

Understanding the evolution of physical activity and sport participation in the older population. The value of the «*déprise*» concept

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Abstract

The objective of this research is to examine the concept of “*déprise*” in the context of the transition to retirement, with a focus on the participation of older individuals in physical activities. *Déprise* is defined as a complex process combining reconversion and disengagement, enabling individuals to negotiate ageing. The study employs a qualitative methodology based on semi-structured interviews with 30 participants aged 60 and above, residing in their own homes. The results provide insight into the diverse *déprise* strategies employed by participants. Some participants modified their existing practices by modifying the way they performed them, while others substituted new activities more suited to their abilities. Others intensify their physical activities by increasing the frequency of practice or diversifying the types of activities engaged in. Furthermore, some individuals resume physical activities they had previously discontinued, while others discover physical activity after retirement. Our findings indicate that the strategies employed by individuals to overcome barriers to physical activity are not fixed and vary from one person to another, depending on their specific needs, abilities, and life context. The

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study underscores the need to raise awareness of these *déprise* strategies to facilitate older people's engagement in physical activity.

Keywords: *Déprise*, older people, physical activity, sociology.

Introduction

In addition to primary and then secondary socialization (Berger & Luckmann 1996), "tertiary socialization" (Veelken 1990) aims to highlight the possibilities of including older people in society, emphasizing their ability to adapt to a new environment. This socialization takes place during the transition from working life to retirement.

It is during this third phase that the concept of «*déprise*» can provide an interesting tool for analyzing changes in the social practices of older people. The concept of *déprise* was first introduced in France by Barthe et al. (1988), who originally defined it as "a kind of diminution of the vital impulse" (1988: 22). At the time, the concept was based on two major gerontological theories: the «activity» theory (Havighurst & Albrecht 1953), and the «disengagement» theory (Cumming & Henry 1961). The concept of disengagement refers to the withdrawal of older people from society, and conversely the withdrawal of society from ageing individuals. It is the "social world that moves away as much as the individual moves away" (Clément & Membrado 2010: 121). The concept of *déprise*, introduced by Barthe et al. (1988) is in part a continuation of the concept of disengagement (the individual takes a certain distance from the world around him or her), but challenges it by considering that ageing people may not completely abandon their place in their social activities, and may therefore introduce reconversion strategies. Two concepts are theoretically close to that of disengagement: the "SOC" (Selection, Optimization, Compensation) model highlighted by the psychologist Baltes (1987, 1997) and the "adjustment" phenomenon of Peter Coleman (1994). Similar to disengagement, these two concepts focus on the ways in which individuals adapt to ageing. SOC focuses on the active management of resources to maintain functioning and well-being, while the concept of *déprise* addresses not only the compensatory strategies of ageing but also the declines that older people face. Baltes' model (1987, 1997) is often seen as

a proactive and positive approach to successful ageing, whereas *déprise* also includes the more passive and sometimes unavoidable aspects of ageing, such as “ultimate disengagement” (Clément & Mantovani 1999). In addition, SOC focuses more on individual strategies, whereas *déprise* takes into account the influences of the social environment on ageing (Caradec 2018).

Déprise has subsequently been extensively reformulated (Caradec, 2004, 2007, 2008, 2018; Hummel et al. 2014; Clément & Membrado 2010; Mantovani & Membrado 2000; Martuccelli 2002; Meidani & Cavalli 2018). The concept of *déprise* is now understood to be a complex notion, a dual process combining reconversion and disengagement. The contemporary concept of *déprise* views ageing not as a decline, but as a process that challenges the conventional image of old age. *Déprise* allows people to “negotiate their old age” (Mantovani & Membrado 2000: 3) and “also, and above all, responds to a logic of self-preservation that aims to maintain a sense of identity continuity [...]” (Meidani & Cavalli 2018: 13). Beyond the preservation of one’s own identity (Clément & Mantovani 1999), the challenge of *déprise* is also to maintain familiarity with the world (Caradec 2007), to combat or at least limit “the world’s increasing strangeness” (Caradec 2018: 144). As Moulart and Biggs (2013) note, *déprise* emphasizes the personal experience of ageing, without giving a central place to the idea of “active ageing” and the social expectations that may arise from it.

