UNDERSTANDING SENIORS’ PERCEPTIONS AND STEREOTYPES OF AGING

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Research suggests there is a connection between stereotypes, beliefs, and behavior in older individuals. To explore this link of stereotypes affecting beliefs and beliefs affecting behavior, we interviewed young (age 60 to 75) seniors in an effort to further examine these relationships. Semistructured qualitative interviews were conducted with 20 seniors. Questions focused on the broad themes of aging stereotypes and attitudes towards active living. Responses from the participants indicated the variety of opinions and beliefs seniors hold about the aging process. Intriguing results emerged on the topic of role models. Participants often had someone in their lives who represented what it means to age successfully. Generally, this was an individual older than themselves, active, vigorous, and illustrative of the high quality of life that is possible into a very late age. In addition, these individuals provide a direct contrast to the most negative stereotypes of aging.

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An area of increasing importance and urgency in most societies worldwide is the health of its senior citizens. Current research on seniors provides important evidence linking regular exercise to general health. Yet, according to the Canadian Community Health Survey, only 13% of senior women and 22% of senior men have sufficient physical activity to maintain optimal health benefits (Statistics Canada, 2005). Considering demographic trends—the first baby boomers reach 60 in North America in 2006 (Foot & Stoffman, 1996), and the number of adults 65 and older is expected to increase dramatically in the coming two decades (Weir, Kerr, Hodges, McKay, & Starkes, 2002)—more attention to this particular age group is warranted. In 2006, the Heart and Stroke Foundation indicated 52% of baby boomers are sedentary and 30% are obese, and that both of these numbers had increased dramatically in the last 10 years. The report called for a national strategy that would increase levels of physical activity in this cohort and across the entire population. Similar positions have been taken elsewhere (e.g., The National Blueprint: Increasing physical activity among adults aged 50 and older in the United States). While reports call for greater physical activity engagement by elderly populations, we have insufficient understanding of the reasons for such low participation rates. Prevailing research indicates that popular stereotypes of aging may have a distinct role to play (Steele, 1997). Studies examining both the short-term and long-term impact of stereotypes suggest that they affect performance, behavior, and long-term health (e.g., Levy & Myers, 2004; Levy, Slade, & Kasl, 2002; Rahhal, Hasher, & Colcombe, 2001).

Steele and colleagues used the term “stereotype threat” to refer to the decline in performance they found among various populations when a negative stereotype about their group was made salient (e.g., Steele & Aronson, 1995; Spencer, Steele, & Quinn, 1999). The authors found that the academic performance of Black students, or women, could be negatively affected when they were at risk of confirming a negative stereotype about their particular group. Stereotype threat has also been applied to seniors, primarily the manner in which exposure to a negative aging stereotype has an immediate effect on memory performance (e.g., Desrichard & Kopetz, 2005; Hess, Auman, Colcombe, & Rahhal, 2003; Rahhal et al., 2001). The more insidious effect of negative stereotypes, however, may be longer term, as seniors disidentify with a particular domain in part to protect their sense of self-esteem (Major, Spencer, Schmader, Wolfe, & Crocker, 1998).

Steele (1997) noted that chronic exposure to negative stereotypes—such as when women are subjected to a competitive, male-dominated math environment, or seniors experience constant reminders of
expected memory lapses—can ultimately result in disidentification. This essentially removes the domain as a basis of self-evaluation, thereby providing a protective function because poor performance is no longer a threat to self-esteem. The danger lying therein, however, is that disidentifying with a domain can lead to a decrease in motivation, which may ultimately harm performance.

Seniors removing cognitive and physical abilities as a basis for self-evaluation because they no longer care may result in a downward spiral in these areas (Whitbourne & Sneed, 2002). The implications are potentially ruinous for health and well-being, as the lack of physical and cognitive activity is believed to be a principal cause of the functional decline in elderly populations (Maharam, Bauman, Kalman, Skolnik, & Perle, 1999).

