everyone used hiking poles except for me. This ended up being a good decision because it triggered several discussions throughout my research period about the use of poles. The trip on this day was the Headwall Lakes to Chester Lake loop in Kananaskis Country (Appendix D for route information and Appendix G for Google Map of route). The groups were separated into A and B with A only going as far as the Headwall Lakes (7 km with ~450 m gain in elevation) and B traveling on to Chester Lake (~18.6 km with ~978 m gain in elevation). I paid the daily fee, signed my waiver, and joined a car pool.

When we arrived at the trailhead parking lot, two busses filled with older

adults were also arriving. One group was heading south to Burstall Pass, while the other was going our way to Headwall Lakes. Apparently Headwall and Chester Lakes are popular trails for older adult hiking groups. The groups merged and then separated as the terrain became more difficult. By the time we reached the Headwall Lakes and stopped for lunch, only CHC members were present. It was during lunchtime discussions that I learned about the WWG. A member of the group that frequently hiked with the CHC asked why the WWG wasn't included in my research. I told her I didn't know about the group and I would be more than happy to include them. She gave me her contact information and, after the hike, I set up a day and time to meet the WWG.

At 8:30 am, Wednesday, 08 September 2010, I joined the WWG for a morning walk. We met at the Cochrane Rangers Soccer Club's parking lot and walked on rural roads. It was a little awkward at first being the only male in the group and one of the members took offence to me being there; she thought I was from the town and there to question the women about their group. Once we started walking and talking, everyone was very accepting of me and eager to discuss their experiences. I then learned that they also have their own hiking group and at 8:30 am, Friday, 10 September 2010, I found myself once again at the Mitford Park parking lot. I joined the group on a hike to Jumpingpound Ridge in east Kananaskis Country. The hike was ~3.5 km each way with ~300 m in elevation gain. Everyone accepted me and talked freely, but I was still an outsider due to my gender.

The walking and hiking groups were a result of what Turner (1980) considers a social drama. The original breach that led to the creation of all the groups resulted from altruistic actions taken by star groups in the Town of Cochrane. The breach can also be considered van Gennep's (2004) preliminal phase in a rite of passage. During the preliminal phase there is a separation from the daily life of a participant. For the Town of Cochrane the separation was the star groups acknowledging there was a health problem associated with the status quo. The acknowledgement by the Town of Cochrane's FCSS (Family and Community Support Services), and separately by a local doctor, that middle-aged and older adults were at risk of health problems associated with physical inactivity. The crisis, or liminal phase where a transformative process changes individuals, was creating and delivering programs that would encourage their target populations to engage in PA. Both star groups settled on walking and hiking as inexpensive, effective, and appealing activities for their target age groups because the use of fitness facilities, or gyms, were expensive and did not appeal to their demographic:

And there's not a lot of programs [for seniors], and a lot of seniors don't wanna go to the gyms where there's, different style of music, then they're use to (WWG member).

Uh, to me to go to gym, and work out in a, uh, a stinky environment [laughs], uh, is unhealthy, uh first of all uh, my wife is a, an epidemiologist and, and a communicable diseases are obviously a problem and so if you want to go to a gym, specially in flu season, which is when most people go there, uh, you know that's a great place to, to pick up the flu and, and various other colds. And uh, well, is a bit of social activity goes on there but, to me it's just not a

healthy environment like here we are in the fresh air I mean you're-you're not gonna pick, you're gonna get somebody germs out here [laughs] (MWG member).

And uh, it [hiking] gives me a reason to get out there [p] because [p] in the city, well the gym is not a reason, I, have troubles with gyms, I'm really an outdoor person [p] and uh, I need to be outdoors, and I love to get away from houses [p] and [p] lots of, people and traffic so, hiking, contributes to that (CHC member).

Both star groups placed individuals in positions of power that would be respected by their target groups. For the WWG a nurse was the facilitator for the group providing health and wellness guidance for the women. The MWG and CHC were created and administered by Phil, with the support of his doctor, an individual with a history of mountain guiding and an ability to see a project through to completion. Walking and hiking became ritual activities, or redressive measures, to deal with the original breach and reintegrate members back into society after transforming their health status within the community and motivating their community to increase their physical activities.

Another social drama that has played out in the walking and hiking groups of Cochrane involved the WWG. The WWG experienced a breach when funding for the program ended:

Well [p] as far as I know the, Government of Canada gave, FCSS a, a grant, and [names nurse] from FCSS, rented a spot at the library and we went and, talked and, got organized and got it off the ground and, [names nurse] came with us a few times [p] then she quit and then uh the grant money of course ran out, and then we were on our own (WWG original member).

The women involved with the program at that time felt abandoned by the Town

and decided they would continue to walk as a group of friends. Recently, the Recreation and Culture Section of the Town of Cochrane has invited the WWG to become a program under their administration, as a redressive measure, but the women refused. The Town is attempting to solve a crisis created by having an increasing demand for a female walking group. Women belonging to the original group do not trust the Town and do not like the idea of having to inform the Town of their actions and become a statistic for the Town's use:

Well I think the town would use it as PR, you know, 'What a great town we are, we got two hike or walking groups [p] um one for men one for women' [p] but um, on the other hand [p] then all these people come to our group and it's left to us to deal with them And [p] if you get too many people in a group, it doesn't work [p] and the problem is some of us have been here nine or ten years [p] and I guess we don't want to upset the status quo [both laugh] (WWG original member).

During a post walk coffee at A&W the WWG was presented with a letter from the town by a member of the MWG. In the letter, the Town appealed to the WWG's altruistic nature by suggesting that the health benefits of potential new members to their group outweighed the difficulties they would experience as a result of the Town coordinating their group. The women balked at the letter. They found it extremely intrusive that the Town of Cochrane would attempt to administer what they consider a group of friends enjoying social activities together:

Well it's the way, we-we're just wanna be, a just a group of friends.... Cause then you know who you're, including, and because, trust develops over time, and if you just [p] get random people [p] showing up [p] then [p] well you don't really know who they are, until, a

longer period of time [p] and, if it's with friends you already, have a different [p] uh [P] yeah perception of [p] of the person that you wanna introduce or someone already knows them, so then – and you know their capabilities [p] so in that sense, that uh [p] that's how it works out (WWG member).

A key informant for the WWG told me that they did not like the idea of taxpayers' money going toward their group. They are able to afford the costs of their activities and believe the money should be spent on the less fortunate in their community. Also, they did not believe their group needed the legal support Town affiliation would provide them:

...guess the advantage is that you get insurance.... But you give up a lot to get insurance.... Well our [p] our freedom to do what we want to be flexible [p] you know, we might decide to go hiking someplace [p] some on some trail and then [p] the day we're to leave we decide, 'Oh no let's go someplace else' and we do that, I think we'd lose that [p] and plus this business of [p] always having to check in and, sign-in sign-out I don't like that (WWG original member).

They believed they were old enough to accept responsibility for themselves and did not believe a member would sue in the event of an accident. This social drama has ended with the WWG remaining separate from the Town of Cochrane. The women's separation from the Town is also reflected in the ritual performance of their walks and hikes.

The hiking and walking groups of Cochrane were created out of biomedical research indicating health issues associated with inactivity in middle-aged and older adults. In response to the research the Town of Cochrane and community leaders established the walking and hiking groups. The MWG and CHC operate under the banner of the Town of Cochrane, but the WWG wanted to continue to

operate independent of the Town. Chapter Four will investigate walking experiences, culture, inscribed spaces, and play.

Chapter Four

Paths and Trails

In this chapter I discuss the walking experiences of both groups in and around the town of Cochrane. I contrast this with the hiking experiences of the wilderness landscape and the equipment used to mitigate potential hazards and facilitate hiking. I also discuss the inscribed spaces created by each groups. I then turn my attention to play in walking and hiking activities and the flow or autotelic experiences linking walking and hiking to spiritual experiences. First I will discuss the walking experience of both groups in and around the town of Cochrane.

‘Oh you probably have this, pathway, memorized.’

Walking along the pathway system of a built environment is a very different experience than hiking in a wilderness setting: the landscapes are different, the trails are different, and the equipment is different. The pathway system of Cochrane had both paved and gravel trails that were wide enough to accommodate both pedestrians and cyclists and weave in and out of groomed landscaping with pockets of semi-wild spaces (bushes and trees that are left to grow usually along the banks of the Bow River and a small stream that bisects the town in a north/south direction).

Now the town of Cochrane also has a very good system as you, can tell we have uh, paved pathways all along the river, all around town and, and it's in, part of their, subdivision plan that when they approve a development that, the developer must put these walkways in (CHC member).



Figure 4-1 A Cochrane pathway.

Walkers from both groups could walk in large groups of three to five people. Walking the pathways of Cochrane did not require any specialized equipment other than walking shoes or runners and weather related clothing. The terrain was not challenging requiring extraneous walking aids, such as hiking poles or a cane, but one blind member of the MWG did walk with a cane to aid him in avoiding obstacles. Hiking, on the other hand, required specialized equipment that protected the hiker from weather extremes and potential hazards. Hiking trails were usually smaller than urban pathways, forcing groups to hike in single file, and can lead up steep slopes of talus, through fields of boulders, or disappear completely. (Figure 4-2).



Figure 4-2 CHC hiking Powderface Ridge.

I also noticed after my first few outings with each of the groups, that there was a substantial difference between walking and hiking experiences. The walking experiences of both the MWG and WWG appeared to be concerned with pace and distance whereas hiking groups were generally more focused on elevation gain, distance, and the wilderness experience.

Both walking groups had a system of trails that reflected the interests of their group. The MWG had two routes they followed on a regular basis: Route A and Route B (see Appendix D for route information and Appendix G for map of route with elevation). Route A was the more popular route and they alternated their walking direction on the route. Route B was the second most popular and we only walked Route C once while I was with the group. All routes were a part of the Cochrane pathway system. The routes were chosen based on a distance that could be walked within one hour at a pace of approximately 5km/h and their proximity to a location where all members could easily meet. The routes also had to accommodate men of all fitness levels. The Mitford Pond Pitch parking lot, or

Mitford Park, was chosen as the MWG's meeting place due to its central location and access to Cochran's pathway system.

The WWG also chose their routes based on the distance that could be covered in an hour, at an approximate pace of 5km/h, but they differed from the MWG in that they chose more hilly routes (Route A and Route C) and did not exclusively walk the pathways of Cochran. Route C was a walk along a rural road with a steep hill at the beginning.



Figure 4-3 WWG hill at the beginning of the rural road walk.

Route A was the most popular route with the WWG followed by Route C and I only walked Route B once while with the group. They usually met at the Cochrane Rangers Soccer Club fields, which provided them with access to the Cochrane pathway system and rural roads. We met once at the Cochrane Ranch Historic Site parking lot when we walked Route B.

The walking routes had become so engrained with walkers from each group that they did not have to consciously think about where they were going once they decide on a route; therefore, the slightest change in the landscape was quickly

noticed. As Ingold (2004) suggests, the routes have become an expression of lived time and space by all groups through the movement patterns that they walk over familiar terrain. Walking has shaped their experiences of the landscape and the landscape has shaped their walking experiences and their bodies. Tim, a member of the MWG who was legally blind, best exemplified this.

Tim was 58 years old and started walking with the group two-and-a-half years before my research. He has been retired for six years as a result of his vision loss. He has about 20% vision and the quality of his vision is dependent on lighting and the landscape:

...so I can walk the same, route even just, on sidewalks one day and, the next day, where I thought I could recognize the buildings I'm not, really so, sure because it's cloudier...

When Tim first heard of the group he discovered the group walked faster than his normal pace, so he set about increasing his pace:

... I was walking in, Whitecourt before we moved here, walking a circuit which was 2.2 kilometres and I thought that was OK. When we got here I walked a circuit that was 1.8 kilometres and, somebody told me about the walking group, and I thought, "Well I can handle that." Then they told me they did 5½ to 6 kilometres in an hour. So I thought, yeh, I thought I need to do a little more, to stretch myself to get myself ready for that and, so I doubled my circuit, and I found that I was, a little bit tired after just doubling that, which only get's up to 3.6 kilometres, for the first couple of times it was bit of a stretch for me to keep up with everybody [MWG] and – but it gradually got better.

Once Tim joined the group he learned that he didn't have to worry about the pace:

...they accommodated me, [Reg] who invited me, could see that I was, having a little bit of a hard time so we took a slightly different route to, short cut it the first time and, then the second time, I think we

walked the regular route, I was tired at the end of it...

Someone always walked with Tim. He preferred to walk close to his companion, but did not like to hold onto them, although he did not mind if you give him a tug so he avoided an obstacle on the trail. The day I interviewed Tim I was also his guide. The routes walked have influenced Tim's sense of space and time. He told me that he did not have the route memorized; just the sections that gave him difficulties:

You know and some of the guys have said, 'Oh you probably have this, pathway, memorized.' Only the odd little section here and there [p] and probably only because [p] I've, almost made wrong turns before, even though, I didn't know every turn back there but, I had an inkling of, which direction – OK [senses a change in direction].

From my observations, Tim knew the routes very well. He corrected me a couple of times when I began to veer in the wrong direction and, near the end of the walk, Tim noticed right away when we took a different route than we had in the past, "We're going underneath the, Highway 22." He was right. There is a tunnel under the highway that we were heading towards. The repetition of walking the same route had influenced Tim's sense of space and time. There were several cues that told him where he was, such as the direction of the sun, sound of traffic, length of time spent walking, and changes in walking surfaces, but all these cues have been learned through repeated exposure to the route. Tim's experiences with the MWG demonstrated how walking had allowed him to explore the landscape holistically and allowed the landscape to transform him physically and mentally. Therefore, the pace and repetition of walking specific routes demonstrates the

transformative interplay between landscape and walker.

The MWG and WVG had traced different routes, or inscribed spaces, which exemplified the differences between each group and the experiences they wished to have. They frequently crossed paths during their walks and cordially greeted each other as they passed. The MWG, being a group sponsored by the Recreation and Culture Section of the Town of Cochrane, chose paths without too many steep hills that would accommodate walkers of all levels; whereas the WVG, not restricted by an association with the town, chose routes that were more challenging. This was one of the reasons that the WVG were selective of who walked with them:

...if someone else has another friend in their circle, then it's uh, you know we just say, 'Well I have this friend and, are you guys OK with it uh, if she comes along walking.' And mostly, it's people who, who are, active and can actually do it, because not everybody [p] uh, is able to [p] do [p] what we do, cause they'll just be [p] left back, you know far behind because we've been, you know a walking so long that our condition is up so high, that others uh, some people just can't, can't keep up [p] and a [p] so then, yeah they, need to find another solution.

Creating routes and enforcing their patterns is a way for the groups to express their narrative on the landscape and inscribe spaces with memories and events (Low and Lawrence-Zúñiga 2010). The physical changes they experienced, as a result of improving fitness, were an embodiment of their time spent traveling the routes. The route is ephemeral to an outsider, if it is noticed at all, but emblematic of the health based belief system of each group: improvements in health coincided with consistency, distance, time, and intensity of walking.

Max was 68 years old and an administrator for the MWG. He did not enjoy walking before he started walking with the group. Max needed a reason to walk somewhere or he considered it a waste of time. Eventually he began to walk by himself to improve his health and discovered, “[t]here’s nothing more boring, then say walking by yourself.” He joined the group for companionship and enjoyed the camaraderie he shared with his fellow walkers. Walking the pathways has shaped how Max and other group members expressed the camaraderie. In its most basic form, members look out for each other if the walking conditions become dangerous such as when the trail ices over:

Like we’re coming down a trail there, I noticed a, an ice patch right away cause I can see skid marks, on the walkway and I just said, ‘Ice.’ So everybody else behind me said, “Ice, ice, ice.”

The landscape of the walk had become infused with experiences that had shaped the mythology of the MWG. This lore is built around stories of camaraderie and health. One such story was related to me while walking a section of pathway. It involved a past member, now passed away from ALS, who fell while walking with the group:

...you kinda had a walk with him, because he was a just a bit, at times uncoordinated with the ALS. And uh we didn’t want him falling down in fact he did fall on this trail, going that way [indicates south and we’re heading north]. On a slight, decline he uh his feet gave out from underneath him so off he went and landed on his tailbone. Well he was out of commission for about, a month and a half, just because of that.

He was a much-loved member of the group and I was told about him on several occasions. His memory, for some, was inscribed on the landscape and passed on

to new members. The experience was embedded in the landscape. The space occupied by the event became a reservoir for memories of the member that had passed (Low and Lawrence-Zúñga 2010). Another story that had been inscribed on the landscape also involved Max.

For a period of time Max was having troubles breathing when he walked with the group. He would stop to catch his breath by a tree close to the trail. Max pointed out the tree to me while on a walk and told me that it was the first place he would stop when he was having his breathing problems. Every time he passed the tree he thought about the day when things came to a head. Phil was walking with Max that day:

I noticed he had some breathing problem and uh [p] I watched him, very carefully, looking at his colours in the cheek and the eyes. And uh, but he always made it to the end of the trail. And uh, I talked to [Max] and says, 'You gotta go and see a doctor.' 'No, no, no.' He was the biggest denier I ever met. And I gotta, teach myself a lesson to, in that respect, but it was always, the weather, it was the dampness, it was the wind, it was always something else. And then finally, it got worse and worse, and he started leaning on trees on the trail, about every, kilometer or half a kilometers, and breathing very heavy, colour changing in his, on the skin, eyes very glossy. And uh, as a leader of [garbled] my responsibility if something happens I got kinda worried. And uh, so I thought, 'Well, I'm going to do something I never done in my life.' I went to see, his doctor, and he happen to my doctor too.

Max's doctor contacted him and, after a visit, he quickly learned he had two blocked arteries and was in surgery five days later. Max believed the symptoms he experienced might not have been noticed until too late if he hadn't been walking. Again, this lore is developed through the walking experience and told to members to emphasize the importance of looking out for each other and

acknowledging a potential health problem.

‘I think it’s a feeling of be’n in, a special place....’

The routes traveled by hikers are not traveled on a daily basis so they did not shape the lived experiences of the hiking groups in the same way as walking routes shaped walking groups. Hiking routes required a holistic engagement with the landscape. Also, the physical interaction with the environment is different than walking because of the specialized tools necessary for safety: for example, hiking boots and poles. Hiking takes place first and foremost in a mountain environment. Routes were chosen based on weather conditions, pathway closures due to wildlife or natural hazards, when the route was last hiked by the group, potential scenic opportunities, and the personal experiences and preferences of the trip leader. Leaders were determined by availability and familiarity of the route. As I have already noted, the routes walked within Cochrane have become internalized to the point where a person’s full attention does not have to be focused on the route or terrain. Hiking, on the other hand, required the mind and body to be equally engaged to deal with the frequent changes in terrain, weather, and navigation.

The routes hiked are still emblematic of a lived experience, but the experience is more memorable, intense, and emotional than walking. The hikes required a full body engagement with the environment; the terrain could be physically and mentally challenging and the vistas can be breathtaking. The

landscape became a ritual place where participants went to experience the realities of a literal unsheltered life and discover a place that spoke to their spiritual beliefs. The mountains were a place some participants considered their spiritual home, “this to me is my church you know coming to the mountains is a, is a uh, real kind of a spiritual thing...” said one member of the WWG. Members from both groups that hiked reported a connection between spiritual experiences and being in the mountains:

I think it's a feeling of be'n in, a special place.... I think if I believe in anything it's-it's the Natives' Great, the Great Spirit, you know.... because along with their, religion, comes an appreciation-or at least it use to, comes an appreciation of, nature [p] and a wonderment of nature, you know.... I've seen people, you know [p] come down [p] you know as if they have had a, a spiritual experience, you know...

The key to the spiritual experience for both WWG and the CHC was being in the mountains. Both groups chose hiking routes in or around mountain environments during my observations. They chose routes where gains in elevation mimic the rise of the mountains around them while elevating them both physically and spiritually. It was important for hikers to rise above the trees to view the surrounding mountains and, where possible, reach a high point or mountain peak for the ultimate view. This enforced their connection to the landscape while acknowledging the impermanence of the experience.

The impermanence of hiking was frequently discussed in the context of an activity that was special and infrequently experienced. Although several members scheduled their employment around Tuesday hikes, it was still not enough for

some. So, when a scenic point was reached, it would be savoured as a special religious, or spiritual experience. It was not to *be* god-like, but to obtain the view of god, if they had a Judeo-Christian belief system:

Well, I-I think I would compare it, I don't know what heaven is like, but this is close to heaven I think.... It's uh, I just sometimes think you know when yeah, on top of a mountain, and you look down and you see cars, like matchbox going up the highway [p] and I just wish I could take you all up here and show you God's creation in the high country, yeah. And to me, in the club [CHC], the most satisfying part for me is, you watch the people, just stand in awe, looking at flower, at the scenery and everything else. And uh, specially, when they had a health issue, and uh, they're on top of a mountain (CHC member).

As indicated in the preceding quote, for some members of the hiking groups, gains in elevation were important symbols of health and recovery from injury or illness. The ability to physically overcome the challenges of hiking steep slopes can be symbolic of the challenges a person had overcome in their life, a sentiment expressed by Chloé's story. It is an engagement with the landscape where each step changed both hiker and landscape. The hiker makes subtle biomechanical changes as the ground lifts and turns through a landscape of roots, exposed rocks, and scree. The environment changes with each boot that disturbs the ground and contributes to the permanence of the trail and adds to its size on the landscape. As with walking, hiking the various routes in mountainous terrain reshaped the body, but the trail followed while hiking is also physically changed; therefore, both the body and landscape embodied the hiking experience. One told the story of the other and that story changed with the seasons:

...experiencing shall I say, different a, different views, different a,

trails, um [p] going places where you've never been before. Um [p] winter time – we haven't talked about snow shoeing, uhh, but that's a, always been a high priority of my, as well as to get out in the winter time so I can enjoy again, uh nature and all the winter splendour you know. Seeing some of these same trails that we hike on in the summer time, just covered in, a meter deep of snow and a caps on everything and, trees covered with-with snow and, just a winter wonderland (CHC member).