Déprise therefore testifies to “an individual’s positive capacity to adapt to the experience of ageing” (Meidani & Cavalli 2018: 12). *Déprise* strategies are neither “irreversible” nor “universal” (Meidani & Cavalli 2018). Therefore, there are extremely diverse forms of *déprise*, just as there are extremely diverse experiences of ageing. These strategies can be classified into three areas: those that allow activities to be maintained – albeit under certain conditions – those that have led to a reduction in older people’s activities and, conversely, those that have had a positive impact on older people’s involvement in their activities. In addition to being specific to each individual, disengagement strategies are cumulative and evolve throughout life (Meidani & Cavalli 2018).

It is therefore at retirement, an important moment of transition, that the *déprise* takes on its full meaning and strategic or tactical choices

become necessary to balance the «gains» and «losses» of activity (Barthe et al. 1990: 39). Although retirement can be a complicated transition for some (Cumming & Henry 1961), creating a sense of “big break” or “social death” (Lalivie d’Epinay et al. 1983), it tends to become an expected and valued stage of existence. Whereas retirement used to mean rest, it is now becoming increasingly active (Caradec 2005), and some retirees aspire to “successful ageing” (WHO 2002).

Retirement is thus an opportunity to reorganize one’s life and redefine oneself (Caradec 2004), conducive to the implementation of *déprise* strategies. These can be identified in a variety of practices – cultural, artistic or physical – and in this work we analyze the strategies implemented in the field of physical activity (PA). The PA can be an ideal place to study the changing relationship with the body throughout life (Tulle 2008). In addition, the quality of life and autonomy of older adults are becoming central to public policy, with the development of health promotion, prevention and education programs specifically targeted at this population. Preventive health care is becoming a lever in this national and international drive for “active ageing” (Katz 2000), and PA is an essential tool (Allain & Marshall 2017). The norms surrounding “successful” retirement include “staying young and fit, increasing leisure activities, and fulfilling oneself by engaging with family and society” (Eraly 2014: 71). In a health-conscious society, transgressing this social norm can make people feel guilty, so retired people try to follow the rules in what they believe to be their own best interests (Billé et al. 2010).

Through the prism of the concept of *déprise*, we will show how older people are led to engage, reengage, and disengage from PA. First, we will show how people adapt to ageing by modifying or replacing their physical practices. Then we’ll look at withdrawing from activities when continuity is impossible. Finally, we’ll explore strategies for engaging and re-engaging in PA.

Methodology

The research presented here was conducted as part of a doctoral thesis on the participation of older people in PA-based health prevention

workshops set up by a mutual insurance company in eastern France (MFBFC).

This research was conducted in close collaboration with the mutual insurance company, which facilitated access to the study population.

The research protocol was approved by the French National Agency for Research and Technology (ANRT) under reference number 2021/0686.

As part of its range of preventive health services, the mutual health insurance company is developing preventive health workshops using PA for people over 60, defined as “independent and living at home”. The aim of these workshops is to prevent or limit the risks associated with a sedentary lifestyle, while at the same time encouraging people to discover and practise PA and creating social links. The health prevention through PA workshops developed and implemented by the structure are mainly financed by public funds and membership fees (own funds). However, the workshops are not restricted to members of the mutual but are open to everyone. In this context, all persons over the age of 60 to whom the prevention activities are offered can benefit from them free of charge. Participants are informed of the prevention workshops through local contacts (town halls, associations, etc.), through notices in the newspaper or on websites, or through telephone canvassing using the structure’s list of beneficiaries.