Levy and colleagues have made similar connections between exposure to negative stereotypes and long-term health consequences. Levy and Langer (1994) noted that popular stereotypes of aging in North America are predominantly negative. Evidence suggests that the negative stereotypes of aging that seniors themselves hold can affect a variety of health behaviors. Levy and Myers (2004) found that seniors who had more positive self-perceptions tended to engage in more preventive health behaviors, including getting more exercise and eating a balanced diet. In addition, seniors with more positive age stereotypes reported better longterm health and better recovery from disease (Levy et al., 2002; Levy, Slade, May, & Caracciolo, 2006).

Beliefs about the aging process appear to have a marked influence on physical activity behaviors. O’Brien Cousins (2000) noted how elderly women often avoided exercise due to their perceived physical vulnerability, and they had exaggerated conceptions of the dangers of engaging in physical activity. Sarkisian and colleagues (Sarkisian, Prochaska, Wong, Hirsh, & Mangione, 2005) examined the notion that low expectations of the aging process (i.e., negative attitudes towards aging) act as a barrier to participation in exercise. The authors found that just 8% of seniors with no physical activity in the previous week had high expectations of the aging process, while 30% of seniors with more than three hours of exercise had high expectations of aging. Sarkisian et al. speculated that changing beliefs about aging may be an effective way of increasing participation in physical activity and improving the overall health outcomes of seniors.

METHODS

Interviews were conducted in a semi-structured format (Patton, 2002), which provides the interviewer the flexibility to probe participants’
answers for more detail. All of the interviews took place in a private room with one interviewer. An interview guide provided the basic themes to be investigated, although any new topics that emerged during the discussion were probed and explored. While the exact sequence and wording of questions varied, questions were aimed at identifying stereotypes of aging that seniors themselves hold, their perceptions of ageism in society, and their conceptions of what it means to age successfully. In addition, questions probed participants’ exercise patterns and their attitudes towards physical activity (please see the Appendix for the list of questions). In addition, participants were shown a picture of Ed Whitlock, an elite male marathon runner, aged 75. Whitlock has the distinction of being the oldest participant to run a marathon in less than three hours (Starkes, Weir, & Young, 2003) and, at age 75, continues to run similar times. Participants were told of his accomplishments and asked their opinions of his exploits and his exercise regime. Preliminary research has suggested that images of elite senior athletes would intimidate, rather than inspire, other seniors to be more active (Ory, Hoffman, Hawkins, Sanner, & Mockenhaupt, 2003). Our objective was to gain further understanding and more in-depth knowledge of how participants react to an exemplar role model. Interviews lasted from 35 to 45 minutes and were tape-recorded.

Participants

Twenty participants (11 men and 9 women) ranging from 62–74 years of age \( (M = 67.5; SD = 3.72) \) took part in the study. Thirteen of the participants were married, 3 were divorced or separated, 3 were widows or widowers, and 1 described herself as single. Educational background ranged from those with a high school education \( (n = 12) \) to university or college \( (n = 5) \) to graduate education \( (n = 3, 2 \text{ masters and 1 PhD}) \). All of the participants were retired. Their previous professions included teachers, nurses, administrators or managers, military personnel, an electrician, a homemaker, an engineer, a social worker, and a musician.

Participants were recruited through newspaper ads and community flyers for a study on seniors’ functional health and community living, and they were paid $10 for their involvement. Participants were assured that every possible strategy would be utilized to protect their anonymity, and all provided informed consent. Other than the age stipulation (age 60 to 75) and the ability to speak English fluently, there were no exclusion criteria for participation in the study.
Analysis