It's just getting out and you never know what's gonna be around the corner. I mean the scenery – even though you do the same hike two or three times, the scenery each time is different depending on the type of, time of day or, time of year you do it (WWG member).



Figure 4-4 Moose Mountain in the snow.

As with the tree that reminded Max of his heart problems, Phil had a very traumatic and close encounter with a grizzly bear (described later in this section) that became inscribed on the landscape. While on the Rawson Lake hike, we stopped at a sign on the west side of the lake warning hikers they were entering bear country.



Figure 4-5 Rawson Lake.

One of the hikers asked Phil if this was the place where his guiding client froze. Phil proceeded to tell us the story. The incident happened a year after their traumatic encounter with a grizzly bear. On the day his client froze they were going to climb Mount Sarrail southwest of Rawson Lake. His client had not been in the mountains since their encounter with the bear and the sign brought back his client's traumatic experiences of that day a year ago:

That person, when he saw that sign, froze and shook like a leaf. I never seen anything in my life. I could not move him, forward anymore. The only way, we, could, do, is go down the trail back to that car and go home. And since then I have spoken to that person, and uh, he's never been out in the mountains again. He's sold all his equipment...

Both Phil and his client were traumatized by their Ribbon Creek bear encounter, but Phil quickly returned to the mountains after his experience to deal with his fear. He grew up on a farm and believed that if you fell off a horse, you had to get back on as soon as possible or risk fearing the horse forever.

Needless to say, hiking in mountainous terrain can be very challenging. In an effort to address some of the challenges, and a fear of litigation by the Town of

Cochrane as a sponsor of the CHC, it was mandatory for CHC members to use high top hiking boots and strongly recommended that all members used hiking poles. The high-top boots protect ankles from injury, while hiking poles were believed to provide balance on uneven terrain and absorb some of the stress put on joints while hiking: especially while hiking downhill. The use of poles and high top boots augment the hiker's engagement with their environment. It allowed them to freely explore terrain that might otherwise be inaccessible to them, but poles could also act as a potential barrier to fully experience the nuances of the terrain through the fine motor corrections of the body.

Everyone used hiking poles in both the CHC and WWG hiking groups. I was frequently told about the almost magical ability of the poles to prevent lower body joint injuries:

...this c-company, have been doing it [guided hiking trips] for years, and never used poles, and then, they said they would have, at least one or two, accidents like, twisted ankles or twisted knees, every week, and their accident report, went down to something like two or three a year [with poles]... (WWG member)

...even my family doctor, when I went for a check up one time – few years ago who knows I hike – said to me, ‘You are using poles are you not?’ and I said, ‘Yes’ and he said, ‘Your knees will last you a lot longer, if you use poles’ because it takes the pressure off your knees when you’re going downhill (WWG member).

Well it just takes the pressure off, your knees when you’re going down and [p] hips like we – some of us have arthritis and, so, we know the – if we use these it saves, some of those joints a little bit. And I think too if you when you a – like if you had a long hike, and [p] and you’re feeling a bit unstable, sometimes they’re good just for balance (WWG member).

They say they take something like 80% off, your knees (CHC member).

I heard on several occasions about how hiking with poles reduced impact on joints by 80%. I was also frequently encouraged to use poles to protect my joints.

It was believed that hiking could cause joint injury; therefore, they made every effort to protect their joints.

This almost religious adherence to tool use is a constructed expression of social self-identity; the ability to explore difficult terrain otherwise inaccessible due to potential health problems associated with aging, such as arthritis, past injuries exacerbated by PA, or poor balance. The boots and poles symbolized the groups' passion for hiking in a mountain environment. It allowed them to continue in their social category of hiking enthusiast as they aged.

Walking and Hiking Rituals

Van Gennep's rites of passage have an almost universal appeal. They can be identified in sub-groups that fill a need not being met by their community. A common need amongst several members of all walking and hiking groups was the need to remain active and social in their retirement:

I think uhh [I joined for] two reasons: uh, one I wanted a regular r-regime, for exercise, because I found it uhh, sometimes hard to get motivated to, exercise on a regular basis being retired [p] and this was uh, you know a way to sorta make a commitment to be out at least, three days a week (MWG member).

Uh [p] well I moved here when I retired, and I found out there was a group, and I thought it would be good to go [hiking] with, uh, more people, rather than myself, or one other person so [p] yeh, that's why I guess, I didn't know, you know what, they were about till I showed up, and then they [p] you know allowed me into their group I guess [laughs] (WWG and CHC member).

Uh, I was looking for things to do, uh I was looking for things to either – this time I was becoming seriously, in terms of retirement, and you know I was sitting at home, and I was, y-know all the time, there's not that much of an option so, I was looking for things like volunteering and I-I did, and other activities, so this was an activity that would uh, take place in retirement [p] and uh, and including the hiking and I-I, I've done a lot of uh, fishing and hunting over uh over my life and, these guys were into hiking so that sounded pretty good [p] so that's why uh, that's why I joined the group (MWG Member).

I think it's [WWG] wonderful, yeh. Uh, yeh, that first winter we mo – we moved in the fall I was very very homesick that first winter and, these-this group, saved me.... I might've moved back to Beaver Lodge if it hadn't been for them... (WWG member).

The majority of walking and hiking group members were retired. This stage was a liminal stage in their life between a life of work and family and a life of abundant free time and, for some, loneliness. Hiking and walking was a way to combat feelings of isolation and boredom. The social networks they became a part of ensured they would have company for at least four days a week. The coffee after the walks could last for well over an hour if the conversations were engrossing providing a few more hours of socialization on walking days. The ritual of walking and hiking filled the void left behind by the rituals associated with work and family.

All groups shared similarities in their walking and hiking rituals. Walks and hikes began at designated meeting places separated from the daily routine of participants' family and friends (also considered the preliminal phase). Meeting places were chosen based on their centrality, ease of access, and proximity to major routes of transportation. Mitford Park was the most frequently used meeting

place by all groups and was located adjacent to Highway 22, a major thoroughfare in the Town of Cochrane. Mitford Park offered an abundance of parking for hikers that car pool, relative safety for vehicles left unattended (I say relative because during my research period no vehicles were damaged or burglarized, but that is not say that it would not occur), and access to the Town of Cochrane pathway system (Appendix G).

The WWG met in separate locations and walked separate routes to the MWG. It reinforced the bonds amongst group members by asserting their independence from the Town of Cochrane, as result of their social drama, by separating their activities from the Town sponsored MWG. Occasionally they would walk the same routes as the men, but they would meet at a separate location to the MWG. They did meet at Mitford Park for their hiking trips at the same time as the men met for their walks. Both groups exchanged greetings, but they generally did not mix: the women stood in a group in one part of the parking lot while the men did the same in another part.

Rites of transition, or liminal rites, for walking and hiking groups occurred as a result of their activities. The route was the challenge that group members had to overcome during the liminal phase. For walking groups the challenge was to complete a selected route within a set period of time. For hiking groups it was also to complete the selected route within a set period of time, but the time period was more flexible due to barriers beyond their control such as weather, wildlife (some routes could be closed due to the presence of bears), and natural obstacles.

Completing the set routes for both walking and hiking groups gave them a sense of achievement, social acceptance (psychological transformation), and improved physical health (physiological transformation). Furthermore, for individuals recovering from a health problem, the walk or hike symbolized a transition from illness to health. The following is an interview excerpt from a practicing nurse, Gene, who hiked with the CHC talking about Max:

Oh he had, a double heart bypasses and then, was getting short of breath even in the Men's Walking Group, so he couldn't even do that, this spring. So now, he's been doing the men's-men's walking group [p] and uh, he was able, to do the Bertha Lake hike, which was 12 kilometres, and 500 metres elevation.

Phil viewed walking with the MWG as a transitional activity, or rite of passage, into the CHC:

Well, it's uh [p] for me, it was always satisfying to see people coming out with health issue, and we had some people, you know they could hardly walk half a kilometers, and six months later they [p] they even graduated into the uh, hiking group. And uh, just through walking actually they solve their uh [p] health issue.... Well I use to [p] if we do a walk in the morning and it usually, usually, you know five, five and a half kilometers. And uh, you can tell, uh, how they would be out in the mountains. Now, the first thing always recommend that you come out for your first hike, you go with Group B. OK, then you are now with group B, but I question the leader afterwards, 'How did Joe do, on the hike today.' If I get a good report, and they want to come to the uh, Group A, go higher up, steeper, then you get the green light.

Or as a regular walker and hiker observed:

...well i-in terms of the, the uh, putting together of the different hikes it's been fantastic in terms of [p] sort of starting with an earlier smaller walk and then developing into longer walks I mean the, the thought process went into that [p] so it's been constructed oh-you can see that there's a structure behind the scenes that, you now manifests

itself by doing [p] basic walk like we're doing tonight-today or, then you get into some of the harder scrambles and things [p] so people, have developed the physical skills as well as just being taken outside (MWG and CHC member).

Groups A and B were CHC hikes that took into consideration the different levels of experience and physical fitness amongst group members. During my time with the CHC both groups would hike in the same area, but take different routes. Sometimes the groups would hike to a common area for lunch and then split apart: Group B would return to the parking lot while Group A continued on an alternate route. Group A is usually a more physically demanding hike with higher gains in elevation and longer distances than B.

When Phil first meets a new member of the CHC he automatically questions their level of ability. It's important for a positive group experience that newcomers are prepared or else they can spoil "the whole day for the whole club, specially for the leader, because you have to babysit him, and, try, to get him back some way, to the parking lot" (Phil). Members of the WWG share a similar sense of responsibility:

... I've gone on a couple of the hikes, but I'm one of the slower walkers [p] and [p] so I [p] just feel that, it's not fair for when they're hiking, to have to wait for somebody ... (WWG member).

In an attempt to curb negative hiking experiences for people new to the CHC, Phil had organized hiking seminars that

teach the people, how, to prepare themselves, how to hike, what to do in and what not to do, and in case of emergency, what you have to do. Involved in those seminars that includes, a first aid course, and I usually, give them another, wilderness first aid, in the mountain,

because that's totally two different things, because the, on a first aid course, they teach you, you know, this and that, and make sure you phone 911. But in the backcountry, that does not apply. Because rescue, can be hours away, and you have to, be prepared to take care of a person. All kinds of things have happened, in 50 years I've seen many accidents: I've seen dead people, broken leg, broken arms, broken feet, I've seen it all [p] and you have to prepare for it, it can, it can happen any time.... Because every time, somebody lifts my backpack they say, 'What in the world you got in there? Rocks?' [I laugh] Well, doesn't matter what day it is, if it's a nice day or a day like today where it's raining all day, you've gotta be prepared, for the unexpected ... And for leaders, who lead a hike, it's compulsory, they take those courses.

Leadership was not a desirable role in the CHC. If it were not required for insurance purposes, people would not volunteer to lead CHC outings. For some it detracted from the enjoyment of the activity by adding stress:

Welllll if I'm the hike leader, I do worry about that because of the, safety of the individuals uh, you have to be concerned is uh will somebody have a heart attack, uh I did, uh I was the hike leader down in Waterton and we had, one of the chaps with us that, had uh, heart bypass and, he was doing a fairly strenuous hike for him, and there was concern that if, he had an attack out there, that we would have to have a minimum of, of a two other people to look after him. And uh, that was a problem because the group divided up and then, part of us w-wanted to continue the hike and, the other two wanted to go back and so, you have to make a decision then, as to, what's, what's safe, but also, the liability of [laughs], uh, it's not, the person if he was say to have a serious heart attack and pass away that's, not, the issue. It's the estate and the lawyer that's going to sue you afterwards, where you have the problem I mean, you know, and so if you're a trip leader that's, you know I don't particularly n-not – I know enough about law and l-lawsuits that I don't want to be involved in that (MWG and CHC member).

CHC leaders also knew that if nobody stepped up to lead, there would no more hikes. So they sacrificed some of their enjoyment of hiking for the betterment of the group.

The WWG only had one group that hiked. Everyone was welcome to join in on the hike, but there was an expectation that if you did join the hike, you had to be able to keep up. The person who suggested going for a hike usually chose the hiking route. Once the route was chosen and embarked upon, there really was no leader. They took breaks as a group when someone was tired and share in the responsibilities of group safety. The hikes I participated in with the WWG were similar to the Group B hikes with the CHC in that they were not very far or involved extensive elevation gains. The WWG did hike a little slower than the CHC because the goal of the activity was not to reach a destination by a specific time, but to enjoy their surroundings and socialize. This is not to say that CHC members did not enjoy their surroundings or socialize, but they did tend to be a more competitive and adventurous group. For some members of the WWG that had participated in CHC hikes they felt out of their comfort zone:

I don't hike, because I need to accomplish something. Um, I don't need to be able to say, 'Oh I have done that'.... you know and some of these, ones you know hike these real steep passes with, lots of scree and all that kind of stuff, I don't need to do that. I just need to be out, walking the trails, enjoying myself ... (WWG member).

In the same way that religious rituals are safety procedures for the soul, hiking rituals were safety procedures for the body. Both are rooted in performance. Turner's observation that religious performance "is meaningful experience and experienced meaning" can also be applied to safety symbols and rituals (167). One type of meaningful experience for the group was encounters with wildlife and the use of wildlife deterrents, as seen later in Phil's bear

encounter. The bear was a meaningful experience that resulted in Phil experiencing the meaning of wildlife deterrents that are ritually carried by the hikers. His story of using the deterrents embodies the deterrents and evokes Phil's experience when other members carry them. Another example is the boots and poles ritually used for the protection of the individual and the group from physical injury and legal prosecution. Boots and poles are part of a larger set of safety tools important for an accident free hiking experience. Each safety tool represented a potential danger similar to religious symbols that remind worshipers of potential dangers to the soul.

Every hiker carried a backpack. The backpack is the vessel for safety tools: protective clothing, food, water, first-aid kit, and wildlife deterrents (usually for bears). There are several different pack designs for specific activities from urban living to multi-day backpacking trips. The type of pack used for day hikes is the appropriately named daypack. The daypack is large enough to carry the essentials without being bulky and awkward: a large multi-day pack with a small amount of gear inside can interfere with a person's balance due to uneven weight distribution. A basic daypack has approximately a 20L carrying capacity, a waist belt that keeps the weight close to the body, preventing excessive pack movement, and an easily accessible main storage area.

Packing a pack was a ritualistic performance. Safety items were chosen based on past experiences, advice, route choice, and weather forecast. Potential life threatening events are relived through the symbolic nature of equipment: a

raincoat protects against becoming cold with wet and hypothermia, a hat protects against the sun, and a water bottle against dehydration. Group safety items, such as a first aid kit and SPOT, are distributed amongst the group members. SPOT is a satellite GPS messenger service used to report an emergency and a Town of Cochrane required piece of equipment. Phil sends out a signal when he reaches his destination to indicate he has arrived safely. It can also send out a distress signal in the event of an emergency. Frequently used or emergency items are kept close to the surface in the main storage area of a pack or in a side pocket. Wildlife deterrents were items kept close at hand.

Wildlife deterrents were very symbolic items with an attached lore (Figure 4-6). Bears were the ultimate symbol for a negative wildlife experience for hikers. This extended to decisions made by Parks Canada to protect hikers in areas frequented by bears. One such area was Larch Valley. Hikers were not allowed to enter the area in groups less than four. Parks Canada considered group size a deterrent to bear encounters. CHC and WWG were always in groups larger than four, but members still brought bear spray, more akin to mace, and bear bangers in the event of a bear encounter. On a hike to Galatea Lakes I was part of a group that did have a close encounter with a bear, but it quickly left the area leaving very large paw prints in the muddy ground (Figure 4-7).



Figure 4-6 Bear bangers.



Figure 4-9 Bear paw print Galatea Lakes hike.

There is lore amongst CHC members associated with wildlife deterrents and a bear encounter experienced by Phil:

I had a client and uh [cough], we were, climbing Mount Kid in the R-Ribbon Creek area [p] and uh [p] it was late afternoon, and uh, we were coming down, and uh, I was roughly about fifty, sixty feet, off the ground yet on a rope, and uh the other party above me [p] and uh we heard this roar. I never heard a roar like that in my life. To begin with I didn't know what it was, but anyway, then I realize that has to be bear. So I look down, a hundred feet below me, were three grizzly bears [p] and uh, so we stopped, and watched what's going on. Then we realized, there were there was one female, and uh, two, male [p] and uh they were mating, but there was a battle between the two males. So, one uh male was mounting the female and the other one

naturally got upset and angry and took a run at him and pushed him off again. And this was going on for about 20 minutes. In the mean time, the fellow had along, he got terrified he says, 'I'm not coming off this rope,' because this was in a canyon, and we had to go out that canyon. 'Can't we get out another way? Go up again and over another pass.' Is it, it's too late [p] in the afternoon, and we don't have the equipment to stay overnight. So we gotta go that way. So, we drop down on a ledge, where we could walk out, and the guy was just shaking. So, I said, 'OK, I've got two bear spray here, you take one,' and took it of safety. I took one bear spray in hand and the bear bangers in the others, and everything off safety, and we walk out. And uh [p] I told him, 'You make as much noise you can scream whatever you want. We're walking out.' I'm in front and he was behind me. So we get a little further down, and who comes up the trail is a park warden. So [p] I told him the story, 'This three grizzly bears in here.' He says, 'Well, that doesn't sound very good, because uh, there's a lot of people coming in, they're going over to Ribbon Creek for camping overnight.' He said there were scouts or something. And uh, he said, 'I go check it out' and uh 'I will make my decision about what we're going to do about the trail.' So, we talked about it and he asked me about the bear bangers, you know. He didn't, didn't even know what it was really, and then I explained it to him, and I explained it to him [laughing] ... So I explained that on the trail there to the uh, the Park Warden he still was kinda leery, OK. We shook hands and departed. And uh, we headed down the trail. Now here we come around a corner and uh [p] it was windy the wind was against us. So uh [p] all of a sudden to my left, five six feet away, there was a big grizzly [p] grazing. Look to the right, there were two cubs, about two years old, maybe two and a half. And uh, the grizzly saw us, and uh, stood up and then charged. So, being ready, from the other bears, I fired a bear banger, and I hit him right on the chest. And there's a delay, of about one second, it fell down in front of him, and then exploded, and the bear took a big jump to the side and high tailed out of there. There was a rock slide there [p] and uh, he ran up the rock slide, but there was a problem. On my side, I still had two cubs here. The bear was up there. Look for his cubs. Looked around, and then he saw where they were, so he started shaking back and forth and I told the other guy, 'Stay behind me, we're in trouble, he's coming back.' And so many, so called experts say a grizzly can't run fast down, uh, avalanche slope. He was on us, within, seconds [p] and so we fought him back again, and uh, used bear spray and bear banger [p] and finally I couldn't reload again because he was so close, he was swiping at me [p] and uh, all of a sudden, I [p] I'm religious, and I

sorta said, 'God, I'm ready to come home, it's your will.' [cough] And the bear dropped down, on all fours, turned around, went over to the cubs, and almost like saying, 'Kids, let's get out of here.' And he walked him out of there back up the slope again. Now we're standing there [p] in shock, shaking like leafs [p] then uh, naturally had heard our shooting because he was only, kilometer kilometer a half away. So he [park warden] came barreling down the trail and when he got to us, it was all over. And uh, so, we laid down to settle our down and he sorta tried to give us first aid, and uh, then he said 'OK, that's what we're going to do. We're still 13 kilometers from the parking lot, but you can walk out and take it slow. I'm going ahead and closing the whole valley down, OK and then I will alert everybody down there and we need, were, you somewhere on the trail.' And uh, that's what happened. And then ah, well they wanted to take us to the hospital and things like that, but I said, 'No, we're going home.'

I heard Phil's story a few times before he told me it himself. For many in the CHC it was a story that provided a lesson about the use and effectiveness of bear bangers. It gave them confidence in their safety equipment without having to go through the harrowing experience. They relived the event symbolized by their safety equipment providing them with a narrative specific to their group.

After morning walks, and after the occasional hiking trip, the WWG and MWG meet for coffee. Coffee was the post liminal phase of their ritual experience when members were reintegrated back into their community. The CHC and WWG hiking groups did not meet for coffee on a regular basis during my research period. Coffee served the same purpose for each group, but the locations were different. Meeting for coffee for the MWG and the WWG was part of the walking ritual whereas meeting for coffee for the CHC and WWG hiking group was almost an afterthought; the hike ended early and they decided to spend more time together over coffee. As already mentioned, the WWG preferred to

meet at A&W while the MWG met at McDonald's. According to Max the choice of McDonald's is a tangled story of coffee taste, price, corporate control, consumer backlash, and negotiated space:

Um [p] normally we went to A&W. A&W for Monday, Friday, Wednesday for McDonald's just to mix it up a bit. Plus McDonald's has the best price in town. When you think a coffee and a muffin for a dollar forty-six, um, but now [names person], the owner of A&W, they had to change their coffee. Corporate headquarters said, 'Hey, we're not c-consistency across the country. So instead of you guys grinding your own we're going to supply you with a pouch you put in the coffee maker, and that's what you serve.' Well the coffee is – nobody likes it. So we said, 'Well let's go over to McDonald's, for a while, see if things –' like, there's a bunch of us, [names person] said to us he says, 'I can complain to corporate headquarters and they say, they say so what, you know, for Mr. Franchisee, um, that's the way it's going to be, but if customers complain...' So then uh, [names person], I invited him over our table and we're complaining about the coffee he says, 'If you guys go online, go to A&W.ca, and if there's a contact that you put on there and you voice your grips and concerns.' So there was about six of us there was [names persons]. We all sent in a note saying how the coffee had gone down hill. Their response was, you know, 'Well we're sorry we had to make that decision, to be consistent, and more or less that's the way it's going to be.' So we told [names person] that we're going to move on.