The sample was constructed to be as representative as possible of the diversity of the population of beneficiaries of the MFBFC prevention workshops. In order to provide a diverse sample, a maximum of variation was sought in terms of: level of autonomy, age and sporting experience, gender, socio-professional category, and geography. A total of 30 participants were identified to provide a maximum variation sample (Patton 2002): of the participants, 27 were women and 3 were men, ranging in age from 63 to 85, with an average age of 72. All respondents were over 60, independent, and living at home. The small number of men in our sample can be explained by the fact that few men attended these workshops.

Data for this study were collected through semi-structured interviews (Patton 2002). An interview grid was used for the reconstruction of the sport and health trajectories of the beneficiaries. The person’s life

history is examined from childhood to the day of the interview in order to understand how the practice of PA¹ has evolved over time, taking into account the social, historical, and institutional context. This diachronic reconstruction allows us to highlight variations in PA practices. The interviews lasted an average of 1.5 h, were recorded with the consent of the interviewees, and were then fully transcribed for analysis. Prior to the interview, informed consent was requested, dated, signed, and sent. Participants' names were changed to maintain confidentiality. The data analysis process for this study followed the thematic analysis framework outlined by Braun and Clarke (2006). After transcribing the interviews, the verbatim were distributed among the research team for an initial review, enabling the researchers to familiarize themselves with the content. Subsequently, each researcher independently generated a set of "preliminary codes". Code production was inductive, data driven. The team then convened to discuss, compare, and consolidate these codes, enhancing the rigor and validity of the analysis through triangulation of perspectives. Once consensus on the initial codes was achieved, the team collaboratively organized them into overarching themes. This step involved systematically grouping coded data extracts into relevant themes and sub-themes. At this stage, the analytic process was informed by theory. In a deductive approach, the concept of *déprise* was used to group together codes that could fall under different *déprise* strategies (Braun et al. 2016). Finally, a collaborative review phase was conducted to ensure the thematic structure was coherent, non-redundant, and accurately reflected the qualitative depth and nuances of the data set.

The researcher's close collaboration with the mutualist structure meant that contact with participants could be established quickly, either through the researcher's presence at the workshops or through lists of those registered for the workshops. Those contacted directly during the workshops ($n = 15$) all responded positively. The people contacted directly during the

¹In this research, we have outlined a definition of PA in terms of how it is perceived by the people interviewed. Thus, physical activity refers both to activities identified as sports and fitness activities (e.g. gymnastics, swimming, cycling) and to all leisure activities that involve significant physical effort (e.g. gardening, crafts, housework). Actual physical activity was not tracked.

workshops ($n = 15$) all responded positively. Of the 19 participants contacted via the lists, 4 refused. The lack of prior contact with the researcher and the incompatibility of schedules may explain these refusals.

Results

We will begin by examining how older individuals utilize *déprise* strategies to sustain their current PA. Secondly, we will illustrate how the renunciation of PA develops, at times resulting in its complete abandonment. Thirdly, we will examine in greater detail the various forms of commitment or re-commitment to PA.

Maintaining Practices: Adaptation and Substitution

While the majority of respondents do not stop their physical activities, they do implement strategies to maintain them. The results show that maintaining activities can be done in different ways: some adapt their activities, especially in the way they are practiced, others use technical aids to support them, while another category of people replace their activities with those more suited to their abilities or limitations.

In order to maintain the same activities, practices can be adapted. Thus, “the older person does not change the activity or the discipline, but modifies the way he or she practices” (Hénaff-Pineau 2009: 81). This is what Caradec calls “selective renunciation”, the aim of which is to “preserve oneself” (Caradec 2007: 19), “the more you hold on to one side, the more you let go of the other” (Clément & Mantovani 1999: 100).