Each of the 20 interviews was transcribed verbatim and corrected against the audiotapes by the interviewer. Based on the questions that were asked and numerous readings of the interviews, broad themes for the responses were established. In accordance with the hierarchical content analysis outlined by Côté and colleagues (Côté, Salmela, Baria, & Russell, 1993; Côté, Salmela, & Russell, 1995), an inductive approach was used in which comments and quotes from the interviews were identified as “meaning units.” Subsequently, common features between meaning units were identified. This procedure, referred to as “creating categories,” involves comparing and organizing meaning units into distinct groups (Côté et al., 1993; Tesch, 1990). Separate documents were created for each of these groups or categories. Within these categories, similar meaning units were grouped together into subcategories. This approach to qualitative analysis is often referred to as the constant comparative method (Glaser & Strauss, 1967), which involves contrasting the data until saturation (i.e., when no more encompassing categories emerge and no new concepts can be developed from the data).

Trustworthiness

Expert checking was incorporated by having experienced qualitative researchers involved in the development of the interview protocol and the questions and by consulting with them during the coding process (Johnson, 1997).

Interrater reliability was established through the categorization of a random sample of participant responses (approximately 10% of meaning units) by an individual familiar with this method of qualitative analysis. This independent analyst was first given training on the content of the classification system. Ultimately, the task of this individual was to place each meaning unit into a category and, subsequently, into one of the subcategories. Only the raw text—not the title of the individual meaning units—were provided. The percentage agreement between the independent analyst and the primary researcher was 92% for placement of the meaning units into both the categories and subcategories.

RESULTS AND DISCUSSION

Within the two broad themes that were established (stereotypes and beliefs, attitudes towards physical activity), seven categories and a
number of subcategories emerged from clustering meaning units (please see Table 1). These themes are described in further detail below and supported with quotations from the participants.

Table 1. Themes, categories, and subcategories resulting from the qualitative analysis

<table>
<thead>
<tr>
<th>Themes</th>
<th>Categories</th>
<th>Subcategories</th>
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<tbody>
<tr>
<td>Stereotypes and beliefs</td>
<td>Ageism in society</td>
<td>Negative depictions exist in the media (8)</td>
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<td></td>
<td></td>
<td>Depictions of seniors are becoming more positive (7)</td>
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<td>Experiences of ageism in everyday life (7)</td>
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<td></td>
<td>No experiences of ageism in everyday life (13)</td>
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<tr>
<td>Seniors’ self-stereotypes</td>
<td></td>
<td>Identify themselves as typical senior (8)</td>
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<td></td>
<td></td>
<td>Seniors as “other” (i.e., in worse physical condition) (7)</td>
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<td></td>
<td></td>
<td>No such thing as typical senior (5)</td>
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<tr>
<td>Role models from their own life</td>
<td>Familiar/relatives as role models (12)</td>
<td></td>
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<tr>
<td></td>
<td>Friends as role models (7)</td>
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<tr>
<td></td>
<td>Famous people, media figures as role models (6)</td>
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<tr>
<td>Opinions of an exemplar role model</td>
<td></td>
<td>Exemplar as inappropriate role model, too extreme (7)</td>
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<td></td>
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<td>Exemplar a potential role model for some seniors (6)</td>
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<td></td>
<td></td>
<td>Exemplar as a good/appropriate role model (7)</td>
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<tr>
<td>Attitudes towards physical activity</td>
<td>Importance of physical activity</td>
<td>Agree with recommended daily amount, provided injuries/ailments not an inhibitor (2)</td>
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<td></td>
<td></td>
<td>Agree with recommended daily amount (18)</td>
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<td></td>
<td></td>
<td>Reported exercising less than 30–60 minutes most days (9)</td>
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<td>Reported exercising 30–60 minutes most days (11)</td>
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<tr>
<td>Barriers to exercise primarily psychological</td>
<td></td>
<td>Lack of motivation (3)</td>
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<td>Laziness as barrier to physical activity (7)</td>
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<td></td>
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<td>Giving in to aging (3)</td>
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<tr>
<td>Inspiration to exercise</td>
<td>Specific goals (i.e., travel) as motivation to get in shape (7)</td>
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<tr>
<td></td>
<td>Social network—people or group to exercise with. (6)</td>
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Numbers in brackets indicate the number of participants represented in each subcategory.
Ageism in Society

With respect to media portrayals of seniors, the answers participants gave were varied and complex. Many commented on the emphasis on youth in the media and the corresponding negative depictions of seniors.