I asked Max why they didn't go to Tim Horton's:

Like the girls were going over there. And uh, they would send two girls in there early, to try and save a table or two. But it got to be just – people would just barge in and take over the table so, then they came over and they started joining us at A&W and they're still going there because they know – they don't like the coffee either – but they know there's only one spot to sit in McDonald's. So they don't wanna raise any uh, issues, so they said, 'Well, we'll stick with, A&W.'

I did ask the women about Max's story and they agreed that they remained at A&W because they didn't want to interfere with the men. There was more room at the A&W and the women chose a different place to sit each time I joined them

for coffee. The men sat in the same place every time at McDonald's. There was a long table in the back of the establishment that the men frequented after their walks. If there were other people sitting at the table when they arrived, en masse, they politely left and sat at another table. The men never asked anyone to leave while I was with them. I believe people left out of respect for the age of the men and they were mostly locals that knew the routine. During coffee time both groups laid claim to their locations within their respective food establishments. Non-members were welcome to sit with them, and were familiar to the men, but it was usually people of their same gender. The discussions were usually extensions from what had been talked about during the walk. Coffee provided the space for members not part of the discussion during the walk to join in. It was also a time for members that did not walk with the group to socialize with the walkers. Some men and women that were occasional walkers with their respective groups showed up for the coffee, without having walked that day, for socialization and conversation.

Play

All the groups were found to indulge in a variety of forms of play simultaneously during their activities. Through their activities they were continuously playing with other group members, their beliefs, and the landscape around them. The type of activity did dictate the degree to which they indulged in the various forms of play. During walking activities the route and physical

demands of walking were such that they did not have to completely focus on the activity so they were more involved in the play of debate and the exchange of ideas. Hiking, at times, did require the complete concentration of group members so play during these times was more focused on the physical and mental demands of the activity.

The feeling of being in a special space or place through their experiences in a natural environment was a major motivating factor for walking and hiking group members. Margaret Rodman (1992) observes that spaces and places, similar to cultural voices, are regional and varied. The experience of place is unique to each individual and shared amongst members of the group and places – that is, places are compared, manipulated, or interpreted to provide an idealized landscape. For members of the hiking groups, their experiences of nature were founded in post-Renaissance Western perceptions of the world. Nelson Graburn (1983) suggests that the quest of modern middle classes to seek an authentic experience “out there” was born out of the post-Renaissance penchant for exploration and domination. In other words, to make the world safe for European culture the various manifestations of the Other (wilderness, space, history, foreign customs and so on) were conquered (Graburn 1982). The prizes of victory were then organized and presented for consumption. This was seen in the hiking group by the taking and sharing of pictures. The pictures represented trophies of hikes conquered or their constructed image of an ideal place. It was a way of confirming to each other that what they had experienced was unique and special.

The experience of being in the wilderness also provided hiking group members with feelings of spiritual levity. Durkheim (1912) associates such strong positive and emotional experiences to rituals that rejuvenate a spirit fatigued by daily labour. For hiking group members, hiking relieved them from the stresses of daily life and provided them with the experience of an alternate reality allowing participants to explore their belief system.

Oh, to me being in the mountains is like some people to religion. To me the mountains represent freedom and uh, it recharges my battery and so it's with nature and to me uh, the mountains and the rivers are, are my God.... when you when you realize the beauty of the Earth and how Mother Nature or God is, has created such a wonderful thing, uhh, with the mountains and the rivers. It-it-it sort have – and also humbling in the sense that, humans uh, we're pretty, we're pretty insignificant [laughs] compared to, the way uh, the way Mother Nature is eh and-and we're only just a small fraction of it eh and when you got the other animals out there and, so forth, it just uh, it just makes you uh, I guess have a, a higher respect for, for a the way God's created the Earth (MWG and CHC member).

Also coinciding with Durkheim's observations on the social solidarity created through ritual, were explanations by hiking group members reporting how their spiritual experiences were further enhanced when part of a social group in a natural environment:

Well, I like to be outside, I like the exercise, I like, the uh, amazing scenery places that you can get to no other way [p] and a [p] with the club, I enjoy, the a, the fun. You know mostly it's a social, and we have a really good time when we come out here. So yeah that's the part I like (CHC member).

I never grew up around mountains and I, and I spent my a, adult life, raising kids, only going to the mountains maybe once a year, uh I, I just love the ability to, be able to every day if I want. Um, yeah it's, it's definitely, spiritual – I mean you see, animals out of the mist and,

I mean you just see something different every time. Last time we were on this trail, we saw, a type of mushroom that, [names person] in our group and she's, a real serious photographer and, and into all the wildlife and, she'd never seen that one before and, I never seen one like it before either it looked like a, [names mushroom both laugh] and so, yeah just every time you're out you see some'n different and you think: wow [p] nature is [p] spectacular (WWG member).

Oh man. I mean you stand here and you look at that, and you just go [laughs] life is good that you can be here that it's such, it is so beautiful [p] and uh, just lovely. Totally lovely. Everywhere in the world is, you know – um I just came home as I said last night I was in Switzerland and Austria. They have big mountains too. Absolutely beautiful, but lots a, people and I think you'd be hard pressed to come into a wilderness like this and – I mean really it puts it into perspective [p] how small we are [p] in the scheme of things [laughs] and yeah I just think it's [p] I think we live in an amazing area, and I'm truly glad and because of this group that I come up here and do this. [p] So yeah (WWG member).

When you have challenges together, the bonds [p] then at work like as the nurses that I hiked with, we, all, barely got to the top we just, felt we couldn't it was so tiring [p] but we all successfully went to-h top, and back down [p] and we trusted each other, soo much more, at the workplace, cause we had survived that.... It was just, it was Prairie Mountain, in the spring, with water on the ice, and the mud ... (CHC member).

It was also important for participants to *be* in nature. Miles Richardson (1982) observes that in order for a person to *be*, there must be a place to *be* in. Therefore, my participants created their ideal world to exist, or be in through their regular interactions with each other and nature:

And to be the outdoor-in-the-outdoors, is uh, is rewarding because, uh, because nature is, is uh, inevitably, uh, changing, and it's part of life, so, uh part of my life because, uh-human being are, are the creation of nature or-or they, they are uh, part of-part of nature, if they want it or not because [we laugh] we have to breath air and, air is uh-free, until until you lose it. Uh, so, um, that's one factor. The other factor is [coughs], is I feel good about it, so being in outdoors it's, it's, close to

reality, much closer than sitting front of the television and, and uh, watch football games where your team is losing [we laugh] (MWG and CHC member).

The above member of the MWG and CHC was in his late 70s and expressed a feeling of being “at home in nature.” The majority of people that hiked shared his sentiment:

Well, [laughs] the point is that, that-n, you and I to are part of nature, there’s no question about that, so we are connected with nature period, and it express itself in different ways such as for example, what we’re walking through now or looking at the river, and the trees [clears throat] uh but we are still a part of that, and as long as we live in an urban environment, we tend to be disconnected with that more and more, in fact some people don’t even, realize [p] that there is something called nature out there [clears throat] so that kind of a connection, is what I’m talking about, uh [clears throat] technically of course that’s an evolutionary connection and that’s all it is ... (MWG and CHC member).

Hiking and walking in a natural setting provided participants with, and to varying degrees, Csikszentmihalyi’s (1999) flow or autotelic experience. The autotelic experiences for hiking and walking groups were adventure and their spiritual experiences. Participants’ descriptions of adventure was similar to Csikszentmihalyi’s description of the flow experience:

Adventure can be, uh a challenging climb, sometimes L81 has taken us on climbs, Ribbon Lake, where we’d actually had to use a chain to get down a cliff side [p] and-I-a he did warn us about it prior to going, which is good, but that was a really – that was an adventure it was a truly a great one to [laughs]. I-I enjoyed, like doing something different. Some, some hikes we don’t just hike up and hike down. Some hikes have a bit of challenge they have to jump over creeks, uh, maybe, log, on single log bridge, and balance your body on that [laughs] so that all adds to the adventure part of it. And getting wet, that adds to the adventure part of it too [laughs] if someone falls in.... Stimulates the mind and the body (CHC member).

Yeah and having the agility to be able to, cross over rocks, stones uh, root stumps, uh all the hidden surprises whatever else and a, not a, being able, being you know, s-straining, your body your muscles. Um, getting some good cardiovascular uh, exercise outta the climbs, up the hills and deep breathing and a ... um [p] just the physical activity and mental activity. Um, both, m-maintaining, a good, balance between the a, the two. (CHC member).

In accordance with the characteristics Csikszentmihalyi associated with the flow experience, both these members had clear understandings of what they were doing throughout the activity such as being focused on climbing chains, balancing on log bridges, and jumping over creeks. These activities provided them with instantaneous feedback through the corrections they had to physically make to avoid injury or getting wet. They felt enough challenge to enjoy the activity, but not so much that the activity caused undue stress or fear. Hiking over the challenging terrain for these members did require extreme focus, but when the challenge was completed the experience was an extremely positive one for both. Other members of both hiking groups gave similar descriptions of adventure:

Um [p] doing something that you don't normally do everyday, out of the norm, because-is-use some excitement, that maybe is a little bit above your, comfort level (WWG member).

Ummm [p] new experiences are important I think, they help shape [p] who you are [p] and a [p] and I think, if you think of adventure like maybe [p] taking a little bit more risk then you would, sh-just being in you comfort zone, then yeah, you-you develop as a person. And you think, "Oh I can do that" [laughs] "didn't think I could" (CHC member).

Well in hiking it's uhh [p] I guess [p] going [p] to places where, you may normally not have, considered going [p] where you, feel it could, involve, some danger, and uh, possibly injury [both laugh] and, being

able to [p] do it, and uh, I guess get through it, and survive [laughs]
so, that's, kind of, as far as hiking goes what, might be adventurous to
m-me mean anyways (WWG and CHC member).

Adventure was usually associated with hiking and mountains where, for some,
gains in elevation provided feelings of conquering nature or a unique view of the
world:

... every hike, is, is definitely challenging, challenge-challenging, um,
yourself, challenging the others and challenging the mountains so uh,
somebody ask me, 'Why do I, want to go to the top of the mountain'
and uh the simplest answer, 'Because it's there' [both laugh] but uh,
but the true factor is, the view, uh, and in certain extent with the
hiking, uh, I go with the group, but I go primarily with, with, for
myself, so uh, um, when I go up to the mountain side, it's, it's the
connection with nature and the contact with nature is significant for
me. And it should be with the, with the achievement I feel good about
it but because, because when you challenge a mountain you, you
definitely challenge yourself, because you can, you can reach, that
height and ob-obviously it's collegial because, uh when we, go to the
top of the mountain, we shake hands and we – it's a part of
achievement, and that type of achievement is rewarding (MWG and
CHC member).

For many, the adventure experience was vital for a positive sense of wellbeing
and provided an overall enjoyment of life:

Uh [p] I think, boring, lives that are boring [p] are kinda deadly. Um
[p] you're not engaged in life, uh [p] life happens to you [p] instead of
[p] you [p] sorta being really [p] uh [p] involved in where your life
goes and [p] I don't know adventure, you can feel your blood, flow
and everything [p] just flows better [p] you laugh more (CHC
member).

This coincides with Csikszentmihalyi's argument that autotelic people have a
more positive sense of wellbeing.

Several hiking group members described adventure as involving risk or

danger. Play activities involving high risk or danger is what Geertz (2005) considered "deep play." Geertz drew on Jeremy Bentham's description of deep play from his *The Theory of Legislation* in which he describes a type of play where the risks are so high that it is irrational to partake in the activity. Geertz applied Bentham's observation on deep play to the high stakes gambling that took place in Balinese cock fights. The stakes were so high at times that the players could lose everything, replacing what is meant to be a pleasurable activity with a painful one. Participation in deep play activities for the Balinese was a chance to gain status and respect in their community. The deep play of hiking adventures served the same purpose within the hiking groups:

Uh [p] their willingness for adventure [laughs] of any kind pretty much, they push themselves sometime, to the limit [p] and some of them [p] have, gone beyond their comfort level to achieve that, and I feel [p] that uh they're a good example [p] to anybody who is [p] looking at people who are [sniff] you know getting older [p] and see that [p] they don't sit around [laughs] ... Well you need those things, I think as you get older because, especially if you're retired [p] and if you haven't had the, opportunity to experience it [p] I think it's [p] uh gives you a new lease on life and makes you want more [p] or not depending on the individual [laughs] (WWG and CHC member).

Hiking groups provided the opportunity for middle-aged and older adults to participate in activities they perceived as deep play to question traditional notions of aging:

...we went up Crypt Lake, and there were two teenagers, no they weren't teens. Say 20, uh, girls. They're on the boat – oh, have to take a boat to get, to the trail head – and they looked at all us, old people, and they said, 'Oh' they said, 'Oh, we should have no trouble with, this hike, if these people can do it, we can do it.' I heard them say, and I, snickered to myself, but, I have kids their age, and a, so, they

struggled [p] and they struggled [p] they were a little bit behind us, but we kept different ones of us, kept encouraging and talking to them, and some, some of the old people, older-a-our group, kind of in, were insulting, like they thought, 'Oh these, this younger generation.' They had negative comments, but I said, 'You know what no, let's encourage them,' and a [p] so when we got to the ladder, well no they were already gonna turn back, but, we told them to join us, and we helped them up the ladder, and told them to watch for us, when we left, so could help them down, and a [p] I-just, I thought that was so good, it, probably helped them have different attitude, about aging, and maybe helped some of the, older people have a different, like, we've made a difference in their lives, and, so it's good for us to have a, positive attitude too, I think ... (CHC member).

The ritual of hiking and walking also provided the liminal space for some participants to play with each other's belief systems and, in doing so, increase the bond between members. Often inspired by their surroundings, there was an ongoing debate amongst Atheist and Judeo-Christian members of both MWG and CHC – the WWG did not engage in this type of discussion while I was with them nor did they indicate that this type of discussion took place on a regular basis:

But that's an interesting point because one of these things, that get's, at-the group [MWG] going which is sort've, sorta unique I think, is that there are in fact a number of people in the group that you talk to who have spiritual experiences, and who are in fact religious and who, who, connect those two. And of course [coughs] uh that leads to interesting discussions [p] along the line about, uh their particular relig-believe their particular religion, religion in general, and that's a lot of fun, so we had a lot of, group discussions in that way with this group.... And uh you know exchange a lot of literature, you know people, 'Hey read this book' you know.... people get a little you know, 'Argh-argh,' but other than that this, you know, if anything else it has increased I think the connection between the group, on the subject, you know it has certainly not, done anything negative to it (MWG and CHC member).

Another example of this was a debate that occurred between two members of the

CHC, Gene and Hal:

Gene: Well, interesting [p] uh, Hal is [p] our hiker is proud to be Atheist and he's I-oh-we, and he's liable to, sort've, ah challenge anyone who isn't, and he says, points to the mountains, and the trees-says, 'These are my gods,' and I said to-hi, here and I says, 'Oh yeah you're just right on, just like King David and all the Psalms 'I look unto the hills. From whenth my help commeth from.' Says, 'You are right on.' You this is God's expression of himself, all around us, and if you wanna find God [p] yeah, go out to the mountains, and a, and you will see, you will, get his expression of himself, so, that I think, to me is, the biggest part, you know the social is also important, but I hike by myself, and a [p] that's, what's important, when I hike by myself, is that there's just me and, and nature, and [p] I think that is, like God's voice and nature is [p] very, very clear [p] um-a very stable, sorta force.

Hal: I believe in Darwin. I believe that [p] this is created [p] uh [p] by forces of nature you know, and I can't – beyond that, I can't say anything about creation [p] so. But I know it didn't happen in 6000 years [laughs].... I've, I've always invite these religious people when they come to the front door. I always invite em in. So I think I might learn something [p] but [p] no I-I [p] the Christian religion is – I think if I believe in anything it's-it's the Natives Great, the Great Spirit, you know. Because, because along with their, religion, comes an apprecia- or at least it use to, comes an appreciation of, nature [p] and a wonderment of nature, you know [p] and it seems that our religion [Judeo-Christian] is aid'n and abetting destroying nature, you know [p] so.

Turner considers the liminal space provided by this type of ritual play an opportunity for participants to question accepted sociostructural forms of daily life. New ideas that challenge the status quo model of living can be introduced and meditated upon without fear of persecution. Through their debates on religion, people from opposing belief systems, which may never have interacted outside of their hiking and walking groups, were provided with a new perspective on their own and foreign belief systems. Their ability to debate without taking

offence created new bonds between the participants while strengthening old ones. The social interaction became a spiritual experience in itself, as mention earlier. When asked if she thought hiking could be spiritual, a member of the WWG responded with, “Oh, sure. Just, having friendship.” Socialization and ritual not only provided participants with spiritual experiences, but the majority of hiking and walking group members also found their interactions influenced how they perceived their own health and healing.

Walking and hiking provided my participants with opportunities to engage with landscapes that shaped their bodies and, in turn, where shaped by the bodies passing through the landscape. Experiences in special spaces became inscribed on the landscape and served as a reminder of the event and the people involved. The various groups were born out of health concerns for their demographics resulting in the ritual performance of walking and hiking for health and healing. Play provided some participants with flow or autotelic experiences, that when combined with socializing in a natural or wilderness setting, enhanced hiking more than walking experiences and provided some members with a spiritual connection to their surroundings. Chapter Five will discuss my participant's perceptions of health and healing through the lens of the mindful body and ageism.

Chapter Five

A Body for the Taking

In Chapter Five I will discuss how the three bodies contribute to perceptions of health and healing by identifying the prevalent body images of group members that symbolize the individual body. The influence of ageism on the body image of my participants will also be discussed. The social construction of the body will be analyzed using symbolic equations that as they relate to the controls placed on the body by the body politic. I will then investigate how walking and hiking contributes to the emotional wellbeing of my participants. First I will discuss the influence of Biomedicine on walking and hiking groups.

Biomedicine has both figuratively and literally shaped the lives and bodies of hiking and walking group members. Surgeries have corrected malfunctioning hearts, put cancer into remission, and repaired injured joints; pharmaceuticals have allowed members to control chronic health problems such as diabetes and heart disease. The Cartesian dualism of biomedicine has influenced how participants viewed their body and mind. Health problems were compartmentalized to specific parts of the body and, in some cases, gendered: for example, heart problems were associated with men, while emotional problems were associated with women. But biomedicine was also viewed with distrust. Some members discussed botched surgeries, abuse of medication, and poor advice from their doctors. The Cartesian dualism of biomedicine is frequently discussed

in critical anthropology, but for participants in my thesis biomedicine had its own dualism. It was often viewed with gratitude and distrust, a preserver and destroyer of life, to be avoided and embraced.

Lou had a dualistic view of biomedicine. He would visit his cardiologist three times a year to monitor his hypertension and his cardiologist was always impressed with him because he kept himself in good shape. Lou would tell me about how surprised he was by his neighbours and their level of inactivity and obesity. They would tell Lou that he was acting like a 20 year old because of all the activities he did and they didn't understand why he wouldn't take it easy in his old age – Lou was 66. His response was that he had a choice to be obese or not. He chose the later. Lou attributed his good health to staying active and keeping his weight down and his waist from expanding:

if your waist line is too big [laughs] and you're, you're overweight, yeah, you know you're putt'n more pressure on your, on your heart and your vessels to supply the blood eh.

Lou's view of his body coincided with biomedicine's reductionist view where disease is determined by deviations from measurable somatic norms (Engel 1977). From Lou's perspective, the normal body had a specific weight and size that, when deviated from, result in an improperly functioning cardiovascular system. It is a view shared by all group members. Lou also had arthritis. He managed his arthritis through physical activity and believed the release of endorphins through exercise mitigated the pain from his arthritis. Lou had also used acupuncture to control his arthritic pain, but he was determined to "stay

away from medicine as much as possible” for pain relief.

Other participants had expressed a desire to avoid medication. It was during my discussions with group members that I learned that the avoidance of pharmaceuticals was due to what Scheper-Hughes and Lock (1987) identified as the “medicalization and the over production of illness” (27). More than one member told me that if a person were to worry about everything that could happen to them through accidents and illness, that person would never leave their home. For many in the group, any physical risk that walking or hiking exposed them to was worth taking for the benefits they received; therefore, hiking and walking became a form of protest against biomedical solutions to their health problems. Instead of utterly submitting to the medical gaze for a solution to every health problem encountered, and reserve themselves to a role of quiet indignation against the establishment as they experienced their illness, they had taken the privileged position of medical professionals and placed it on par with their own ability to resolve their health problems (Scheper-Hughes and Lock 1987). They would allow industrialized medicine to provide the diagnosis, but they would decide how best to treat themselves. This form of empowerment created a unique body image for group members.