The “adaptation of practice modalities” (Hénaff-Pineau 2009:81) takes place through various channels: rhythm, frequency, distance ... It is in a “principle of economy of effort” (Hénaff-Pineau 2009: 81) and “moderation” that Monette and Murielle explain that they have slowed down their activities:

Oh, now I'm starting to calm down. [...] Now I'm calming down a bit because at 70, that's it. (Monette, 71)

I'm using up a bit too much of my energy [...] “You'd better take care of your rhythm too!” (Murielle, 65)

Jocelyne, 70 years old, highlights the adaptation of the activity by changing the distance covered:

And I walked, I hiked. But I did up to 22 to 25 kilometers a day. We did it on Sundays, so from morning to night, that's it. When we were in good shape, well, now we don't do that anymore, because we've all grown old in this association [...] So I used to do the one that wasn't so strong, which was on Wednesdays, I think. So that meant that sometimes I walked a lot. [...] I was in the lightest group because it was on my late, let's say.

People can also adjust their walking frequency. As 82-year-old Marianne explains: "We used to walk for miles and miles, but now we're just flat on our backs [...] Now it's once a week, I'd say."

Other modalities, such as the context in which people engage in PA, can also be modified. Some people, like Patricia, age 70, will change structures to find a group at their level: "Well, yes, because it's not the same level. Now I can't keep up with the others over there." Others will not return to a club, preferring to practice independently in order to choose the most appropriate way to practice: "No, I've stopped [going to a club], but I go on my own" (Kamélia, 68).

In other cases, the environment in which the activity takes place is also adapted for safety reasons. As a result, the times and places of practice are carefully chosen, especially for walking. This was the case for Edith, 81, whose husband was worried about her safety, so she didn't go walking alone in the evening, but during the day: "So he grumbles because he doesn't like me going out alone. [...] So I avoid it." As for Suzanne, 76 years old, she thinks about where to go for a walk and meticulously organizes her routes:

Since I'm alone, I don't go into the forest, because I live on the edge of the forest, so I don't go into the forest, but I have my little circuits: I walk, I go down to the city.

Some people show great skill in developing different ways of adapting their practices to keep them going, as George, 74, who has Parkinson's disease, which limits his activities, testifies:

So now I walk with a small bench. And then I stop for 1/4 hour, sit down and walk for ... But I can't do it anymore, I can't walk for more than 1 hour, then I walk 2-3 times an hour, eh.

With this strategy, he can “continue a previous activity but adapt it to new constraints” (Caradec 2007: 18). In this case, adaptation (Caradec 2007) involves the support of a technical aid to adapt one’s practice to one’s condition. However, this form of adaptation is rarely mentioned by respondents.

The results therefore reveal “the wealth of ingenuity” (Drulhe et al. 2007: 336) that each individual uses to continue their PA. Their adaptations are varied and unique to each individual. While some have chosen to change the pace or frequency of their practice, others have changed the framework of their practice, always taking into account their capacities, their energy, but also the external environment. Although people adjust their practice, this does not always guarantee sustainability. Ageing is fraught with pitfalls and “new constraints that are likely to emerge” (Caradec 2007: 15), sometimes necessitating other strategies.

Always with the aim of “lightening the practice” (Hénaff-Pineau 2009: 81) and ensuring the continuity of a PA, people are sometimes led to replace their practices with others. Caradec (2004) calls this strategy “abandonment-substitution,” in which the existing practice is abandoned and replaced by a new one. This strategy therefore involves “replacing one activity with another in the same register” (Caradec 2004: 116). It’s a form of “circumvention” (Barthe et al. 1990) that allows us to “to face specific difficulties and obstacles that prevent “normal” practices and to find solutions that allow substitutive forms [...]” (p. 40). The activities most frequently substituted by our respondents (n=12) are dancing, cycling, and gymnastics.