There are a lot of negative portrayals of seniors in the media, especially if you watch the average sitcom or something like that, they’re always forgetful, you know, boring, they don’t seem to have much of a social life.

Sometimes (seniors) are portrayed as almost helpless. That bothers me a bit. They’re not all that way. Just because you get older, doesn’t mean you’ve got to be told what to do, what to say, how to do everything. So I think the media exploit that.

One participant noted, “There is definitely a huge, huge emphasis on youth... there is ageism, no doubt about it, out there.”

There was, however, the notion among some that these depictions are changing as the senior population grows in numbers, to the point where traditional stereotypes are disappearing, or being replaced with more positive images. One participant stated, “There was a stereotype. There was a typical stereotype 20 years ago, but there isn’t now.” Indeed, Ory et al. (2003) noted that aging stereotypes have changed in the past 30 years as economic status, along with access to medical care and health interventions, has improved for seniors. The authors concede that, while the majority of images of older persons in print and on television are negative, one notable exception to this is the recent plethora of pharmaceutical ads that typically portray seniors as active and attractive.

A number of participants commented on the shifting nature of aging stereotypes:

I don’t think you’d get away with a negative view of older people. No, I think it’s positive, I think it’s more positive than negative these days. But I think that’s happened over the course of the years. We have not been a civilization or a culture that honors our old people like Chinese do and other cultures do. But just because of the overwhelming numbers of older people these days, and older people who are doing things, it’s difficult to close your eyes to the fact that older people are active and are influential in stuff.
I think in general the depiction is positive. I mean, you don’t see seniors as drooling idiots. You see them as sometimes being a bit strange, but they’re strange in an amusing way. I think the stereotype is either neutral to positive really.

With respect to their own personal experiences, some participants felt as though society’s treatment of them was changing as they got older, and felt they had experienced distinct episodes of ageism.

You do notice that you do not get the same kind of service or respect in restaurants or some of the stores that you go into. It’s nothing that you can’t live with. But they’re just not quite as interested in providing you with the instant service, and you will not be the first served even though you may have been there the longest, unless you aggressively take your position. So that is one change that both my wife and I are noticing.

In a similar vein, one participant noted, “I’ve been totally ignored, and I’m not used to being totally ignored . . .”

According to Ory et al. (2003) recent surveys showed that 84% of Americans and 91% of Canadians reported at least one incident of ageism, and more than 50% reported multiple incidents. Perhaps of some surprise, then, is the number of our participants that reported no experiences they would classify as ageist. One participant stated, “I haven’t seen any mistreatment towards seniors, I haven’t had it personally.” Other comments included the following: “I detect no difference in the way I’m treated today, compared to treatment in the past.” “I think people are very helpful in [city name]. . . . I find it’s a nice place to live, to be a senior.”

The city from which the participants were drawn is a popular retirement destination with an active senior population. It is possible that, given the high number of retirees and their high status in the community, there are fewer incidences of ageism in this particular city than in other cities or regions. It is important to note, however, that ageism in society is often very subtle in nature, to the point where those subjected to discrimination do not always recognize it as such (Ory et al., 2003). It can be as seemingly innocuous as healthcare providers attributing ailments to one’s advanced age. Yet, the consequences of such attributions are often severe. For example, doctors tend to give less aggressive treatments to older patients, irrespective of how they would fare with those treatments (Giugliano, Camargo, Lloyd-Jones, Zagrodsky, Alexis, et al., 1998). Furthermore, ageist
attitudes amongst medical practitioners can lead to suboptimal communication and follow-up care with elderly patients (Adelman, Greene, & Ory, 2000).