Upright and Mobile

In *The Interpretation of Cultures* (1973) Geertz suggests that all of our actions, emotions, and ideas are culturally produced. Without culture we would

not know how to interpret our everyday experiences (Geertz 2005). The symbolic structure of walking and hiking groups is located in the physical act of bipedal motion. As mentioned earlier, participants can become so engaged in their activity that they became detached from their body, or as Maurice Merleau-Ponty (1962) observes about the daily experience of the body, the perception of the body disappears. Just as a healthy body can disappear, it can undergo what Drew Leder (1990) identifies as a dys-appearance. A dys-appearance of the body can occur when the body experiences a trauma and the individual becomes acutely aware of the body. Thomas Csordas (1994) suggests that the extent of interplay between disappearance and dys-appearance is culturally constructed. This awareness of the body, according to psychiatrist Paul Schilder (1950), creates our body image and is built upon through our experiences of our own body image and the body image of others. This holds true for the body image of walking and hiking groups. Members of both groups shared in the physical experiences of their environments and the changes it has made to their bodies. The flow experience provided them with a focus on their activities where the body disappeared and only the activity existed, resulting in a positive sense of wellbeing. This experience had also made them uniquely aware of body parts that were susceptible to injury because of their activities. Joints and lower body limbs were most frequently discussed. Any damage to a joint meant a loss of mobility and an upright posture; therefore, an upright posture and mobility became important body images for members from all groups.

Hal, a member of the CHC and the same Hal that debated religion with Gene, tore his Achilles tendon the summer before I interviewed him. It had been a long recovery for him, but he refused to stop walking. He believed that walking and hiking would eventually heal his condition. Hal had a lot of reasons to believe in the healing power of walking and hiking: he was a 12-year survivor of brain cancer. Hal had to undergo a six-hour surgery followed by 12 hours in post operation to remove the tumour from his brain. He was up and walking within a few days after his surgery to the chagrin of hospital staff. They told him he was a bad patient and his response to them was, “you want the most efficient sorta patient who lies in bed and, you know, but I’m not a patient anymore I’ve had the operation. I’ve got my own way of get’n fit now and I go for walks.” Hal allowed biomedicine to treat his cancer, but, like Chloé, Lou and others, he was determined to proceed with his healing on his own terms. He fully believed walking helped his healing process and eight weeks after his surgery he was back at work. But there was a problem. Hal was unable to continue with his work because the whole episode “did leave a mark” on him. The mark was psychological. So Hal retired. After surviving his cancer, and seeing other members in the group with serious health problems still hiking, Hal believed his torn Achilles tendon was not enough of a health problem for him to stop hiking. He had to maintain his upright and mobile body image as a symbolic gesture of solidarity with fellow hikers living with serious health problems. Also, hiking just might heal him.

Other members also continued to hike with painful joint injuries. They believed that the benefits they gained from walking and hiking outweighed the pain they experienced or the potential to exacerbate a pre-existing condition:

Ned: The problem I have right now two years ago, I tore a meniscus. In my left knee.... I'm still waiting to see a surgeon. Yeh, so, uh, in the last two years, I've done probably two hikes. So that's a real disappointment.... That uh, like last week I did uh [p] Bertha Lake in Waterton. That's only 12k, with 500 meter gain. And by the time I got back, all that night it was Tylenol popping time. So it's a [p] and after this walk, today even I'll be sore for.... Uh, it takes me a day to recover.

Me: Yeah. Now is it uh, do the benefits outweigh the risk at this point?

Ned: Oh yeah, like again I wasn't walking for, almost a year right after this thing, but when it looked like uh, there's going to be a long wait I figured, well I'll see if I can, do some exercise with it, and uh, see if that will help. And hopefully the thing will fix on its own, but it, or mend on its own. But is hasn't.

Ned shared a similar story to Hal. He too had a close call with cancer and appreciated the limited mobility his injury afforded him – he was happy he could still walk. Before his injury, and after his heart attack, Ned had completed some difficult hikes. Completing those hikes made him feel like he could “still do a lot of things” and made him feel like he was not “flat out, yet.” Ned's ability to maintain his upright posture and mobility were important for his overall sense of wellbeing. It provided him with confidence to remain active in his daily life and continue to walk with the MWG.

It was not just joints of the lower body that were a concern for participants, back problems were another frequently discussed health problem. Max informed

me that there had been past members that eventually quit the MWG after developing back problems. Back problems either directly or indirectly impacted the lives of all walking and hiking group members. A couple of men from the MWG that were also CHC members had spouses with severe back pain that limited their mobility and their ability to remain upright:

...she [his wife] un-fortunately, can no longer, participate she's got, back problems and And uh, she'd like to but she just can't.... she never has a day that she doesn't have pain ... (MWG and CHC member).

... we have some, physical problems with my wife at home so it's incredible, uh-on-uh, responsibility once you, are [p] destabilized, so that i-it just incredible how bad it is when you can't get out, and do anything she's gotta bad back So that's the contrast eh you can't move, verses we're walking along and we feel good and the – now you can say, 'OK it's the mental component of it,' but man when you can't even walk [p] pretty miserable (MWG and CHC member).

Their indirect experiences of their spouses' conditions gave them an appreciation for their bodies and the ability to maintain an upright posture, without joint pain, allowing them to partake in walking and hiking. Upright posture and mobility were significant symbols and experiences for all participants, so much so that I would consider the act of walking or hiking as religious performance in the same way that the ritual carrying of wildlife deterrents acted as both a symbol of Phil's grizzly bear experience and the deep play of hiking or the cross that symbolizes the crucifixion of Jesus and the saving of souls. All are examples of Turner's (1980) observation that religious performance “is meaningful experience and experienced meaning” (167).

Joint health of the lower body was a major concern for all group members. Injury to a knee, ankle, or back could severely limit their mobility. This concern was symbolized in their use of equipment that protected their joints, such as high-top boots and hiking poles. They attached meaning to an upright and mobile body in the same way that, as pointed out by Scheper-Hughes and Lock, “old stock” American farmers from the Midwest attached meaning to the backbone of their bodies and “upright” posture (18). When these hard working individuals were laid low with illness, it was extremely damaging to their ego. They defined their wellbeing by their ability to remain upright and mobile. Erwin Straus (1952) in his paper “The Upright Posture” identified the symbolic importance of an upright posture. According to Straus, in Western society “to be upright” has literal and metaphorical meanings: the literal meaning is to physically stand up without assistance; the metaphorical or symbolic meaning is linked to a person’s morality (530). An “upright” person, or as expressed by my participants a “stand up guy,” is a person of good moral character. The opposite was also true for my participants in that they attached a similar symbolic meaning to the reclining body as Midwest farmers by viewing it as lazy (Scheper-Hughes and Lock 1987). Members from all groups shared the similar body image of a healthy individual as being someone that was upright and mobile.

‘we are being studied’

Why was upright and mobile such an important body image? It was a

reaction to health problems participants have seen in aging friends and family members that have made it difficult for them to live an independent and mobile life. Some participants have had to battle through their own health problems that had the potential to negatively impact their quality of life permanently. But there is another reason for the prevalence of this body image with this group of participants: the categorization of their age groups. Their categorization by chronological age conjured up specific stereotypical images propagated by the state, biomedicine, media, and corporations. A frequent response from my participants when asked if they considered themselves healthy was, “for my age.” But what did health look like for their age?

One problem I have had with my research was how to define age categories. I used the WHO categories because they were internationally accepted, but what do these age categories mean? What does it mean when a population is categorized by chronological age? The WHO rationalizes the use of 65 years or older to identify older adults based on what “developed world countries” consider an older adult. This is when an individual begins to receive financial assistance through pension. Why 65? What makes it a magic number? Commerce.

Charles Booth, a 19th Century English social investigator researching poverty, identified a sharp increase in poverty in male workers by the age of 65. This was due to a loss of physical strength preventing them from completing the requirements of their physically taxing industrial jobs (Roebuck 1979). He recommended to the British Government that 65 be the pensionable age, but it

was cost prohibitive and the Government chose 70. The issue was again addressed in the 1920s when post war England was in the midst of a deep economic depression. High unemployment amongst working-age men drove the British Government to revisit the pension debate. The plan was to lower the age of pension to 65 as a means of opening up the workforce to a younger population. The age for pension benefits was lowered to 65 for males and has remained so since then (Roebuck 1979). According to the Canadian Museum of Civilization online exhibition for old age pension (2010), in the 1920s Canada's economic base was changing from agriculture to industrial manufacturing requiring a younger workforce and, in the process, eliminating jobs traditionally performed by older adults. In 1927 the Old Age Pension Act was legislated in Canada and provided financial assistance to individuals aged 70 and over to compensate for the loss of income (Canadian Museum of Civilization 2010). The eligibility for pension was not lowered from 70 to 65 until 1965 due to the number of retired individuals at the age of 65 forced to live without a source of income until the age of 70 (Service Canada 2011; Canadian Museum of Civilization 2010). Hence, 65 was considered old due to a particular cultural history, a culture of industrialization.

As discussed in the Introduction, Laws (1995) suggests that the strict use of essentialism in scientific investigations is another source of ageism. Laws believes that this approach to aging research rejects the socially constructed perceptions of aging and creates an image of aging that associates it with negative

body images. When my participants considered themselves healthy “for my age,” it was an acceptance that by a certain age a physiological decline will be experienced. This is mainly due to biomedical research filtered through media outlets and presented as anti-aging products and recommendations for a youth obsessed culture (Cardona 2008). It is a constant reminder that an older body is not welcome in Western society. This was illustrated when a member of the MWG and CHC told me that my presence had brought a certain “vitality” and provided the group with a feeling of importance, “now we can puff our chests up and say, ‘we, are being, studied.’” His life before retirement consisted of academic research and teaching. He missed it desperately, resulting in feelings of abandonment:

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

Walking with the MWG did somewhat fill the hole in his life that retirement had created, but hiking with the CHC ignited new passions for him: hiking and photography. He thoroughly enjoyed being in the mountains and took pictures to document his experiences. He would also share his photographs with other members, as he did for me on my first hike with the CHC.

Heart and Mind

Members from the WWG and MWG did experience a variety of representations of body image beyond their genders. Their experiences of illness – a culturally constructed experience of suffering and behaviour by a patient (Janzen 2002) – was influenced by the predominant health problems experienced amongst the members of their respective groups. The MWG dys-appearance of their body was linked to the heart; while for the WWG it was the mind. Both groups built their body images through individual and collective experiences of illness and pain.

Health problems associated with the heart were a consistent theme amongst members of the MWG: interview excerpts already presented have contained discussions about cardiovascular problems. The heart was a source of malfunction in the male body with the potential to require surgery to repair clogged arteries. The heart represented a malfunctioning pump in need of repair. Three members of the MWG had undergone heart bypass surgery. The most recent member to undergo the surgery told me, in a joking manner, “Many of the guys are already veterans of heart and other conditions so, I elevated myself to the lifestyle of the group.” The men would share and compare their surgery experiences building on heart and illness related narratives of the group. This exchange helped them construct an acceptable body image or as stated above, “I elevated myself to the lifestyle of the group.” The exchange of personal experiences created a collective body image that provided comfort and support to members suffering or

recovering from heart disease.

Denial and fear were frequently associated with the heart. Max and Ned both experienced textbook symptoms of a heart attack and both denied those symptoms. Through the sharing of their stories with the group, the group is better able to monitor each other. Members of the MWG believed that men would deny the symptoms of a heart attack, so they had to be vigilant.

The heart also represented health and recovery. The MWG was created in response to heart related health issues seen in the aging male population of the community; members that had diligently walked with the group experienced improvements in their health (improvements in hypertension have already been discussed). A healthy heart was also reflected in the types of foods people ate.

After Ned had his heart attack, he changed the way he ate:

...since my heart attack I probably had two doughnuts [p] three french fries, like actual french fries not, plates of them.... never add salt... try to manage the portions [p] and very rarely have dessert I mean it sounds pretty crappy, but it uh [p] my blood pressure's good, my cholesterol's good everything is good, so...

The discussion of diet was not that frequent amongst the men, but when it was discussed it was in a similar fashion to Ned. They would associate good eating to improvements in heart health indicators such as blood pressure and cholesterol. For the MWG the heart was a powerful symbol of their overall health.

The common experiences influencing the body image of the WWG were emotional in nature privileging the mind over the body. The women considered their mental health as important, if not more important, as their physical health.

All participants put equal value on physical and mental health, but mental health was more frequently discussed in the WWG along with the healing qualities of group activities.

Pam was a member of the WWG that benefitted from the emotional support of the group; she considered group members as her lifesavers. Pam had recently undergone a divorce and she didn't believe she would have psychologically survived the ordeal without the support of the women. "They... listened, are supportive [p] they've heard me whine through it all [laughs]. It's been good."

Her experiences with the WWG had forced her to reconsider her image of health:

...[I] think it really came to mind, how important, mental wellbeing is, when you go through a crisis, and so, probably before, in my youth, which seems so long ago [fake cries and laughs]... you ask me that question, ten years ago, and you said what's health, I would have said you know being able to run a mile or, you know, good blood pressure et cetera, but today, because what I have gone through. I think my, emotional wellbeing, is such an important part of my health now...

Several of the women accredit the WWG to helping them through a crisis. One member had suffered the death of her husband a few years before and, more recently, the death of her daughter. The group was there for her whenever she needed to talk. Through this experience she believed that walking with the group aided in healing her emotional pain. She privileged emotional healing above physical healing, but both were important.

Several members of the WWG credited the group for the reason they got up in the morning because of their close bonds of friendship. This solidarity of emotional support was manifested through their extraneous social activities

outside of walking and hiking. They would travel, shop, meet for lunch, celebrate birthdays, and volunteer together. The MWG did support each other and were social during the time they were together as a group, but they did not regularly participate in activities as a group outside of the MWG like the WWG. The body image of emotion was on display every time the WWG was together. The group provided them with a healthy lifestyle that could potentially heal their emotional pain.

‘It gives you uh the ability to cope’

Emotions are culturally constructed and provide an insight into not only how a disease is experienced, but also how it is healed (Scheper-Hughes and Lock 1987). Geertz (2005) identified emotion as a key element in ritual experiences. He suggests that the greater the emotion involved with an activity, the greater the focus of the participants and observers and the potential to create a flow experience. Put simply, emotion defines and enhances the experience. The emotions most frequently associated with health problems among my participants were connected to physical and psychological pain.

Pain can wreak havoc with the world of the victim (Scheper-Hughes and Lock 1987). It can shatter their reality and send the victim into deep despair if it becomes chronic. As previously stated, Leder (1990) suggests that an individual can experience a dys-appearance when he or she becomes acutely aware of the body through pain, but the dys-appearance of the body in chronic pain can take

the form of a separation from the body. Healing rituals can mitigate the separation of body from pain by supplying the victims of pain with the opportunity to rebuild their world through the deep sense of camaraderie that develops (Scheper-Hughes and Lock 1987); it is accomplished through a sense of belonging, learning self-control, and the development of skills to assist in pain management (Hahn and Kleinman 1983).

The upright and mobile body was susceptible to joint pain while the mind was susceptible to the pain of loneliness, depression, or feeling sorry for oneself. Members from all groups discovered that their physical and mental pain could be managed or completely eliminated through their participation in hiking and walking; or as one participant suggests, “It gives you uh the ability to cope, with life a lot better when you do a physical activities.” Many attributed this to the endorphins released during exercise. A meta-analysis conducted by Amanda Daley (2008), researching the use of exercise as a treatment for depression, concludes that exercise can provide a positive change in moods. It is a mind-body interaction that several participants were aware of and attributed to their overall sense of positive wellbeing. They did have a mind-body separation, but they frequently discussed the importance of walking and hiking to improve their mental state, so there was an acknowledgment that the mind and body functioned as a whole:

...you keep your body loosened up, uh like I say you release endorphins, and uh, I really do believe that, it-it helps uh, so you don't get depressed and people that sit around, feel sorry for themselves

rather than, get out and exercise they, they just seem to go, go down hill in my opinion. Whereas, if you're out exercising, it just it gives you, a little, gives you a lift shall we say (MWG and CHC member).

The MWG and CHC also benefited from sharing their emotional pain with others, but not to the extent of the WWG. I attribute this to the social activities outside of walking and hiking that has allowed them to create deep bonds with each other due to the exclusive nature of their group. They chose their friends cautiously; as one member put it, "Cause then you know who you're, including, and because, trust develops over time, and if you just [p] get random people [p] showing up [p] then [p] well you don't really know who they are." But the other groups did provide emotional support to its members. A CHC member who had been living in a very difficult marriage found escape and comfort in her fellow hikers that provided her with a coping mechanism for her emotional pain. Men in the MWG undergoing cardiovascular treatment found support from members of the group that had undergone similar procedures. The groups provided a space and place for discussion to take place that members did not have in their lives outside of the groups.

Pain management was a unifying emotion for the majority of walking and hiking group members. It defined their illness and recovery. The discovery of a method that could eliminate or control their pain became a liberating experience that motivated them to pursue an active lifestyle providing participants with control over their lives.

Push and Pull

The social body for my participants was constructed in a Western society heavily influenced by an industrialized view of the body. This was exemplified by their use of symbolic equations; the body was always discussed as a machine and it did reflect the commodification of the human body. The mechanization of the human body has its origins in the Industrial Revolution. Foucault (1977) points out that with the increase in factory production came an increased need for bodies that could function in a factory. Bodies for manufacturing were manufactured by newly created disciplinary methods to ensure the type of body desired by the state was produced. The abnormal body was then identified and altered into a useful normal body. Surveillance was one form of discipline adopted to create a docile body for commercial gains. This form of discipline can be seen in the modern Healthism movement.

As discussed in the Introduction, Healthism locates health and disease at the individual level where the individual is expected to take responsibility for his or her actions (Crawford 1980). They are responsible for producing the ideal body for use by the state. In the case of Western society, the state is neoliberal governmentality and the ideal body, or normal body, is one that is vigilant about maintaining a thin, in-control, and responsible body by consuming foods of limited nutritional value while purchasing products to remain thin (Guthman 2009). The thin body becomes the moral example of self-control and hard work while the fat body exemplifies a morally deficient body, a lazy body. So where do

the walking and hiking groups of Cochrane fit into this continuum of consumerism? First, I analyze the symbolic part of the equation.

Viewing the body as a machine is enforced by the surroundings of our urban lives. We live in cities devoid of comforting human shapes alienating ourselves from our bodies (Scheper-Hughes and Lock 1987). Cochrane provided a middle ground for my participants. It was not quite city and not quite country. Comforting shapes of the natural world were close at hand while they resided in close proximity to a large urban centre. Their lives in this border town were expressed in their symbolic equations. Participants would describe their bodies as battery operated machines that were recharged by their experiences with nature. Men in the MWG would discuss their heart problems in terms of a machine whose arteries could be clogged like pipes and replaced, but these same men would walk and hike in nature as a means of healing. One CHC participant did equate the mobile body to a machine that would “wear out or... rust out” and he considered staying active as a method to avoid either result and rejuvenate his body.

The symbolic equation of human and machine and the alienation of the human form were mitigated by participant experiences in nature or wilderness. This was more prevalent with the hiking groups than walking. Moving through a wilderness landscape provided participants with the opportunity to experience their body outside of their highly structured, intrusive, and mechanized urban world. Hiking became a liberating and spiritual experience for many and it

contributed to their overall sense of wellbeing.

... I'm really an outdoor person [p] and a, I need to be outdoors, and I love to get away from houses [p] and [p] lots of, people and traffic so, hiking, contributes to that (CHC member).

The liminality that contributed to the spiritual experiences of hiking group members was also responsible for the deep sense of camaraderie created by the walking groups separated by gender. Separation of the genders provided a space and place where each group felt comfortable. It was not a construct of their consumer society at large to enforce gender roles for the consumption of goods, such as products targeted toward a specific gender, but a choice agreed upon by the members of each group. They enjoyed being separate because it allowed them to engage in activities and discussions specific to their ages and genders and form deep social bonds:

They're my support, they're my, they're, they're my inspiration they give me, they give me a reason for living, indeed really.... I'm a firm believer in um [p] in the strength [p] and uh, compassion and empathy, that women have and give freely... (WWG member).

There was one married couple where each spouse was in a different group. Kat and Ned viewed their participation in the separate gender groups as a positive influence in their lives:

Kat: Ned's been with them since, fairly close to the beginning too, and uh, yeah he schedules his whole week around it and, even when he can't walk because of his knee, he still goes and has coffee with them. They have great discussions and, they share books back and forth, and, some of them even email each other back and forth about, about the books they've read and dis-discussions ...

Ned: ...I think they're [WWG] far more social, than the guys because,

I mean a bunch of them have gone to Europe several times. Uh, they go into Calgary for lunch sometimes [p] uh, like today, half of them will go to Canmore, half of them will stay around Cochrane – it's very flexible.

Kat: Well I think it helps our relationship in that we have an interest, to keep us busy, and uh, and we're – I mean we have a very, open relationship where, if we decide – like today for instance, when uh, we decide yesterday we were gonna hike today. I don't have to go home and say, 'Can I go – is-it OK with you if I go hiking tomorrow?' I just say, 'The ladies are going hiking tomorrow,' and he has no problem with that, and the same, you know when he-when he goes off to do things, he just says that, you know, 'So-and-so called and, I'm going,' kinda thing, and given we're both retired and we're, in a house together a lot, um [p] we have an amazing relationship I think [laughs].