For some people, replacing an activity involves a true “reconversion” (Hénaff-Pineau 2009). François switched from judo, a martial art, to yoga. In his interview, he explains how this conversion came about:

When you feel the time is right, you have to jump ship and move on to something else. So I switched to yoga. [I had been doing martial arts for a long time, so I wanted to move on. OD [his wife] had invited me, she’d been practicing for a while, so she invited me to come along. I thought I’d get bored because it wasn’t physical enough for me, but after 2 classes I realized that it’s all the same, it’s not just about the posture, you have a spiritual approach and that really appealed to me because you’re entering the world of martial arts in a way. [...] That’s why I stayed with yoga, because I really enjoyed it and it’s a great way to keep fit. You work on flexibility and softness, but it’s very deep. So it was something completely different. (François, 65)

François says he listened to his body and changed the way he exercised. He made this change without any real compulsion. This “strategic choice” (Mallon 2001) is not possible for all our respondents. For example, George, 74 years old, was forced by the progression of his disease to make tactical choices (Mallon 2001) by changing his PA several times. Today, he has turned to aquagym: “When I walk 1 km, I ... I don’t feel good at all, I fall when I ride a bike, so aquagym is all that’s left”. However, of all the APs he practiced before his illness, he was only able to replace one, causing the others to give up. He explains:

I’ve been bicycling since I retired, I used to ride more often. And now I can’t. I can’t jog either. So now, it’s ... it’s the moment where I, I ... stop doing gymnastics, but I only have aquagym, I can still do aquagym. But the rest is... (George, 74)

Renunciation

When practice adaptation or substitution (Clément & Mantovani 1999) is no longer possible, this can lead to “older people abandoning activities they consider essential” (p. 11). Certain activities are thus abandoned when they require too much effort or energy, or when they are no longer of interest to the individual. Abandonment can occur in a variety of ways. It can be chosen or imposed, although in this research it seems to be mostly imposed by various triggers, as explained by Liliane, 76 years old: “But gymnastics was good, we used to go to Héry (the village where the practice takes place) and all that, we used to spend an hour, there weren’t many of us, but it was good. It’s a pity that it stopped.”

Abandonment can take two forms: on the one hand, a single PA can be stopped while maintaining the practice of others, what we might call partial renunciation; and on the other hand, all activities cease, which corresponds to total renunciation. We did not find any situations of total renunciation (Caradec 2004, 2007) in the interviews we conducted. In fact, none of the respondents mentioned giving up all of their PA activities. However, partial abandonment is mentioned by people in our interviews, but is not in the majority, since it concerns only five of the participants. They give up one or more activities, but at least one remains. This is the case for activities that could neither be

adapted nor replaced, as explained by Patricia, aged 70, who stopped walking and Qi Gong: “I used to do Qi Gong, but it’s too hard for me now,” but who continues with another activity in the same way: “I still do gymnastics.”

Commitment

PA among the older population is on the rise (European Commission 2018, 2022; Sport England 2020, 2024). In France, the CREDOC barometers² (Croutte & Jörg 2019, 2021; Müller 2023) have shown that PA among people over 60 will increase by 8% between 2018 and 2022. Over the generations, PA has become more and more practiced and integrated into lifestyles (Berthuit et al. 1999), which could “suggest a democratization and standardization of practices for both sexes at all ages” (Hénaff-Pineau 2012: 2). This popularization of PA has a positive impact on people’s engagement in PA.

With retirement, older individuals may have the opportunity to engage in PA either by re-engaging in it or by over-investing in existing ones. This phenomenon, which has been variously termed “rebound” or “resumption” (Barthe et al. 1990; Caradec 2007), represents a dimension of *déprise* that has been relatively under-researched in the literature dedicated to this concept (Meidani & Cavalli 2018: 11). Consequently, the term “rebound” is employed to describe the implementation of actions that appear to run counter to the “agist” (Butler 1969) vision of ageing as a factor of withdrawal from social life. This strategy of reclaiming control is often employed by individuals adept at what Caradec (2004) refers to as “hyperactive retirement.” These individuals attempt to cope with the institutional constraints, norms, and values that drive it. The advent of illness and/or social disqualification, as well as the development of resistance aimed at safeguarding one’s sense of identity and autonomy, are key factors in the process of rebound (Meidani & Cavalli 2018: 11). Additionally, the objective is to “circumvent these obstacles and substitute them with multiple openings” (Drulhe et al. 2007: 336–337). Rebound, in contrast to abandonment, entails reviving a

²The *Centre de Recherche pour l’Étude et l’Observation des Conditions de Vie* (CRÉDOC), is a research organisation that conducts studies and research into the quality of life in France.

neglected activity, engaging in a new activity, or increasing one's investment in an activity already practiced (Caradec 2007: 19). This strategy of engagement or re-engagement was the most frequently reported by our interviewees.