**Seniors’ Self-Stereotypes**

There was considerable variety among the participants in how they described themselves and how they described a typical senior. Generally, participants self-identified as a senior when their image of a typical senior was positive. One participant (age 63) made the following comment:

> I think of myself as a typical senior. I golf two or three times a week or sometimes more in the summer, curl in the winter, travel a fair bit, I just enjoy life. I spend a lot of time with family, grandkids.

Another participant (age 73) had similar positive conceptions of what it is to be a typical senior:

> The seniors that I rub shoulders with on the street, or distant acquaintances or something, seem to be in pretty good health. I don’t know a single senior who is disabled or is in a wheelchair. The ones I know seem to be alert. They drive cars. I would say generally in good health… That description that I gave you, I would say I’m… I fall into that sort of category, I think, talking about myself.

Others distinguished themselves quite markedly from what they considered to be a typical senior. Normally this involved characterizations of typical seniors as being both older than oneself and in worse physical condition.

> Grey hair, decrepit basically, I’m talking about the old guys, like the 80-plus types. That to me is a senior. Being 70 I’m not a senior yet, because I still feel fairly active. But basically, just loss of movement, and slowing down, driving habits are the pits.

Similarly, one participant differentiated himself from what he considered to be a typical senior, primarily due to the good health he and his wife still enjoy. “I don’t think that my wife and I are typical because we don’t yet consider ourselves seniors, because we have excellent health.” Another participant (aged 73) commented,
“I’m not quite sure when one’s allowed to think of oneself as a senior, but I don’t think I’m quite there yet.”

In this manner, a senior was considered an “other” (Said, 1978). The term senior was seen to represent something different, and worse, and served as a way to contrast an individual’s relative youth and good health with those who were older and less healthy.

Another subset of participants rejected the notion that there was such a thing as a typical senior. “It’s really hard to describe a typical senior. I don’t know whether there is such a thing.” Along the same lines, one participant commented, “For me, personally, there is no typical senior.”

Whitbourne and Sneed (2002) noted that negative stereotypes of older adults remain stable over the life course, but as one moves from an “out-group” member to an “in-group” member, these beliefs become more varied and multifaceted. Nosek, Banaji, and Greenwald (2002) suggested, however, that as people age, the attitudes that they consciously express towards the elderly gradually become more positive.

In a sense, the responses from participants in the current study support both of these assertions. Some participants described a typical senior in very positive terms, others had descriptions that were distinctly negative, while a third group suggested there was no such thing as a typical senior. People who thought of themselves as an in-group member generally provided the more positive depictions, while those who did not identify themselves as a typical senior provided negative depictions. Whether or not they identified with seniorhood, however, participants tended to maintain a positive self-characterization, which supported their belief in their own general health and well-being.

**Role Models from their Own Life**

The vast majority of participants had people who were a source of inspiration and served as role models for the aging process. These individuals were predominantly relatives of the participants, and sometimes friends or acquaintances, which supports the findings of Lockwood, Chasteen, and Wong (2005). These researchers determined that both younger and older adults were most likely to list friends, parents, and other relatives as health-related role models. The individuals mentioned by participants had remained highly active into very late ages, and were generally 10 to 20 years older than the participants themselves.

I’ve got an uncle, he’s in his mid 80s. And he is more active now than I have ever been or ever will be, I think. I don’t try to emulate him, but I do
try to, I do admire him and I do try to stay relatively active compared to him. This guy kayaks, he builds these big sea kayaks, and he has kayaked around Newfoundland, all around the whole island...not in one stop. But he’d kayak and camp. He’s marvelous. He’s gone to Australia with 20-year-olds and kept up with them hiking. He’s just amazing.

I have a friend that I golf with. He’s 79 years old, he walks the course, he exercises. He still goes to the Y. I consider him to be a role model. He used to run every morning. I guess he’s kind of cut back on that now. But he’s in extremely good physical shape. Not only for a man his age, but for a man 20 years younger than him, and I think of him as a physical role model, because he can walk the course and I can’t, and I’m 9 years younger than him.