Ned: ... first of all, she's a, she's adamant at keeping her weight where it is. So, that, this is good from a, physical standpoint.... Secondly, she's got very good friends again, um – all of who would almost give their life for kinda thing so.... Well guys can be guys and women can be women, and there's stuff that the women talk about, that we have no interest in, and vice versa, and I think if, we were in one group, when we went for coffee or walking, I wouldn't be surprised that [p] it would naturally [p] the guys would go with the guys, like at a party [both laugh], guys can go over to one side and women go the other side ...

The co-ed CHC also experienced camaraderie where males and females shared in the responsibilities of the group. Leaders were both male and female and treated as equals during my observations. Although leadership was an undesirable position, members felt a duty to lead the group to ensure the continuation of hiking trips. Males and females would hike together, help each other out, and shared in adventures resulting in the formation of deep bonds between participants. Only a couple of women from the WWG would join in on CHC hikes because they wanted to participate in a hike that might be beyond the

comfort level of WWG hikers. Several MWG members also hiked with the CHC and, as I have noted earlier, Phil encouraged men that had improved their physical fitness to “graduate” onto Group A with the CHC.

Age was a unifying element for members of the CHC, but members of the CHC did represent a wider spectrum of ages. There was one particular hike where I saw a very wide spectrum of ages from early 20s to late 70s, but the core group of hikers were middle-aged to older adult. The separation of fitness levels within the groups was a form of control placed on the individual. It was not subversive like the surveillance they experienced during their daily lives to create a docile body, such as the hundreds of signs they encounter on a daily basis that control their movement patterns, but a means to ensure everybody in the group has a positive experience. Both groups were keenly aware of the troubles a person could face if they were to participate in a hike above their level of experience and the frustration an inexperienced person could create within a group.

Control

Control of the groups by the Recreation and Culture Section of the Town of Cochrane did receive some resistance from members with groups affiliated with the Town. The MWG and CHC are both affiliated with the Town, which provided them with some administrative and financial assistance, access to facilities, and insurance. In return the Town used their support of these groups to promote Cochrane, obtain funding, or to develop future health initiatives. The WWG’s

aversion to belonging to the Town has already been discussed, but there are a few men that did not like the idea of signing-in before they went for a walk:

...we already live in a over regulated society, and I could hardly, believe my, ears when I was told that I had to sign a waiver to go for a walk with at group of guys however I got over that because, I wanted to walk, more than I disliked the regulation, but I think it just speaks to our, modern society where we're, regulated to death, and the everything you do has a legal aspect to it, it's a little discouraging at times The lawyer lurking in the background everywhere, yeah ... there's signs of small protest, without mentioning names ... I see some of the guys when they sign in, putting an 'X,' on the thing to mark their name because, that's their way of say, 'This is bullshit.' You know and I really don't wanna – I don't know why I have to this but, I'll make a mark here and if you're not happy with that too bad.' So I see that [laughs] kind of small protests going on, so I'm not the only one that's unhappy with this over regulation (MWG member).

All participants did acknowledge that a healthy body represented a healthy society and an unhealthy body represented a dysfunctional or unhealthy society. Some members did behave in accordance with Healthism in that they believed active middle-aged and older adults did not burden healthcare services, costing the taxpayer billions of dollars due to illness related to physical inactivity (Katzmarzyk et al. 2004). This was not, however, the reason the majority of participants pursued an active lifestyle. They did not feel a pressure from the state or health and fitness marketing to pursue a specific body type or a healthy lifestyle. This became apparent in our discussions about what they considered unhealthy. Their answers did parrot some of the ideology of neoliberal inspired health and fitness corporations as it applied to the unhealthy body: overweight was equated with over indulgence in food and an inactive lifestyle. They did view

themselves as taking the moral high ground through their physical activities and pitied the inactive body. This opinion was formed in part by their exposure to the media and medical institutions and their own lived experiences.

All groups were well informed about the importance of maintaining a healthy body weight and worked to ensure their weight was within the established norms. A couple of women in the WWG did talk about how it was important to maintain a youthful physique to remain attractive to the opposite sex as they aged, but they did not, however, buy into the distorted body image of health and fitness publications. They were very aware that a healthy body came in all shapes and sizes. Their physical activities were more concerned with the enjoyment of the activity and the people around them than achieving an ultra toned and fit body. This independence from the controls of corporations was also seen in how they perceived biomedicine and its place in their lives.

All participants acknowledged that biomedicine was a powerful tool for healing, as can be seen by the individuals within the groups that have benefitted from cancer treatment and heart surgery, but they also viewed a dependence on pharmaceuticals as dangerous; medication was frequently associated with the unhealthy body, as previously mentioned. But they did have a heavy reliance on hiking poles

All members that hiked used Poles and pole brands and models were discussed, on occasion, with attention paid to weight and design. Almost all the poles I saw were collapsible for ease of storage and a frequent discussion amongst

members was about the ability of a collapsible pole to remain locked in place. Apparently some brands are better than others. This could become a problem because it could lead to frequent stops or a pole failing in a time of need. According to MEC's (Mountain Equipment Co-op) website, poles can cost anywhere from \$36 - \$145. The price difference is due to the materials used and pole design. There are also poles specifically made for males and females. The women's poles are lighter, smaller, and have different grips than a men's pole. According to Life-Link, a hiking pole manufacturer, there is a three-ounce difference between some models of men's and women's poles. I did not discuss with participants if they used the gender specific poles because I did not realize their significance until very late in my thesis write up, but it would be interesting to follow this up in future research.

Marketing for hiking poles, and outdoor equipment in general appeared to be directed at young adults. After visiting the websites for some popular pole brands, I noticed the advertisements were of young adults hiking with poles. There were very few if any images of middle-aged or older adults. This youthful advertising, thick with Healthism, did not appear to sway my participants' use of poles, but what did capture their attention were the claims by hiking pole retailers that hiking poles reduce stress on lower body joints and increase efficiency. I performed a cursory literature search for research on hiking poles. According to Michael Saunders and colleagues (2008) there have been very few studies performed on hiking poles outside of a laboratory setting. The research I did find

that supported the claims of reduce stress on lower body joints suggested that this occurred while hiking downhill with an external load (Bohne and Abendroth-Smith 2007), but this research was still performed in a lab. As to the efficiency claim, Saunders and colleagues researched the physiological responses and perceived exertion while hiking with poles. Their research discovered that hiking with poles was less efficient than without. An added bonus if your goal is to lose weight, but that was not what group members were purchasing. They were told that the poles “help you maintain a more upright, efficient posture” (MEC 2011). Hiking poles partially do what retailers claim, but, perhaps, not to the extent group members have been lead to believe. Poles do provide stability for hikers on challenging terrain and some individuals may not be able to access this terrain without poles. They are still interacting with the environment holistically, but perhaps their dependence on poles is muting their interaction with the landscape and limiting beneficial changes to their physiology.

Members from all groups believed that their participation in hiking and walking improved their health and created a healthy community. Several participants believed that hiking and walking had either healed or aided in the management of their health problems, allowing them to maintain their ideal body image of upright posture and mobility as they aged. Although participants did have a mechanized view of the human body, walking and hiking provided them with the opportunity to experience their bodies holistically. This was achieved through the friendships they made, the wilderness they trekked through, and their

physical activities. All these experiences challenged their traditional notions of the human body and provided them with a space and place to explore their health and healing.

Chapter Six

Walking, Hiking, and Aging

I began my thesis by suggesting that the perceptions of health and healing of middle-aged and older adult walking and hiking groups had not been extensively researched through the lens of ethnography. My goal was to unwrap key elements of each group's culture that contributed to their perceptions of health and healing as it related to their age and activities. I did this by investigating themes relating to social drama, ritual play, walking/hiking experiences, inscribed spaces, and the mindful body. What I discovered was that walking and hiking provided an opportunity for people at similar stages in life to socialize, be active, and explore their belief systems. It was a way for them to construct their own perceptions of aging and illness and exert control on their lives. The following is a summary of my findings.

The social dramas and ritual behaviours of hiking and walking groups were created in response to health problems associated with middle-aged and older adults. The groups were initiated by individuals in positions of power (star groups) to improve the quality of life for their aging population. All the programs were a non-invasive method of encouraging an active lifestyle, but some members of the MWG felt the morning sign-in and waiver were unnecessary and demeaning; they thought they were being treated like children. Other members due to the physiological and psychological benefits they received considered this

a small inconvenience. The men were very appreciative of the program and the positive influence it had made in their lives.

The WWG viewed any involvement with the Town of Cochrane as unnecessary for the continued success of their program and they considered efforts made by the Town to incorporate their group as invasive. The WWG is a very successful group that was created by a Town initiative and the Town should be proud of their past involvement. The social and legal technicalities for providing health-promoting programs similar to the MWG and WWG could be an area of future research considering how it is negatively perceived by some of the participants. Members of the CHC enthusiastically enjoyed the program and I did not hear any complaints about sign-ins, waivers, or the cost of the program. They had sufficient savings or income and flexibility of schedule to participate in hiking activities. This could have been a barrier to segments of the population of a lower socioeconomic status. The impact of socioeconomic status on participation in walking and hiking programs could be an area for future research. Participants from the CHC considered the annual fee as more than reasonable when compared to gym or country club memberships. Hiking equipment can be expensive, but once the gear has been purchased it tends to last for several years.

The act of walking and hiking did shape how participants experienced and inscribed their environment and were unique to each activity. The waking experience was focused on completing an established route within a designated period of time. This ensured that they maintained a pace conducive to positive

physiological changes. The WWG chose more diverse routes with hilly terrain while the MWG chose routes that could accommodate a wide range of fitness levels. For all groups the routes had become so engrained that they did not have to focus on the activity and it allowed them to engage in conversations. A blind member of the MWG was a good example as to how walking shaped the mind and body through the repetitive nature of the walking routes. He was able to establish his location on the route through environmental cues, such as changes in the walking surface, traffic, and time. His body was shaped by the landscape through his consistent walking with the group. The landscape also became symbolic of events, or inscribed, that had been experienced by the group, such as the tree Max stopped at when he was having heart problems. The tree became a symbol of the importance of looking out for each other and the denial that men sometimes exhibited when experiencing health issues. The routes each group chose were reflections of their health agendas inscribed on the landscape, which in turn was inscribed on their bodies.

Hiking provided a very different experience than walking. The routes were chosen based on the experience of the leader, appropriate terrain for the groups' level of ability, the distance they could cover in a day, elevation gain, and scenic opportunities. Elevation was an important symbol for some members in the hiking groups by symbolizing their current level of health relative to their age or recovery from injury or illness. The interplay between landscape and the individual was more pronounced with hiking. With each passing footstep, the trail

was changed recording the passing of the group on the landscape. In turn the individual was changed through the physiological changes that occurred as a result of improvements in fitness. The landscape also became an inscribed space representative of past events, such as the sign warning of bears symbolizing Phil's grizzly bear encounter that also provided a lesson for the group about wildlife encounters.

Hiking equipment did shape how participants experienced their environment. High top hiking boots and poles were used to provide stability on uneven terrain, but the poles could also have potentially acted as a barrier for participants to fully experience their environment. The hiking pole phenomena would be a very interesting topic for future research. It has taken over the hiking experience in all age groups and has become a standard piece of equipment. Hiking poles did allow some members of the groups to access backcountry areas that they might not have been able to enjoy without poles, providing them with a sense of accomplishment and a positive sense of wellbeing.

All the groups exhibited the phases of van Gennep's (2004) rites of passage: preliminal, liminal, and post liminal. There was a separation from their communities at large, followed by the liminal phase where they were challenged by walking or hiking, and the post liminal phase of coffee where members were reintegrated back into their community. The MWG was treated as a rite of passage into the CHC. Phil would suggest to a member that he join the CHC once he had reached a fitness level where hiking would not be too strenuous for him.

There was also a rite of passage in the CHC with short hikes and long hikes. The short hikes were for people that were new to hiking, members that did not want to do the long hike that day, or for members that wanted to increase their fitness and experience to progress to the longer hikes. Leadership was also a rite of passage in the CHC, but not a desirable one. Some members found the responsibility detracted from their hiking enjoyment, but all leaders considered it a necessary evil if the CHC was to continue. For walking groups the liminality of walking allowed them to engage in discussions outside of their daily lives creating strong bonds of friendship and camaraderie. This provided some participants with opportunities for emotional healing resulting from relationship problems, loss of loved ones, or illness. This was more prevalent in the WWG than the MWG and CHC, but all groups did provide emotional support for their members.

The liminal space created by hiking in the wilderness provided an opportunity for participants to explore their spirituality. It made them feel closer to nature and, for some members, it was a religious experience connecting them with their cosmology. It also allowed for the play of religious debate and an exploration of the spiritual experiences of their peers.

The liminality of walking and hiking activities created the conditions for participants to undergo Csikszentmihalyi's (1999) flow or autotelic experience. The flow experience occurred when participants were completely engaged in their activity providing them with a positive mental state after completion. This was not only the result of physical challenges hiking provided, but also the result of

spiritual and religious experiences in the wilderness or the religious debates.

The hiking groups also experienced the deep play identified in Clifford Geertz's (2005) research into the Balinese Cockfight, more so with the CHC than the WWG. Deep play was defined as play activities that involved personal risk. The risks of hiking were mitigated through equipment and route selection, but participants enjoyed an element of risk when they hiked. The risk provided them with feelings of being alive and acted as an enhancement to the autotelic experience. Participants considered deep play adventurous and deemed it important to their overall sense of wellbeing and used it to counter stereotypes associated with their age.

Several participants had experienced, either directly or indirectly, health problems associated with their joints or lower backs – this had also influenced the obligatory use of hiking poles. Participants believed that the act of walking and hiking maintained their upright body and, for some, healed their injuries and health problems. This belief in remaining mobile for health and healing pushed some individuals to extremes; they would continue to walk or hike with painful joint injuries to avoid health problems related to inactivity. In their opinion the consequences of being active with an injury outweighed the consequences of being inactive.

The inactive body was an unhealthy body and often equated to a body that was overindulgent and overweight. This coincided with depictions of the unhealthy body put forward by neoliberal inspired health and fitness corporations

(Crawford 1980). Surprisingly, participants did not attribute their engagement in physical activity, to pressure from the structures of power, but from an internal need to remain active and healthy.

The body images of men and women were also different. Men privileged the heart above other organs of the body due to the prevalence of heart related health problems amongst male their group. The sharing of their illnesses provided comfort and support to the men. Women, especially women from the WWG, privileged the mind over other organs of the body. The women helped each other through many kinds of emotional crisis associated with relationships, loss of loved ones, and illness. Their emotional support was born out of the close bonds they had created by selectively choosing their members and the extraneous activities they shared outside of hiking and walking. This ensured harmony in the group and a positive social atmosphere.

Participants did equate their bodies to machines as a result of living close to an urban environment (Calgary), but they also lived close to a rural landscape, which they considered a rejuvenating force in their lives. The symbolic equation of human and machine and the alienation of the human form were mitigated by their experiences with nature or wilderness. Nature made them feel more human.

The mechanisms of control associated with walking and hiking groups were internal and external. The internal controls for the WWG were related to whom they allowed in the group. It was based on friendship and the camaraderie that comes with familiarity. The most prevalent form of control in the MWG and CHC

was surveillance of fitness levels within the group. This was used to ensure that all members would have a positive hiking and walking experience. External control for the CHC was exerted by the Town requirement that each group had to have a certified leader, sign-in before a trip, wear high-top hiking boots, and carry safety equipment. These were sensible requirements imposed by the Town for the safety of the group, and nobody appeared to have a problem with the rules. The relationship between the mechanisms of corporate control and hiking equipment could be a topic for future research.

Participants did experience biomedical essentialism associated with ageism. They were influenced by the biomedical determinants of health related to chronological age and considered themselves healthy “for my age.” This also motivated some participants to attempt to achieve a level of fitness attributed to a younger demographic, but the influence of Healthism was overall limited. Participants did not workout to extremes to achieve a youthful body. It was more important for them to enjoy walking and hiking in a natural setting with friends.

Participants did mitigate their emotional state with walking and hiking. The physiological response of endorphin release to exercise was attributed to improving their mental state. Also, and as mentioned earlier, the socialization provided by the groups gave them emotional support in difficult times. This in turn provided my participants with a holistic experience of their bodies, in opposition to the mind-body separation of biomedicine, and influenced their perceptions of health and healing. It was a paradox of sorts. They talked about the

mind and body as a whole and as separate blurring the line between biomedical beliefs and ethnomedicine. Walking and hiking were experiences that challenged their traditional notions of the human body and provided them with a space and place to explore alternative health and healing methods to biomedicine. In short, walking and hiking were emancipatory acts against the intervening forces of their daily lives.

Bibliography

- Angrosino, Michael V. *Doing Cultural Anthropology*. 2nd ed. Long Grove, IL: Waveland Press, Inc, 2007.
- Bernard, Harvey Russell. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Lanham, MD: AltaMira Press, 2006.
- Boas, Franz. "Mythology and Folktales of the North American Indians." *The Journal of American Folklore* 27, no. 106 (October – December 1914): 374-410.
- Bohne, Michael and Julianne Abendroth-Smith. "Effects of Hiking Downhill Using Trekking Poles while Carrying External Loads." *Medicine & Science in Sports & Exercise* 39, no. 1 (January 2007): 177-183.
- Bourgwnon, Erica. "The Effectiveness of Religious Healing Movements: A Review of Recent Literature." *Transcultural Psychiatry* 13, no. 1 (April 1976): 5-21.
- Canadian Museum of Civilization. "The History of Canada's Public Pensions." Online Exhibition (30 July 2010).
http://www.civilization.ca/cmc/exhibitions/hist/pensions/cpp-m1915_e.shtml (accessed 10 June 2011).
- Cardona, Beatriz. "'Healthy Ageing' Policies and Anti-Ageing Ideologies and Practices: On the Exercise of Responsibility." *Medical Health Care and Philosophy* 11, no. 4 (1 April 2008): 475–483.
- Crawford, Robert. "Healthism and the Medicalization of Everyday Life." *International Journal of Health Services: Planning, Administration, Evaluation* 10, no. 3 (1980): 365-88.
- Csikszentmihalyi, Mihaly. "If We Are So Rich, Why Aren't We Happy?" *American Psychological Association* 54, no. 10 (1999): 821-827.
- Csordas, Thomas J. *Embodiment and Experience: the Existential Ground of Culture and Self*. Cambridge, UK: Cambridge University Press, 1994.
- Daley, Amanda. "Exercise and Depression: A Review of Reviews." *Journal of Clinical Psychology in Medical Settings* 15, no. 2 (2008): 140–147.
- Durkheim, Emile. *The Elementary Forms of Religious Life*. New York: G. Allen and Unwin, 1912.

- Engel, George L. "The Need for a New Medical Model: A Challenge for Biomedicine." *Science* 196, no. 4286. (8 April 1977): 129-136.
- Foucault, Michel. *Discipline and Punishment*. Translated by Alan Sheridan. New York: Pantheon, 1977.
- Geertz, Clifford. "Deep Play: Notes on the Balinese Cockfight." *Daedalus* 134, no. 4 (Fall 2005): 56-86.
- Geertz, Clifford. *The Interpretation of Cultures*. New York: Basic Books, 1973.
- Graburn, Nelson H. H. "The Anthropology of Tourism." *Annals of Tourism Research* 10, (1983): 9-33.
- Guthman, Julie. "Neoliberalism and the Constitution of Contemporary Bodies." In *The Fat Studies Reader*, edited by Esther Rothblum, and Sondra Solovay, 187-196. New York: New York University Press, 2009.
- Hahn, Roberta A. and Arthur Kleinman. "Belief as Pathogen, Belief as Medicine: 'Voodoo Death' and the 'Placebo Phenomenon' in Anthropological Perspective." *Medical Anthropology Quarterly* 14, no. 4 (August 1983): 3+16-19.
- Huizinga, Johan. *Homo Ludens; A Study of the Play-Element in Culture*. London: Routledge, 2000.
- Ingold, Tim. "Culture on the Ground: The World Perceived Through the Feet." *Journal of Material Culture* 9, no. 3 (November 2004): 315-340.
- Janzen, John A. *The Social Fabric of Health*. New York: McGraw-Hill 2002.
- Katzmarzyk, Peter T. and Ian Janssen. "The Economic Costs Associated With Physical Inactivity and Obesity in Canada: An Update." *Canadian Journal of Applied Physiology* 29, no. 1 (2004): 90-115.
- Laws, Glenda. "Understanding Ageism: Lessons From Feminism and Postmodernism." *The Gerontologist* 35, no. 1 (1995): 112-118.
- Leder, Drew. *The Absent Body*. Chicago: University of Chicago Press 1990.
- Life-Link Backcountry Travel. <http://www.garmontusa.com/310503hike.html> (accessed 02 July 2010).