Intensification

The majority of our respondents ($n=20$) reported that they had intensified their activities upon reaching retirement age. This took the form of either intensifying their existing practice or multiplying the types of activities they engaged in: "The more the person ages, the more he or she feels the need to redouble efforts and willpower to keep old age at bay, and develops new sports investments by increasing the frequency of exercise or the number of activities practiced" (Henaff-Pineau 2012: 27). In total, two individuals have exclusively increased their frequency of practice, while 10 have diversified their activities. Eight individuals have not only increased their frequency of practice, but have also diversified their activities simultaneously.

Many respondents report that they have been practicing a variety of PAs since retirement and are no longer satisfied with a single discipline, but rather a variety of activities. Hénaff-Pineau explains that "the increase in the variety of practices" (2009: 81) helps to develop the physical balance that retirees are looking for. Almost every day – or even systematically – a PA is performed, sometimes even twice a day. Many people automatically list their activities:

I run, hike and do gymnastics (Anne, 65).

I do all 3: walking on Mondays, gymnastics on Thursdays, and then there's aquagym at lunchtime on Tuesdays [...] I also do Qi Gong outside. (Jocelyne, 70)

Weeks are meticulously planned, leaving little room for boredom or rest. Activities are sometimes so numerous that the respondents themselves have to rely on their meticulously filled out calendars to remember where each one fits into their daily routine. The addition, variety, and sequence of activities give the impression of a busy, fast-paced life and a well-established routine:

I do my little [Qi Gong] session every morning, it depends, it changes. And on Tuesday afternoons I walk, on Wednesday afternoons I walk all day with a friend, I leave in the morning at 10 o'clock and then we go out for the day, we bring a picnic and that's it, and on Wednesday evenings I do yoga. On Thursday I do stretching, oh well, I didn't tell you about that (laughs), on Thursday. And on Friday I do Qi Gong in the afternoon, and on the weekend I relax or go hiking. (Evelyne, 67)

Sometimes activities are expanded through the substitution of others (Hénaff-Pineau 2009). Indeed, a single activity can be replaced by several, which gives the opportunity to discover new activities. This is the case for Marie, 70 years old:

I used to do gymnastics, but this year I stopped because I go to aquagym at 9 in the morning and gymnastics was at 10. [...] So I stopped going to the gymnastics because I find that aquagym makes me ... it's different, you're less tired and you also get good results. So, I gave up the gymnastics for a while. That's why I started Qi Gong and Eutonie. Well, it's not the same, but there you go.

It was the complementary aspects of all these activities that made it possible to replace just one.

Among those who have diversified and intensified their activities, walking is the activity in which they are most involved, followed by qi gong and swimming. It is also interesting to note the emergence of new PAs that were not practiced before retirement and have since been taken up by practitioners, such as Pilates, muscle strengthening, Tai Chi, and Eutonie. Although numerous authors (Burlot & Lefèvre 2009; Mignon & Truchot 2002) have indicated a decline in the number of PA practices with advancing age, our findings demonstrate a notable increase in the number of PA practices among individuals transitioning to retirement. We did not find any differences in the responses according to the socio-professional category of the respondents, although representations of ageing vary according to social class (Calasanti et al. 2022) and could have an impact on the practice of PA in retirement. In our sample, 21 people identified themselves as working class, 8 as middle class, and 1 as upper class. Pillonel has shown that people from the upper social classes, who are particularly sensitive to "ageing well," have significant resources (social, financial, cultural) that keep them at a distance "from disruptions in their life course" (Pillonel 2018:108). This may explain their low representation

in our sample. In addition, Feillet (2000) has highlighted the growing sensitivity of the working class to the challenges of “successful ageing”, which may also explain the high proportion of working class people in our sample.

The hospital sector was over-represented in the interviews, with six respondents claiming to have worked in hospitals (one nurse and five orderlies). This high proportion in our sample can be explained by professional socialisation towards “ageing well.”

The multiplication of activities is not the sole lever for intensifying PA. Indeed, individuals can also modify the manner in which they engage in PA. In our interviews, amplifying the frequency of existing PA during retirement was frequently mentioned. Isabelle (64) states that since her retirement, she “does a lot more walking, a lot more sport...” The terms “all the time” (Diane, 85 years old), “every day” (Françoise, 65 years old), and “a little more” (Anne, 65 years old) mentioned in the interviews attest to the increase in PA observed after retirement. This amplification can also take the form of a transition from a « practitioner » role to a « practitioner-trainer » role. Indeed, two of our respondents have not only increased their frequency of exercise, but have also assumed a coaching role. Françoise, 65, states:

I walk every morning. About 5 kilometers, then from my house to the tennis court, I think it's about 6 km. And then during the week, a former colleague and I do other walks, but more, like 10 km or 13 km, at least once a week. And every Friday afternoon there's a walk proposed by the social center, and I'm the one, let's say, “in charge”. So, I decide the route, but the minimum we do is 8 kilometers.

Elisabeth, 74, who has always practiced gymnastics, also became a teacher, explaining that she is a dynamic woman who needs to expend her energy: “Well, I have a lot of energy, so I have to, I have to go, I have to do, that's it, I never stop! It's just my temperament”. This “excess of effort” (Henaff-Pineau 2012) is reflected in the desire to do more and more. Whatever the form of intensification – diversification or amplification – this increase in practices is quite remarkable, with some people over-investing both in the clubs and in autonomy, leaving little time unoccupied. Participation in activities is described as a desire or even a need, as Marianne, 82 years old, explains: “As soon as there is an activity, I do it [...] I can't just sit back and

do nothing,” or Diane, 85 years old: “As soon as I find an association, a thing, an activity, I just throw myself into it.” The term “as soon as” clearly indicates this immediate need, this thirst for activity. But in many cases this thirst for PA is not satisfied. Some feel that they are not doing enough, that they should be doing more, and develop a sense of guilt. This is the case of Ghislaine, 72 years old, who walks 3 times a week at a rate of 5 km a day and who feels that this is not enough: “But it would be nice to do it every day,” or Patricia, 70 years old, who walks and does gymnastics, who explains: “It’s fine But it’s true that I could do other things: go to aquagym, for example.”

Re-commitment with Past Practices

While some individuals will intensify their current practices, others are likely to reconnect with past practices that they had previously set aside (Caradec 2007). This re-engagement is not widely exploited by the respondents, with only three individuals declaring that they had resumed previous practices.

This reconciliation with abandoned activities can occur after an event that disrupted the practice of PA over a period of time. Indeed, “total resumption” can even occur after major setbacks that may have disrupted PA practice. For instance, Suzanne, aged 76, was motivated to resume walking after a major operation. She stated, “I came to walk so that I could start walking again. I had already trained before coming here because walking 200 meters was a problem.” This period of re-appropriation and re-engagement is not only a rediscovery of PA, but also a rediscovery of the self and its possibilities (Barthe et al. 1990). Suzanne and Murielle both cycled as children, but never had the opportunity to do so again during their working lives. When they retired, they both wanted to make cycling part of their daily lives again.