- Loebl, W. Y. and J. F. Nunn. "Staffs as walking aids in ancient Egypt and Palestine." *Journal of the Royal Society of Medicine* 90, no. 8 (August 1997): 450-454.
- Low, Setha M. and Denise Lawrence-Zúñiga. *The Anthropology of Space and Place: Locating Culture*. Malden, MA: Blackwell Publishing, 2003.
- Malinowski, Bronislaw. "The Group and the Individual in Functional Analysis." *The American Journal of Sociology* 44, no. 6 (May 1939): 938-964.
- Manning, Peter, and Horatio Fabrega. "The Experience of Self and Body: Health and Illness in the Chiapas Highlands." In *Phenomenological Sociology*. Edited by George Psathas, 59-73. New York: Wiley, 1973.
- Maslow, A. H. *Religions, Values, and Peak Experiences*. New York: Penguin Books, 1976.
- Merleau-Ponty, Maurice. *Phenomenology of Perception*. London: Routledge and Kegan Paul, 1962.
- Mountain Equipment Co-op. "Trekking Poles." Learn.
http://www.mec.ca/Main/content_text.jsp?CONTENT%3C%3Ecnt_id=10134198673221323&FOLDER%3C%3Efolder_id=2534374302887185 (accessed 02 July 2010)
- Myerhof, Barbara. *Number Out Days*. New York: Simon and Schuster, 1978.
- O'Reily, Karen. *Ethnographic Methods*. New York: Routledge, 2005.
- Pink, Sarah. *Doing Visual Ethnography*. 2nd ed. Thousand Oaks, CA: Sage, 2007.
- Richardson, Miles. "Being-in-the-Market Versus Being in-the-Plaza: Material Culture and the Construction of Social Reality in Spanish America." In *The Anthropology of Space and Place: Locating Culture*, edited by Setha M. Low and Denise Lawrence-Zúñiga, 204-223. Malden, MA: Blackwell Publishing, 2003.
- Rodman, Margaret C. "Empowering Place: Multilocality and Multivocality." In *The Anthropology of Space and Place: Locating Culture*, edited by Setha M. Low and Denise Lawrence-Zúñiga, 204-223. Malden, MA: Blackwell Publishing, 2003.

- Roebuck, Janet. "When Does Old Age Begin?: The Evolution of the English Definition." *Journal of Social History* 12, no. 3 (Spring 1979): 416-428.
- Sapir, Edward. "Culture, Genuine and Spurious." *The American Journal of Sociology* 29, no. 4 (January 1924): 401-429.
- Saunders, Michael J., G. Ryan Hipp, David L. Wenos, and Michael L Deaton. "Trekking Poles Increase Physiological Responses to Hiking Without Increased Perceived Exertion." *Journal of Strength & Conditioning Research* 22, no. 5 (September 2008): 1468-1474.
- Scheper-Hughes, Nancy. *Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkley, CA: University of California Press, 1992.
- Scheper-Hughes, Nancy and Margaret M. Lock. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly* 1, no. 1 (March 1987): 6-41.
- Schilder, Paul. *The Image and Appearance of the Human Body*. London: Routledge and Kegan Paul, 1950.
- Service Canada: People Serving People. "Overview of the Old Age Security Program." Old Age Security Program (06 July 2011). <http://www.servicecanada.gc.ca/eng/isp/oas/oasoverview.shtml> (accessed 08 July 2011).
- Slavin, Sean. "Walking as Spiritual Practice: The Pilgrimage to Santiago de Compostela." *Body and Society* 9, no. 3 (September 2003): 1-18.
- Statistics Canada. "Cochrane, Alberta (Code4806019) (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue." no. 92-591-XWE (13 March 2007) Ottawa. <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E> (accessed 20 March 2011).
- Strathern, Andrew and Marilyn Strathern. *Self-Decoration in Mount Hagen*. London: Gerald Duckworth, 1971.
- Straus, Erwin W. "The Upright Posture." *Psychiatric Quarterly* 26, no. 1 (1952): 529-561.

- Turner, Victor. "Body, Brain and Culture." *Performing Arts Journal* 10, no. 2 (1986): pp. 26-34.
- Turner, Victor. "Social Dramas and Stories about Them." *Critical Inquiry* 7, no. 1, On Narrative (Autumn 1980): 141-168.
- Turner, Victor. *The Ritual Process: Structure and Anti-Structure*. Chicago: Aldine Publishing Company, 1969.
- Van Gennep, Arnold. *The Rites of Passage*. London: Routledge, 2004.
- World Health Organization. "Diabetes Program." (2011).
<http://www.who.int/diabetes/en/> (accessed 11 April 2011).
- World Health Organization. Definition of an Older or Elderly Person. (2007). <http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html>, (accessed 7 August. 2011).
- Zborowski, Mark. "Cultural Components in Responses to Pain." *Journal of Social Issues* 8, no. 4 (Fall 1952): 16-30.

Appendix A

Code: _____

Participant Consent Form

Interviewer(s): Rodney Steadman ph: 403-282-5009 email: rsteadma@ualberta.ca
Supervisor: Dr. Helen Vallianatos ph: 780-492-0132 email: vallianatos@ualberta.ca

Cochrane Walking and Hiking Groups: Outdoor Group Exercise and Perceptions of Health, Healing, and Disease.

This statement is for participation in a research project conducted by Rodney Steadman at the University of Alberta. This project is supervised by Dr. Helen Vallianatos. Please read this consent form closely and sign if you agree to participate.

Interviewee (print name): _____ Date: _____

Project Description

This project will be exploring walking and hiking groups and their perceptions of health, healing, and disease. Data will be collected through the collaborative process of participant observation where the researcher participates in group activities. More formal one-on-one interviews will be conducted periodically with the use of an audio recorder. Also, participants will be asked to take pictures of locations and activities that they associate with health, healing, and disease. This is called photovoice and it is a very effective method for understanding the world view of individuals and communities. It is hoped that this research project will contribute to the body of knowledge on the cultural significance of physical activity initiatives for health and healing.

To contribute to the project, you may:

- a) provide your comments anonymously;
- b) provide your comments together with your first name or full name;
- c) provide your comments with your first name (or full name) and picture of yourself;
- d) provide your comments with your first name (or full name), picture of yourself and images provided by you.

As the Interviewee, I have been fully informed of the following points before proceeding with the interview:

1. My participation in the research is completely voluntary, and I understand the intent and purpose of the interview.
2. Upon my request, I understand that my identity will be kept confidential and that I have the right to withdraw from this research at any time (during the interview or at a later date).
3. Any information provided by me can be destroyed at any time upon my request.
4. I am aware that others will be viewing the results of this research project and that it is intended to be made available to the public.
5. I have the right to request that any public display be discontinued if the project is causing me harm.
6. I will receive a copy of this contract.

Photovoice

Yes / No (circle one) I agree to participate in the photovoice component of this research project. Participants will be asked to take pictures of locations and activities that they associate with health, healing, and disease. The participant will discuss their pictures with the researcher during an audio recorded interview.

For more information about the Department of Anthropology's Guidelines for Ethics and Consent visit: <http://www.anthropology.ualberta.ca/en/Research/ResearchEthics.aspx>

Signatures

Interviewee: _____ Interviewer: _____

Participant email: _____ Phone: _____

Code: _____

Demographic Survey Cochrane Walking and Hiking Groups

Project Description

This project will be exploring walking and hiking groups and their perceptions of health, healing, and disease. Data will be collected through the collaborative process of participant observation where the researcher participates in group activities. More formal one-on-one interviews will be conducted periodically with the use of an audio recorder. Also, participants will be asked to take pictures of locations and activities that they associate with health, healing, and disease. This is called photovoice and it is a very effective method for understanding the world view of individuals and communities. It is hoped that this research project will contribute to the body of knowledge on the cultural significance of physical activity initiatives for health and healing.

All information on this form will remain confidential in compliance with the Department of Anthropology's Guidelines for Ethics and Consent (<http://www.anthropology.ualberta.ca/en/Research/ResearchEthics.aspx>).

Group Affiliation (circle): Men's Walking Group | Women's Walking Group | Hiking Group

Name: _____

Address or Postal Code: _____

Email: _____ Phone: _____

Year of Birth or Age: _____

Gender: _____

Ethnicity: _____

Marital Status: _____

Family Size: _____

Education: _____

Occupation: _____

Employment Status (circle one): Working | Semi-retired | Retired

Income (circle one): < 10,000 | 10,000–19,999 | 20,000–29,999 | 30,000–39,999 | 40,000–49,999 | 50,000–59,999 | 60,000–>

Cochrane Residents

Number of Years Lived in Cochrane: _____

Reason for Moving to Cochrane: _____

Leisure Activities

Type of Leisure Activities (winter and summer): _____

Frequency of Leisure Activities (days per week): _____

Intensity of Leisure Activities (low, moderate, hard): _____

Duration of Leisure Activities (hours per day): _____

Researcher(s): Rodney Steadman ph: 403-282-5009 email: rsteadma@ualberta.ca

Supervisor: Dr. Helen Vallianatos ph: 780-492-0132 email: vallianatos@ualberta.ca

Appendix B

Interview Questions

Age?

Retired?

How long have you been with the group?

Why did you join the group?

What do you get out of the group?

What is good health to you?

What is unhealthy to you?

Are you healthy?

Do you feel a pressure to be healthy?

Can walking/hiking be healing?

Is adventure important?

Define adventure.

Do you have adventures with the group?

Are your experiences in nature spiritual?

Define spiritual.

Are walking/hiking groups accessible to older adults (physically, mentally, and financially)?

Do you go to the gym? Why or why not?

Appendix C

Zoom H2 microphone used for audio recording of interviews



Appendix D

Route Information

Date	Group	Route	Details
30 August 2010	MWG	Route A	Pace: ~5km/h Elevation: ~+40m, ~-43m Duration: ~1h
31 August 2010	CHC	Headwall Lakes to Chester Lake Peter Lougheed Provincial Park	Distance: ~16km Elevation: ~±1011m Duration: ~7h
21 September 2010	MWG	Route B	Pace: ~5km/h Elevation: ~+43m, ~-41m Duration: ~1h
03 September 2010	MWG	Route A	Pace: ~5km/h Elevation: ~+40m, ~-43m Duration: ~1h
06 September 2010	MWG	Route A	Pace: ~5km/h Elevation: ~+40m, ~-43m Duration: ~1h
07 September 2010	CHC	Grizzly Col Peter Lougheed Provincial Park	Distance: ~10km Elevation: ~+574m, ~-790m Duration: ~7h *Deep snow up to col and bad weather from col to car.
08 September 2010	WWG	Route C	Pace: ~5km/h Elevation: ~±95m Duration: ~1h
10 September 2010	WWG	Jumpingpound Ridge East Kananaskis Country	Distance: 9km Elevation: ~±561m Duration: ~4h
13 September 2010	MWG	Route A Reverse	Pace: ~5km/h Elevation: ~+40m, ~-43m Duration: ~1h
14 September 2010	CHC	Galatea Lakes Kananaskis Country	Distance: ~15km Elevation: ~±880m Duration: ~7h
15 September 2010	WWG	Route A	Pace: ~5km/h Elevation: ~±119m Duration: ~1h
17 September 2010	MWG	Route A	Pace: ~5km/h Elevation: ~+40m, ~-43m Duration: ~1h
20 September 2010	WWG	Route B	Pace: ~5km/h Elevation: ~±41m Duration: ~1h
21 September 2010	CHC	Moose Mountain East Kananaskis Country	Distance: ~4km Elevation: ~+328m, ~-338m Duration: ~4h *Mist, snow, sleet, and walked through shin deep slushy snow. Turned back due to poor weather.
22 September 2010	MWG	Route B	Pace: ~5km/h Elevation: ~+44m, ~-41m Duration: ~1h

Route Information (cont'd)

Date	Group	Route	Details
23 September 2010	WWG	Powderface Peak East Kananaskis Country	Distance: ~7km Elevation: ~±513m Duration: ~5hrs
27 September 2010	MWG	Route B	Distance: ~5km Elevation: ~+43m, ~-41m Duration: ~1h
28 September 2010	CHC	Larch Valley to Sentinel Pass Moraine Lake, Banff National Park	Distance: ~10km Elevation: ~±563m Duration: ~3h *Turned back at base of Sentinel Pass due to rain and sleet.
05 October 2010	CHC	Powderface Ridge East Kananaskis Country	Distance: ~9km Elevation: ~+597m, ~-747m Duration: ~4h
06 October 2010	WWG	Route D	Distance: ~6km Elevation: ~±119m Duration: ~1h
08 October 2010	WWG	Grotto Canyon NE of Canmore	Distance: ~6km Elevation: ~±414m Duration: ~3h
11 October 2010	MWG	Route A	Pace: ~5km/h Elevation: ~+40m, ~-43m Duration: ~1h
12 October 2010	CHC	Rawson Lake Peter Lougheed Provincial Park	Distance: ~10km Elevation: ~±740m Duration: ~5.5h
13 October 2010	WWG	Route C	Pace: ~5km/h Elevation: ~±95m Duration: ~1h
25 October 2010	MWG	Route A	Pace: ~5km/h Elevation: ~+40m, ~-43m Duration: ~1h
29 November 2010	MWG	Route A	Pace: ~5km/h Elevation: ~+40m, ~-43m Duration: ~1h

Appendix E

Codebook

Walking/Hiking Experience

Distance

- The accumulated kilometres during a hike or walk.

Elevation

- Vertical gain during a hike.
- It can also be the total gain during a hike minus elevation loss.

Equipment

- Specialized equipment for hiking or equipment used while hiking also known as gear.

Fear

- Activities that cause undesirable anxiety.

Hiking

- Walking or strenuous walking in a wilderness or natural setting.

Mountains

- A specific natural setting in the mountains and is also considered a wilderness or being outside.

Nature

- Perceived environment of plants and animals in a wilderness or human created 'green' space.
- Sometimes referred to as being outside.

Navigation

- Discussions about route finding.

Safety

- Precautions taken by individuals or group to avoid accidents or in the event of an accident and can determine how participants experience their environment.

Scenery

- The act of observing nature.

Walking

- An activity that takes place in an urban or rural location for the improvement or maintenance of health.
- Generally not as strenuous as hiking and does not require the special clothing and equipment as hiking.

Wildlife

- Wild animal encounters.

Wilderness

- Nature that is either untouched or minimally disrupted by humans.

Weather

- Determines location of hiking and walking, duration of hike, and the use of specialized equipment and clothing.

Walking/Hiking Culture

Age

- Participants are middle-aged and older adults.

Body Discipline

- Internal and/or external pressure to behave in a specified way relating to the group or outside organization to participate in an activity or adopt a behaviour.
- Can be pressure to adopt healthy behaviours or signing in for the morning walk.

Camaraderie

- Mutual trust and friendship among people who spend a lot of time together (New Oxford American Dictionary).
- Looking out for one another.

Commitment

- Strict adherence to attending a regularly scheduled event.

Distance

- The accumulated kilometres during a hike or walk representing health and fitness.

Elevation

- Symbolizes level of fitness, health, recovery, adventure, spirituality, and fear.

Gender

- How the participants perceive their own and others masculinity and femininity.
- The discussions did not involve other gender categories and there were no unsolicited remarks about other types of genders.

Group History

- History of group formation.
- History of an individual with the group.

Leadership

- Discussions about leadership roles within a group.

Motivation

- Individuals or group that set an example or encourage others to be active.

Rite of Passage

- Activities an initiate must complete to be accepted into a group or subgroup.
- E.g. members in walking groups sometimes graduate onto hiking group if they improve their fitness and confidence.
- E.g. leaders in the hiking group have to complete special courses.

Retired

- Participants that have left the workforce.

Safety

- Precautions taken by individuals or group to avoid accidents or in the event of an accident.

Socialization

- Group activities for the purpose of interacting with other people.

Travel

- Experiences during transportation to a destination for an activity.

- Experiences associated with visiting unfamiliar cultures, locations, and activities.

PLAY

Adventure

- Defined by the participants as new experiences and challenges.

Accomplishment

- Completing an activity the participant perceives as challenging.

Hobby

- An activity engaged in for pleasure.

Misadventure

- Adventure that becomes a negative experience, but is a source of information and entertainment for the group. It can become a borderline legend within the group. The individual that experienced the misadventure can also become a heroic figure to some in the group.

Inspiration

- People, landscapes, or activities that motivate an individual to pursue what they believe are healthy or spiritual activities.

Liminality

- A space and place where activities not associated with daily life can take place or topics discussed that would otherwise be considered inappropriate.

Religious Experience/Religion

- A representation of organized religion such as seeing God in nature or referring to nature or an experience in nature as religion.

Scenery

- The act of observing nature and contributes to perceptions of adventure, fear, and spirituality depending on location and individual.

Spiritual

- Profound experience(s) connecting a person to their cosmology.

Perceptions of Health and Healing

Activity

- Activities that sustain wellness.

Adult

- 21-44

Aging

- Participant's perceptions about the aging process.

Body Discipline

- Internal and/or external pressure to behave in a specified way relating to health or participate in an activity or adopt a behaviour.
- Can be pressure to adopt healthy behaviours or signing in for the morning walk.

Care Taker

- Individual that has taken on the responsibility of caring for a spouse or family member disabled due to physical or mental illness.

Doctor

- Discussions about their medical practitioners advice and reactions to health decisions.

Family

- Discussions involving the immediate members of their family.

Fitness

- Activities to improve physical activity performance.

Freedom

- Flexibility to decide when and where to participate in an activity.

Healthy

- Behaviours that participants' perceive as beneficial to their health.
- Can also be the ability to perform activities (i.e. getting up in morning) or to maintain a positive mental state.

Health Problem

- Mental or physical condition negatively impacting health.
- Examples: physical injury or mental disorder.

Healing

- Perceived improvements in the participants' physical and/or mental well being.

Independence

- How an individual defines their personal freedoms.

Middle-aged

- 45-64 (WHO)

New to Cochrane

- Individuals that moved to Cochrane later in life and relatively recently.

Older Adult

- 65 < (WHO)

Pain

- Participant's perceptions of physical and emotional discomfort.

Reflexivity

- My personal reflections during interviews.

Semi-retired

- Participants that will occasional work.

Socialization

- Group activities that have aided in the healing process.

Spouse

- The significant other of a participant.

Unhealthy

- Behaviours that participants perceive as non-beneficial to their health.

Volunteerism

- Activities to support others as part of an organization or on their own.

Appendix F

Sample Interview

Legend

- interruption, false start, change in conversation, or continuation of an interrupted conversation
- ... voice trails off
- , short pause
- [p] 2-3 sec pause in conversation
- [P] 4-5 sec pause in conversation
- [LP] 5-7 sec pause in conversation

Code: H96

Date: 14 September 2010

Time: ~ 09:40

Location: Galatea Lakes, Kananaskis Provincial Park

Interviewer: Rodney Steadman (Ro)

Type of audio recorder: Zoom H2 recording on 8 GB SDHC

Length of recording/File Name(s): (23min 03sec) 1(H96)14Sep2010.wav

Note: There were 12 people on this hike and the day started in rain with mist and fog throughout the day. There was a brief moment of excitement at the beginning of the hike when the group found some very fresh bear prints thought to be from a grizzly. A large animal was seen darting away from the area and through the creek when we approached the spot.

[Background conversation and rushing water]

H96: Are you gonna record my footprints?

Ro: Ah, actually it's kinda quite I've gotta pole hitting the ground.

H96: Oh yeah do you.

Ro: And the rocks and stuff on the other trips [rustling] just gonna turn this up here [rushing water] so we're next to a little, creek, what creek is this do you know? Is this ...

H96: So this, probably would be Galatea Creek right?

Ro: Galatea Creek yeah.

H96: I don't, I'm not sure though.

Ro: And what's the trail we're doing today?

H96: Gala-Galatea Trail.

Ro: OK.

H96: To Lillian Lake.

Ro: Lillian Lake [p] it's 9:41 [p] Tuesday, September 14 I believe [p] and I'm talking to H96 [P] and today you're leading the group H96?

H96: Yes [P] and I chose this trail last night. (01:03)
leadership

Ro: Why's that?

H96: Well [p] we haven't done it yet this year [p] and we, I usually do this trail at least three times a year, and a, the snow is coming, this could be one of our last chances [p] and we had to change plans, cause of too much snow in the, Ribbon Valley there, so, this was the change of plans.
leadership + **weather**

Ro: Why do you like this trail so much?

H96: Oh, oh it's [garbled] ah [p] it goes over Quinn Pass [p] and [p] goes to some beautiful lakes [p] has good memories.
elevation + **scenery**

Ro: So how long have you been hiking for?

H96: Uhh [p] I think about, six or seven years [p] so not long,
group history

Ro: Yeh.

H96: comparatively speaking.

Ro: And uh [p] why did you start hiking?

H96: Well I always wanted to, and then I met this group, and they hike on Tuesdays, and I always have Tuesday off.
group history + **commitment**

Ro: K.

H96: And they're a very safe group [p] and a, they like adventure, and challenge and they're really friendly, so after I met them I went every Tuesday right away.
safety + adventure + commitment

Ro: So were you a, was-you were you active before, the hiking group?

H96: When I could be, like I did a, long bicycle rides and, but not nearly as active no [p] you have to have, a designated day, and, a club when you're, have hikes already planned, you're much likely to get out there. If you have to plan it yourself, get the people together [p] all that sorta stuff it's less likely to happen.
activity + commitment + group history

Ro: And what --

H96: Plus I didn't even know where the hikes were. (03:00)

Ro: How-is, how is hiking with this group change your life?

H96: Ohhh [p] it made all the difference, I felt like I was holidays all the time, cause one day a week I had a, fantastic holiday [p] I had [p] people I enjoyed [p] outside of the family situation, and [p] family situation had some conflict, so it was great to get outta that, and a [P] gave me something to look forward to.
freedom + camaraderie + socialization + family

Ro: And what do you do for your a, work?

H96: I'm a nurse.

Ro: OK [p] has this impacted your nursing at all?