I’ll tell you what, I bought a bike, I haven’t been on a bike for 50 years, and I’m learning to ride again, with a view to riding a bike without an engine. (Suzanne, 76)

They’ve put in exercise bikes at the villa, so I’m going to do that at the villa. Then I’ll take the bike and go to the Mail [a bike path]. But I don’t want it to be up and down, I

want it to be flat. [...] And then I'd like to cycle to the lake. That's why I want to cycle, to cycle again. (Murielle, 66)

It is interesting to note, especially in the second interview fragment, that the PA coping strategy is used in a way that is quite different from what we were able to highlight earlier. Here, it is not a question of maintaining an activity, but of gradually rediscovering one. Aware of her limitations, Murielle uses "tricks" (Caradec 2007) to anticipate the obstacles that could prevent her from getting back on the bike. In fact, in addition to starting on an exercise bike, Murielle has also enrolled in balance exercises to keep her stable on the bike, and she hikes the route she would like to take later on the bike. These methods allow her to feel safe and to (re) practice gradually.

Late-life Discovery

Thus far, our discussion has focused on individuals who had a substantial amount of prior experience with PA. However, there may be instances where individuals had limited or no experience with PA prior to retirement. This was the case for three of our respondents, who reported having minimal experience with PA during their childhood or working life and who discovered PA after retirement. Barthe et al. explain this new interest in PA as a result of the renewed self-confidence that comes with retirement. These people have the power to: "choose their new activities, reinvent their daily lives" (1990: 39).

Marguerite, 65, is one of these newcomers, having never practiced PA before, and she explains the pleasure she is beginning to experience: "So aquagym, for example, seemed completely new to me [...] And yes, I enjoyed it." Kamélia, 68, also discovered PA when she retired: "I started walking when I retired." In addition to walking, she is also involved in other types of PA, including Qi Gong, relaxation, wellness sessions, and is a member of an association for « overweight people ». Of the three people who discovered PA in retirement, none were involved in a single activity, but rather a variety of activities, varying both the forms and types of practice: "This is how I found myself in retirement. I found myself doing one activity, then 2 activities, then 3 activities [...] so I'm running all the time and I'm absolutely delighted (laughs)." (Marguerite,

65). The curiosity that made it possible to engage in PA led to intense investment. Other factors may lead to the implementation of strategies, in particular what Sontag (1972) calls “the double standard of ageing.” Some women, such as Kamélia and Nicole, link their commitment to PA to a “fight against weight problems.” The problems may be health-related: “I joined the gym because I had a weight problem. And I’ve been there for at least ten years now” (Kamélia, 68) and/or aesthetic: “And because I have a complex about having a big belly (laughs), that’s how it came about” (Nicole, 63). Heteronormativity and ageist beauty stereotypes are therefore key determinants of participation in the workshops offered by the mutualist structure.

Conclusion

As previously demonstrated, the *déprise* strategies employed by individuals in the context of PA during the transition to retirement are diverse and varied. They can be conceptualized as an “active process” (Caradec 2008: 103) that is “not total, linear, or homogeneous” (Clément et al., 1996: 90–91). Not a single respondent indicated that they had consistently engaged in the same PA throughout their lifetime. The “*déprise*” strategies employed are responsive to expectations within a specific context, which varies throughout the life cycle of the individual. Consequently, PA are tailored to the specific needs and abilities of each individual. Many respondents demonstrate their ability to adapt, to substitute, or to reinvest PA, even when these may have been neglected for many years. The resilience of our interviewees in the face of the changes associated with ageing is undeniable, but not infallible, since renouncing activities exists and is necessary in some cases. All these strategies are not deployed randomly, but are the result of reasoning – implicit or explicit, chosen or imposed (Mallon 2001) – prompted by different triggers.

The findings of this study highlight the need to focus on these distinct strategies to enhance the implementation of those that will encourage older people’s commitment to PA thus enabling older people who wish to do so to become more involved in PA (Grant 2001; King & King 2010) by promoting PA based more on individual choice rather than moral obligation (Katz 2000).

The data also suggest a selection bias. Most of the people who signed up for the prevention workshops were already physically active. These workshops enabled them to discover new activities or to take up an additional activity. Unfortunately, the range of activities offered does not reach people who are considered “vulnerable” or “distant” from PA. It would therefore be interesting to extend this study with a study of people who do not participate in the workshops offered by the mutual insurance company.

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