H96: Well I think so, I can I bring more to it, I tell people about what I've been, where I've been and, a, even if they're in their bed, they, they appreciate the enthusiasm and, and they like to think of mountains instead of illness, so [p] and just, encouraging coworkers, to get out there, and, it changes their image of aging [p] now they're, now they're saying, "Well, if H96 can do it we can do it" and well I don't think that's true, but a [both laugh] a, if that works for them OK.
mountains + health problem + motivation + inspiration + aging

Ro: How old --

H96: And a --

Ro: How old are you H96?

H96: I am 58.
middle-aged

Ro: K.

H96: And, and they're in their 30s, and so, they're sorta saying to themselves, "Well, why should we not be able to, hike in the mountains." So they're, more ready to get out there, and I bring some of the pictures, to work, and they see that, that they can do it to, or they could think that they could.
mountains + hiking + aging + inspiration

Ro: On second here just gonna [plastic rustles] make sure we're still go -- yeah we are good.

H96: But I'm afraid sometimes, I tell them about, the exciting adventures, and I make them sound, so exciting, that they're too scared to come with me [both laugh] [sound of rushing water increases] that is most often the case, and some pictures that I bring, it looks so scary they say, "Hoo I'm not gonna go there," so [both laugh], so I'm -- if I want them to join me I have to, tone down, and make them realize it's safe [laughs] but ... (05:21)
adventure + fear + safety

Ro: So w-why is adventure important?

[P] [Click of poles while they walk]

H96: Uh [p] I think, boring, lives that are boring [p] are kinda deadly.
adventure + unhealthy

Ro: In what way?

H96: Um [p] you're not engaged in life, ah [p] life happens to you [p] instead of [p] you [p] sorta being really [p] uh [p] involved in where your life goes and [p] I don't know adventure, you can feel your blood, flow and everything [p] just flows better [p] you laugh more.
adventure + healthy

Ro: We were talking last time a little bit about ah [p] what happens to a group when you have misadventure together, do you remember that?

H96: Oh, yeah, yeah.

Ro: Yeh.

H96: When you have challenges together,
accomplishment + **adventure**

Ro: Yeh.

H96: the bonds [p] then at work like as the nurses that I hiked with, we, all, barely got to the top we just, felt we couldn't it was so tiring [p] but we all successfully went to-h top, and back down [p] and we trusted each other, soo much more, at the workplace, cause we had survived that.
accomplishment + **adventure** + **rite of passage** + **elevation**

Ro: What was the hike you went on [microphone is hit]?

H96: It was just, it was Prairie Mountain, in the spring, with water on the ice, and the mud,
weather + **mountain** + **elevation**

Ro: Ohhh.

H96: that is, interesting [both laugh].

Ro: So what's your a, what's your definition of health?

H96: It's [p] there's a definitely an attitude component of it, because, in nursing I see some people that are, if you just look at their textbook picture [p] they're very, unhealthy but when you meet them, they are so [p] enthused with life and, so upbeat and, making the most of what they have and, uh, have a good outlook on the -- positive outlook on the future, so you might say [p] that person is more healthy, then someone that only has a few health, problems, but is totally negative, and gloomy, and doesn't even use what they have, so [p] but health [p] I like to feel well so that I can actually, mobilize, that's very important to me.

(07:45)

healthy + **unhealthy**

Ro: So do you think you're healthy?

H96: Yes I am healthy.

Ro: And how has a hiking contributed to that?

H96: Well it helps me enjoy life.
hobby

Ro: Yeh.

H96: And uh, it gives me a reason to get out there [p] because [p] in the city, well the gym is not a reason, I, have troubles with gyms, I'm really an outdoor person [p] and a, I need to be outdoors, and I love to get away from houses [p] and [p] lots of, people and traffic so, hiking, contributes to that.

nature + **hiking**

Ro: So what is it about being outdoors what – – can you put that into words?

H96: Well, interesting [p] uh, 8Z8 is [p] our hiker is proud to be atheist [Rodney laughs] and he's I-oh-we, and he's liable to, sort've, ah challenge anyone who isn't, and he says, points to the mountains, and the trees-says, "These are my gods," and I said to-hi, here and I says, "Oh yeah you're just right on, just like King David and all the Psalms 'I look unto the hills. From whenth my help commeth from.' Says, "You are right on." You this is God's expression of himself, all around us, and if you wanna find God [p] yeah, go out to the mountains, and a, and you will see, you will, get his expression of himself, so, that I think, to me is, the biggest part, you know the social is also important, but I hike by myself, and a [p] that's, what's important, when I hike by myself, is that there's just me and, and nature, and [p] I think that is, like God's voice and nature is [p] very, very clear [p] um-a very stable, sorta force.

religious + **freedom** + **independence** + **mountains** + **nature**

Ro: I was gonna let cha, if you had anymore thought on that that's fine. [P] Do you think a, it's important to have a group, that's within the same, generation?

H96: Uh, like, elder – –

Ro: Age, age range [p] everybody's kinda within that same ...

H96: No, oh we had, we went up Crypt Lake, and there were two teenagers, no they weren't teens. Say 20, a, girls. They're on the boat – – you know Crypt Lake?

hiking + **adult**

Ro: No I don't actually.

H96: Oh, have to take a boat to get, to the trail head, and they looked at all us, old people, and they said, "Oh – – (10:44)

older adult + **aging** + **hiking**

Ro: [microphone bangs] We're just crossing a stream right now so [rushing water], once we weed through here, alright.

H96: -- they said, "Oh, we should have no trouble with, this hike, if these people can do it, we can do it." I heard them say, and I, snickered to myself, but, I have kids their age,

older adult + **aging** + **hiking**

Ro: Yeh.

H96: and a, so, they struggled [p] and they struggled [p] they were a little bit behind us, but we kept different ones of us, kept encouraging and talking to them, and some, some of the old people, older-a-our group,

older adult + **aging** + **hiking**

Ro: Yeh.

H96: kind of in, were insulting, like they thought, "Oh these, this younger generation." They had negative comments,

older adult + **aging** + **hiking**

Ro: Yeh.

H96: but I said, "You know what no, let's encourage them," and a [p] so when we got to the ladder, well no they were already gonna turn back, but, we-sa we told them to join us, and we helped them up the ladder, and told them to watch for us, when we left, so could help them down, and a [p] I-just, I thought that was so good, it, probably helped them have different attitude, about aging, and maybe helped some of the, older people have a different, like, we've made a difference in their lives, and, so it's good for us to have a, positive attitude too, I think, um, so that was -- what was the original question I forget but ...

older adult + **aging** + **hiking**

Ro: No that-that's, you-you got to --

H96: Oh not that's, the two generations.

Ro: But m-my point being is like --

H96: Yeh.

Ro: -- in this group there's a lot of -- everybody's, at a later stage.

H96: Yes [p] except for L09 and, 56K are in their 40s, but that's still a little older I guess, (12:32)

older adult

Ro: Yeh.

H96: but [p] these, and I don't know if you met [names person], he was in his 30s,

adult

Ro: No I haven't, no.

H96: and, he could, run up any of our mountains, but I think, he, liked the social aspect of it so much, that he didn't, he was-l he loved hiking with us, so [p] yeah I think [p] I like the a, having, generations, as long it's more than one, as long as [p] we're all respectful of each other, and each others limitations like,

older adult + **aging** + **hiking** + **socialization**

Ro: Um-hum.

H96: like you're a group, you don't just go on your own, or else you don't hike with the group right.

socialization + **safety** + **hiking**

Ro: So do you think um, hiking can be healing?

H96: Oh totally, yeh.

healing

Ro: Uh-huh.

H96: Like I went with my sisters -- my daughters um, has these, twin Chinese, friends and they were 15, up Moose Mountain, and the one girl, nothing wrong with her physically, but she was in tears, three times before we got to the top.

healing + **family** + **hiking** + **elevation**

Ro: Huh.

H96: And a [p] I couldn't deal with it, I had to just, stand in the background, while my daughter and, the other twin, encouraged her on, but her problem was, she didn't have enough experience [p] to [p] you know to know what she was capable of, and a, so I and -- they're foster kids, right, and so, I thought you know [p] a bit more hiking and, more tears and, finding out, she can do so much more than she thinks she can, is gonna be healing, for her, you know the, whatever has happened, to make her a foster child [p] and a, enough anyway

that's what I believe about -- that would be emotional type healing [p] it's obviously physically healing,

healing + **family** + **hiking** + **elevation** + **accomplishment**

Ro: Uh-huh.

H96: helps the joints.

healing

[Walking with some background conversation]

Ro: K we'll stop there, unless there's some'n you wanna, you've been dying to talk about.

H96: No [laughs]. (14:36)

Ro: Just fine.

H96: No that's good that's got a -- actually [p] a, is it still on?

Ro: Yeah, no I thought you were gonna say something else anyway.

H96: Yeah oh yeah, we got A19 up [p] to um [p] to Bertha, Lake.

elevation + **health problem**

Ro: Oh that's right we were talking about ...

H96: I told you yeah, yeah, and, I am, I am a nurse all the way through I think.

nurse

Ro: Yeh.

H96: Or maybe I'm a mother a little bit [Rodney laughs] or both,

Ro: Yeh.

H96: and or a, a friend as well I don't know,

Ro: Uh-huh.

H96: and it just [p] it, it means so much to me, to see people [p] doing what, others would say they can't [p] and a [p] it helps them physically, and emotionally and, just every way, I think.

accomplishment + **healing**

Ro: And a-w-A19 is a part of this project so um, what was ah, what was the issue with A19?

H96: Oh he had had, a double heart bypasses and then, was getting short of breath even in the men's walking group, so he couldn't even do that, this spring.

health problem + **walking**

Ro: Yeh.

H96: So now, he's been doing the men's-men's walking group [p] and a, he was able, to do the Bertha Lake hike, which was 12 kilometres, and 500 metres elevation, so that was -- and, we just had to slow down our pace, and a lot of times, that's what people need to do, learn how to do, is just, slow down, and the, then they can do what they, they still wanna do. (16:00)

elevation + **accomplishment**

Ro: And you-you talked about A19 that um [p] he has a uh [P] he-he really wants to go.

H96: Yeah.

Ro: Yeah.

H96: Oh yes, he pushes himself too, hard.

Ro: Yeh.

H96: So he did, I think he did better, near the end, then if he was the pace setter cause, he hasn't actually learned, to pace himself slow enough yet.

camaraderie + **socialization** + **safety** + **hiking**

Ro: Ah.

H96: Which is, the case of many people, cause they're, letting other people kinda, push them on, and that's part of why I like hiking by myself sometimes. It's cause, then I truly am only doing my pace [laughs].

camaraderie + **socialization** + **safety** + **hiking**

Ro: Yeh.

H96: And that's sometimes more comfortable.

Ro: Now when did you become a leader?

H96: Uh, I think three years ago, and it wasn't my idea [both laugh] it was totally L81's idea, so ...

leadership

Ro: And so what do you think about that, how do you feel about that?

H96: Um [P] I lack some of the qualities, I would like to see in a leader, but ...

leadership

Ro: Well what qualities would those be?

H96: Oh being the fastest [both laugh] and the strongest, and I'm not that, but, there are other, qualities that are important in a leader, and I think I do have those, but you know it's easier, not to be a leader, just [laughs] just to follow along [p] but, I think the leader needs to, know who the group is, and what the hazards are and, prevent, any, untoward things happening.

leadership + safety + body discipline

Ro: And you-do you feel you good at that?

H96: Mostly.

leadership

Ro: Yeh.

H96: Yeh.

Ro: So why do you think it has to be the fastest and strongest to lead?

H96: It doesn't have to be, k just feel pressured [laughs] that's all. (17:48)

leadership + body discipline

Ro: From where?

H96: Oh inside myself.

leadership + body discipline

Ro: Yeh.

H96: Oh, oh yeah [p] I mean, you can't blame other people, if you feel pressure, that's up to you,

leadership + body discipline

Ro: Yeh.

H96: to monitor it, you can't, blame other people for your feelings, so ...

leadership + body discipline

Ro: Has it done a-a have you, have you, how've you felt about, when you've gone out and been leader, what has done for you, or has it done anything for you?

H96: Ah, sometimes it's good, and ...

Ro: What kind of feelings does it give you when you [p] after a day of leading?

H96: Ah, it has -- there's satisfaction if it's been [p] the kind of hike that actually, required a leader, I'm try'n to think of which one that was, there was one [laughs] uh, a lot of hikes, people are so experienced, that, they don't need a lot of leading, just need to be kept together, uh [p] but [p] sometimes if you, if you have to take, some leadership and, give direction, it is appreciated [p] cause everybody knows it's not fun [p] to do that [P] but, no and, and sometimes I, I don't know if I should tell you this on tape [laughs].

leadership

Ro: Ah you-can, you can always ...

H96: but actually no sometimes I just, I feel like, I have enough stress in my life without, stress here to.

leadership

Ro: Oh OK.

H96: But --

Ro: So-sometimes you feel it is stressful being a leader.

H96: It is, it can be, being a -- there're a few things [p] but you know in the end, it's like anything else, once you do them, there's a reward in doing them, and so, it's OK. (19:34)

leadership + accomplishment

Ro: Do you think a, hiking is accessible, to um [p] not just -- to older adults mostly [p] do you think it's a, financially accessible?

H96: Very much so.

older adults

Ro: Yeh.

H96: The only, people that, [p] there are a lot of people, that are uncomfortable, in the mountains, and yet they want-want to go, and, I feel [p] I often feel like I would like to help, those kinda people, actually get out there, and realize they don't need to be, scared of every little thin, and actually they can get out there, there are, I'm sure there's thousands of people, that are not – especially from other countries, and they, need, a little bit of a guide, to get them started.

mountains + leadership + volunteerism

Ro: Cause a looking at this group, a there is, no visible minorities in the group.

H96: No.

Ro: So-wh, you have any thoughts on that?

H96: Well I, took, four or five Philippinoes, nurses, up a [p] um, the-the [p] the ridge, by Prairie Mountain, uh-hh Powderface,

mountains + leadership + volunteerism + elevation

Ro: Yeh.

H96: and [p] I really like – oh-hh and a fellow from a, oh, fellow from India new immigrant – up Prairie,

mountains + leadership + volunteerism + elevation

Ro: Yeh.

H96: and a fellow from, Iran, up, a Fairview, and, most satisfying thing, probably I've ever done. Just, their eyes practically pop outta their heads, and if they didn't have [p] someone like, me or someone [p] they would never have gone there, ever, though not till, well few years down the road, a so they were just, so enthused, and a, so, I wish, that it was more accessible, to a – we have so many new immigrants. Never thought of it but that's, I wonder if you almost couldn't a, somebody couldn't make a, employment niche,

mountains + leadership + volunteerism + elevation

Ro: Hum.

H96: for themselves to a –

Ro: Bringing new immigrants out yeah.

H96: Yeah and with the different languages, like if they, especially if they spoke a different languages, then you could really have, new immigrants [p] and a [p] with the comforts of home [p] like knowing what they were saying. (22:01)

Ro: Um-hum, what do you think they gained, outta that experience with you?

H96: Oh, well I want them to love Canada, and a, be happy about where they are, and they did, a [p] two of the new Indian nurses, I actually drove down to Caraway to get their, permanent residency, and so we went through, you know the Waterton area and [p] down 22 and they saw, the expanse of Canada, and, then, they have more of a picture, of where they've come, what they've come to, then if they just stay, in cold Calgary [P] so, I think [p] yeah [p] guess that's about it just so they can [p] it did so much for me, to get to the mountains, that I'm thinking it will widen their horizons, to get to the mountains as well. Outside their living room.

mountains + **leadership** + **volunteerism** + **elevation**

Ro: Excellent.

END

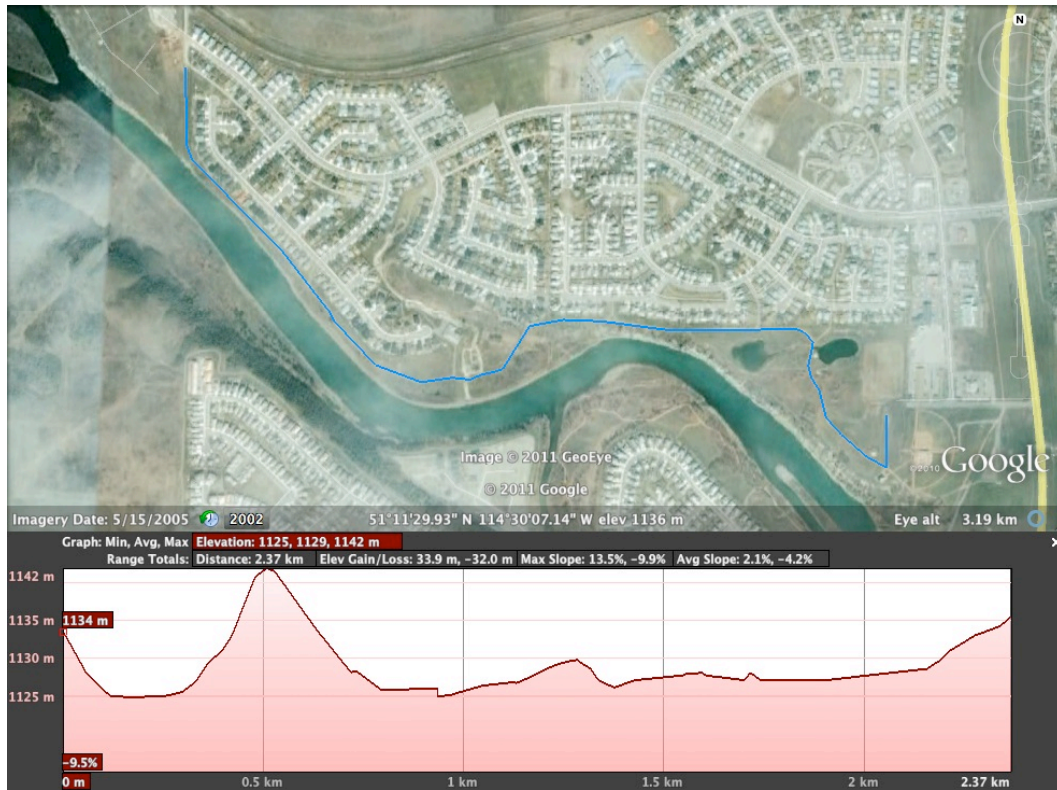
Appendix G

Route Maps from Google Earth

MWG Route A



MWG Route B



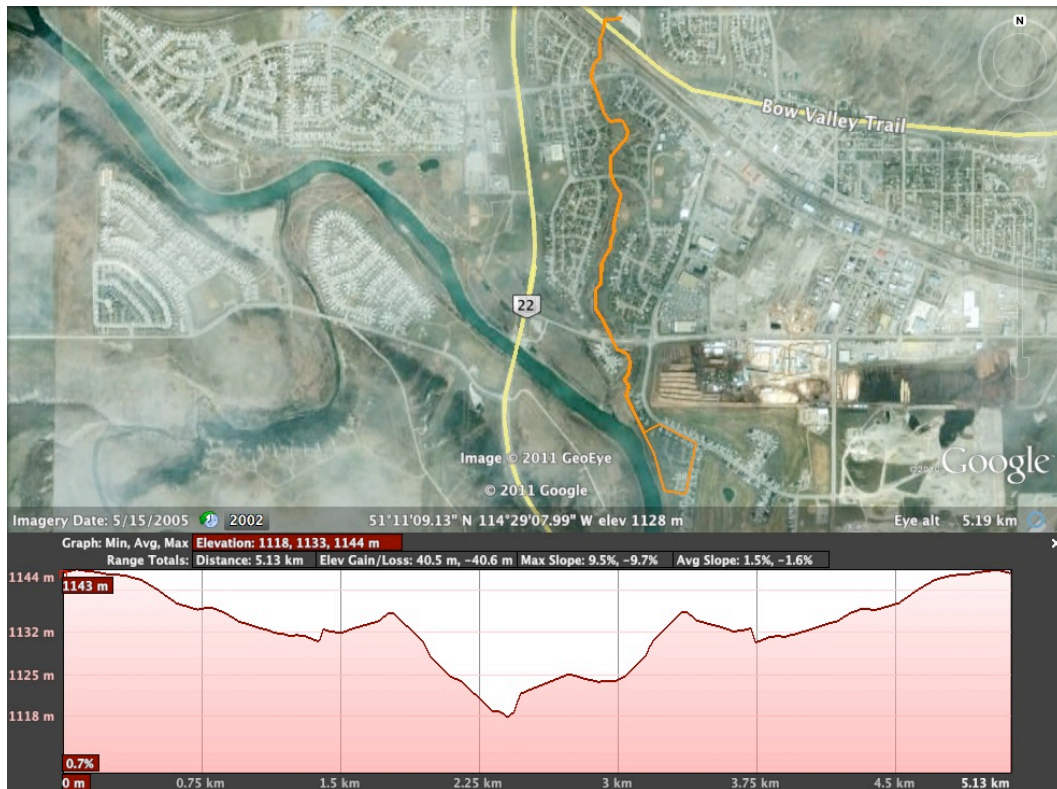
MWG Route C



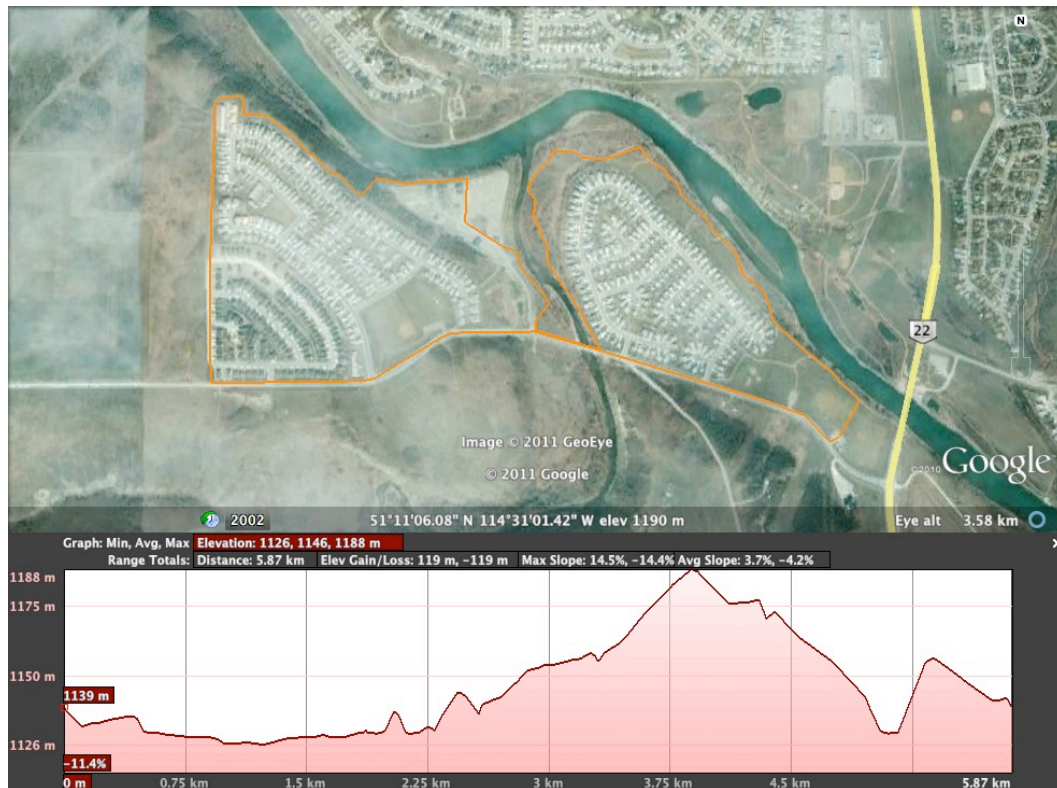
WWG Route A



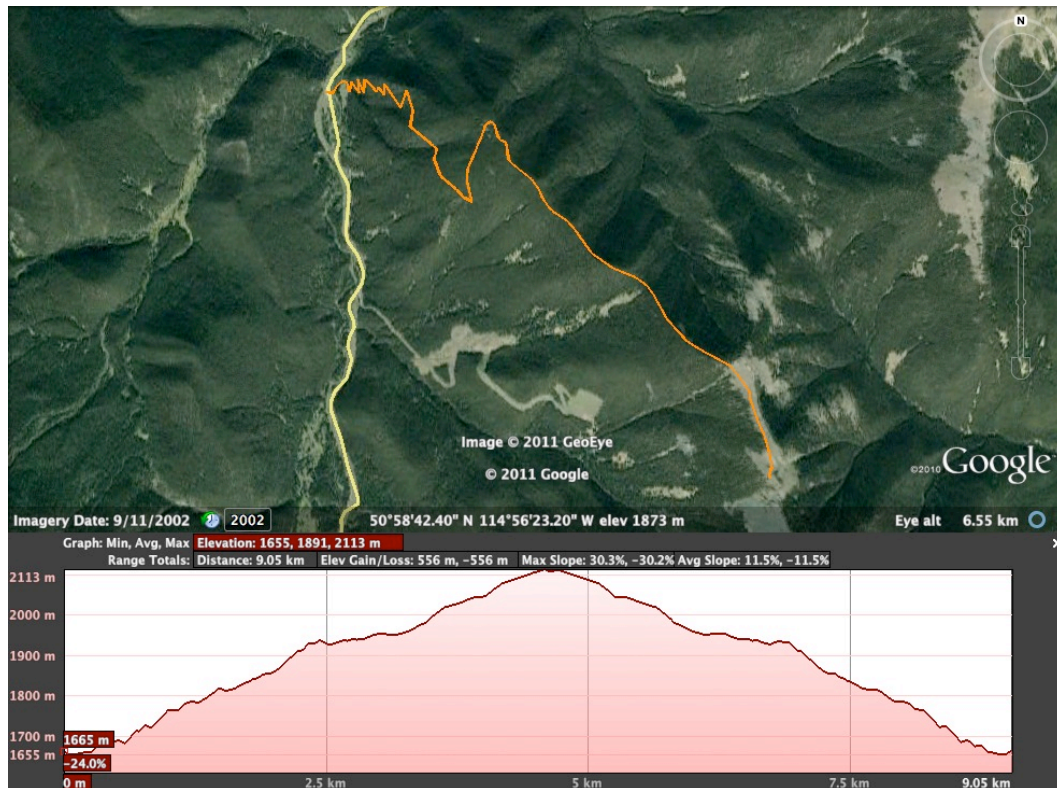
WWG Route B



WWG Route D



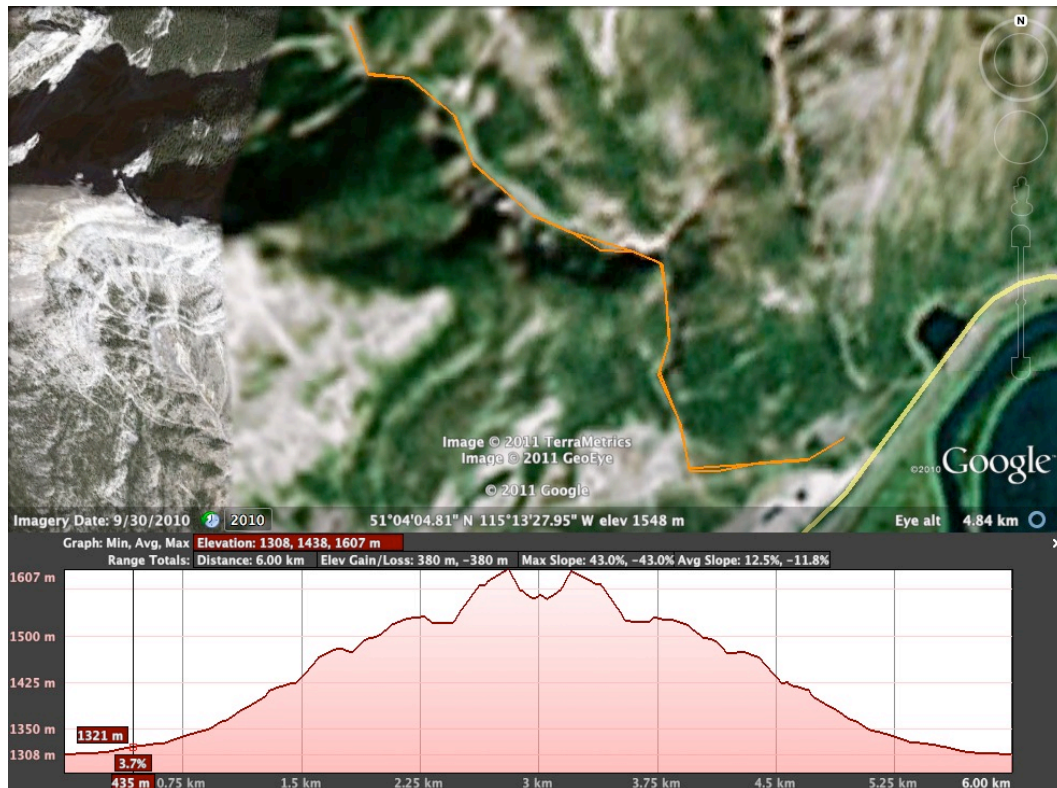
WWG Jumping Pound Ridge Hike



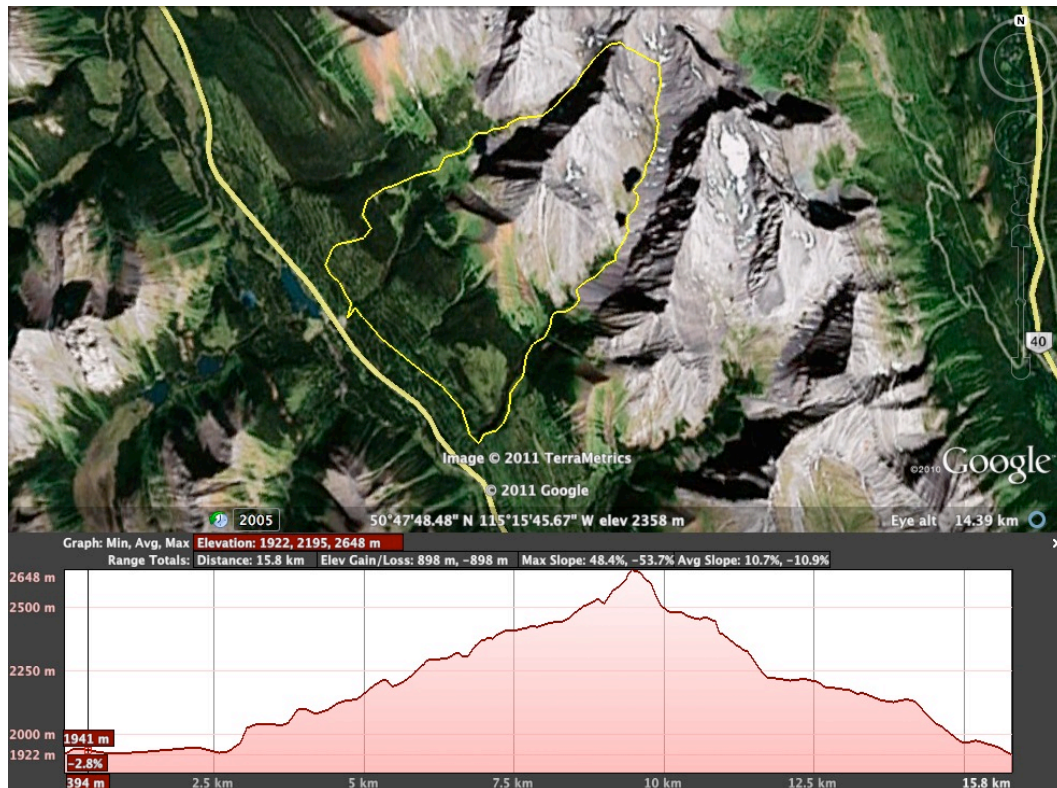
WWG Powderface Ridge Hike



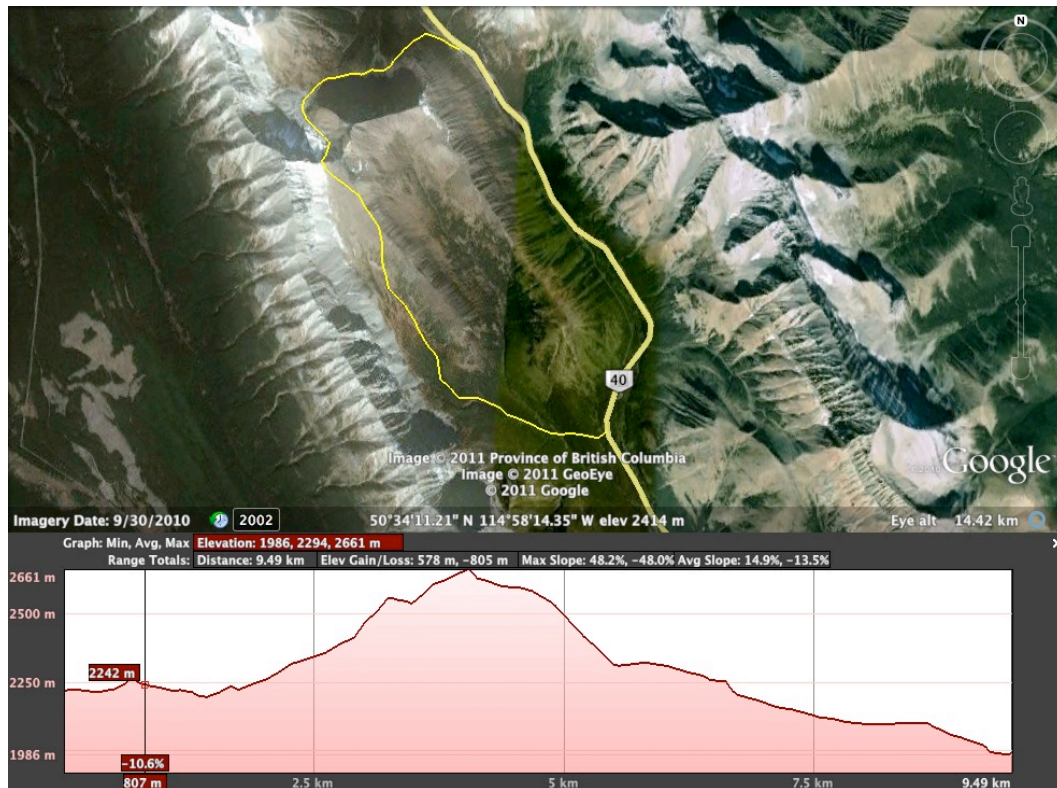
WWG Grotto Canyon Hike



CHC Headwall Lakes to Chester Lake Hike



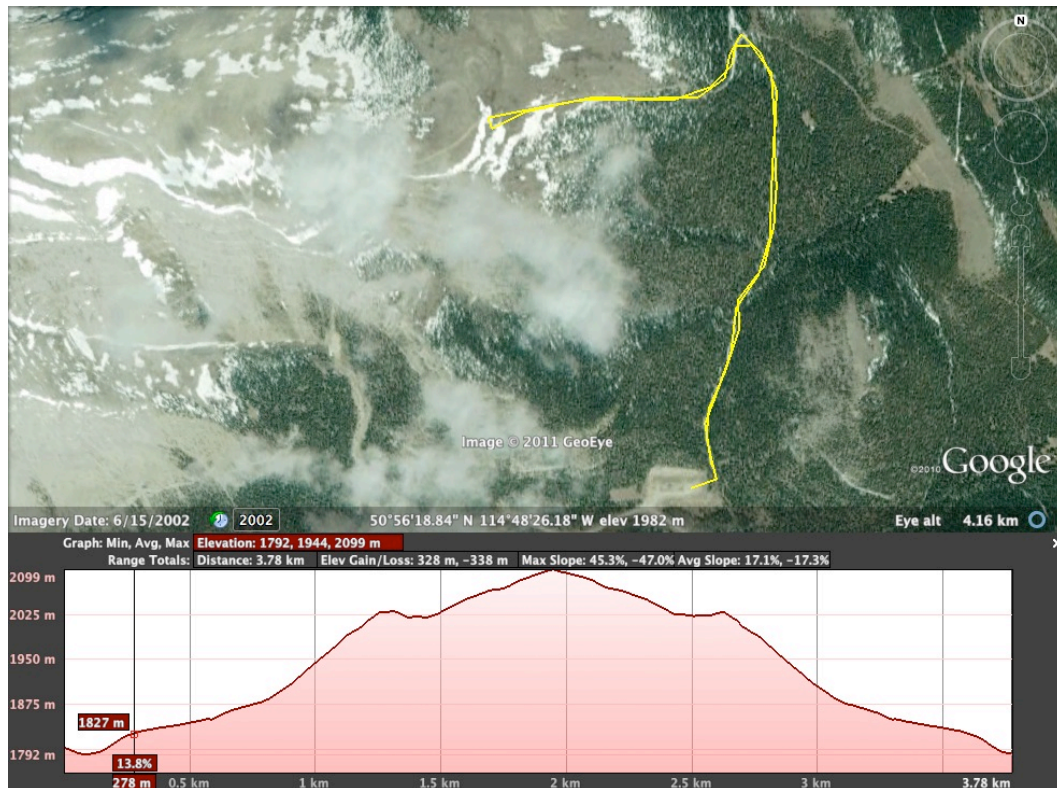
CHC Grizzly Col Hike



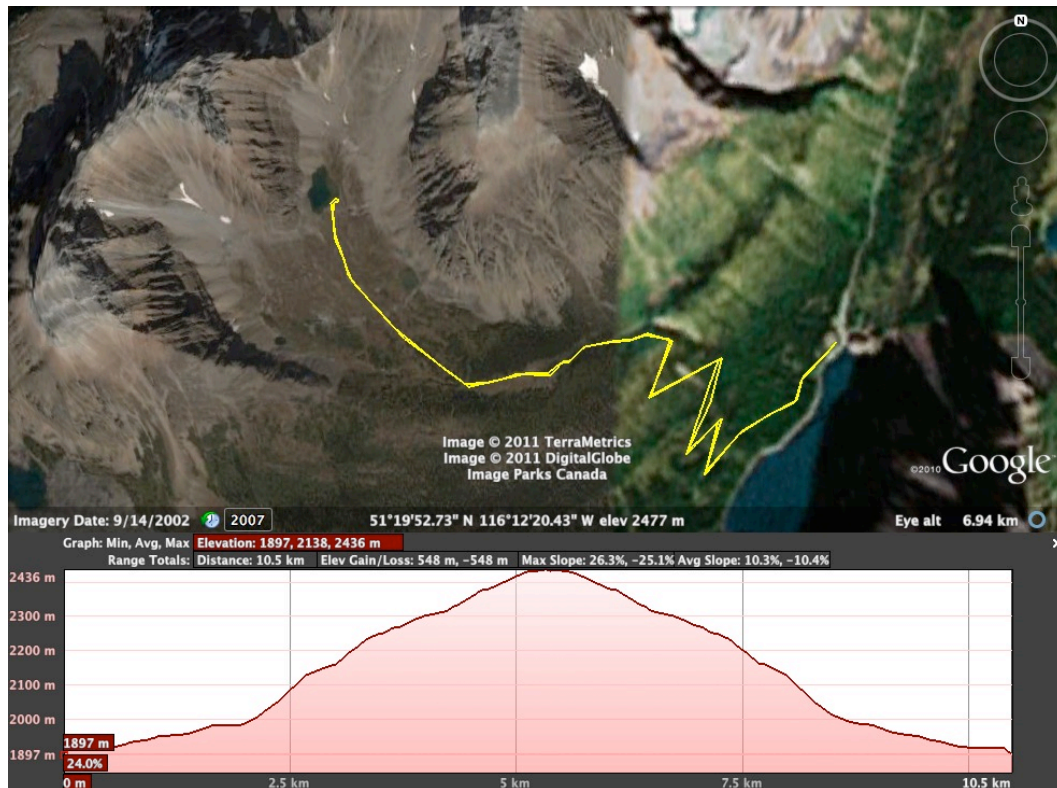
CHC Galatea Lakes Hike



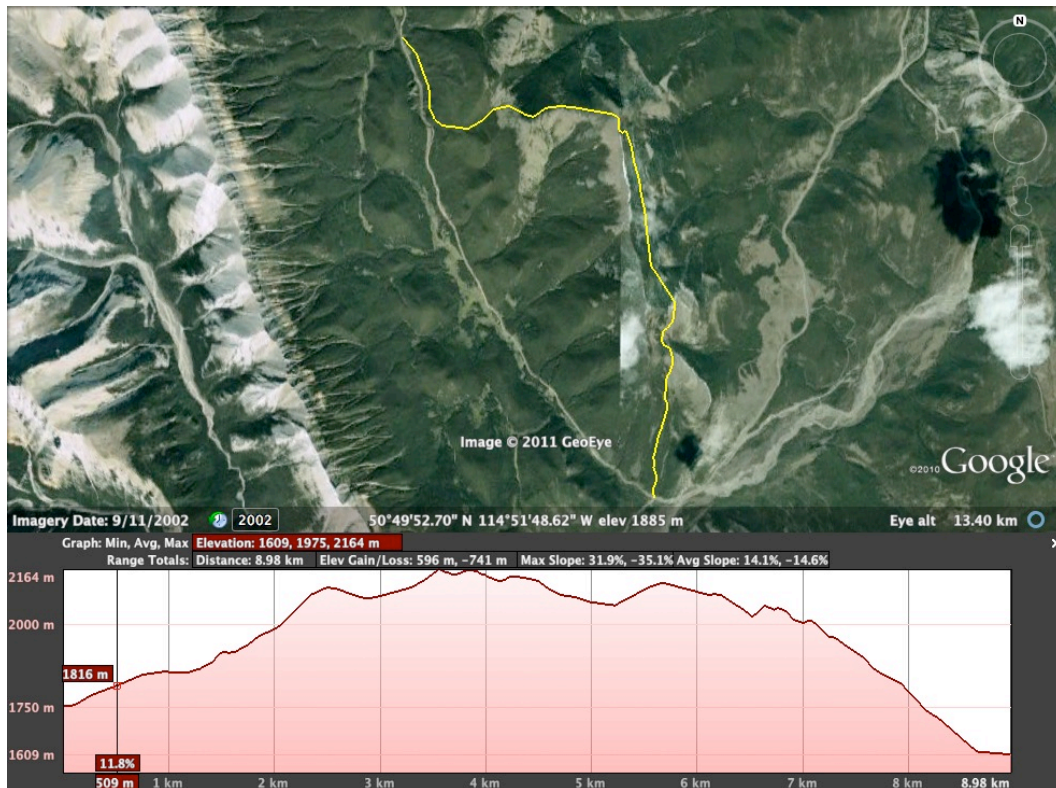
CHC Moose Mountain Hike



CHC Larch Valley to Sentinel Pass Hike



CHC Powderface Ridge Hike



CHC Rawson Lake Hike