I have a cousin, he just turned 80 and he’s still playing senior hockey. He’s the type of fellow who’s always kept himself in quite good shape, I don’t think he ever smoked, never was overweight, always was active, a moderate, social drinker. He certainly doesn’t look 80. So I always admired him and still do.

There was a guy in the congregation who was 91. I asked for volunteers to come and help me move from one apartment to the other. And he was the only one who showed up and I thought, “Oh boy.” And he was fully dressed, 91, shirt, tie, vest, coat, running shoes. And we went for the whole day, even after I was tired, he was still going. And I guess he influences me, because I think of him from time to time. I said, “How do you stay in this kind of shape, you’re in better shape than I am.”

While the majority of participants mentioned relatives or friends as people they considered role models of aging, occasionally people they had seen in the media drew their attention. “There was a woman a few years ago, who jumped out of a plane at age 90. She parachuted out of a plane for her 90th birthday.”

When asked what effect role models had on his outlook, one gentleman responded, “It just shows me how it can be. Basically, if I want to do it I can do it, and I could be like these guys.”

Where role models may have particular value is in their ability to inspire others. Bandura (1977) stated that models can be effective in instilling a belief in one’s ability to reach a goal or objective, particularly if the model is perceived as being similar to oneself. Ory et al. (2003) suggested that in motivating seniors to get involved in physical activity, the most effective method was to show images of
ordinary people doing ordinary things. Focus group participants seemed to prefer ads that showed real people taking part in realistic activities. Ory et al. (2003) noted that images of “super-fit” elite athletes, even of their own age, could be intimidating and discouraging for seniors. Our results provide some support for these notions; many of the participants listed role models who were moderately active. Others, however, listed role models who were engaged in activities that were more vigorous, the gentleman who kayaked around Newfoundland being one example. Given Levy and Banaji’s (2002) assertion that exemplars of admired elderly can change attitudes towards the social category as a whole, we were interested in participants’ reactions to an elite athlete. An increased focus on such exceptional people may provide seniors with valuable role models and also serve to alter societal conceptions of old age.

Opinions of an Exemplar Role Model

As with the other categories, there was distinct variety in participants’ responses to the image of Ed Whitlock. A number of participants thought the picture of him running and the description of his accomplishments represented a model that was too extreme. These participants either could not relate to him, or found that level of activity unrealistic for people of his age.

I’ve never been that athletic or that competitive, you know, so in a sense I don’t really identify with him.

I think they’re really, really pushing it. You know, I can see reasonable exercise, but I can’t see doing marathons when you’re that age.

Other participants professed admiration for Whitlock’s physical fitness, determination, and self-discipline, but had a mixed response in terms of how appropriate he might be as a role model for seniors. They noted that Whitlock would be an appropriate model for a certain segment of seniors, but felt that others would be overawed by this kind of accomplishment and would not be able to relate to him. “For someone like me, yes, but I think for the average senior maybe not. The average senior doesn’t aspire to that level of fitness. I would love to be that, and be able to do that.”

Comments from other participants included: “I would think so, but he may be too far out. Other people might say ‘I could never do that.’ Now, they might be able to if they trained properly.”
“To a lot of seniors, they’d say ‘well, isn’t that nice, but I could never do that,’ and they wouldn’t even try, and they’d be a little bit overawed, I think.”

Still others thought that Whitlock would be a viable and appropriate role model.

I admire him. I wish I could do it. I think it’s marvelous, absolutely marvelous. I admire the man. (Would he be an appropriate role model for seniors?)

“Yes. Yeah, get off your butts and get busy.”

Another participant commented, “I think that’s just amazing. Well, I could picture myself, if I didn’t develop arthritis, still running at that age.”

Participants reacted to Ed Whitlock in different ways, which lent some complexity to Ory et al.’s (2003) assertions that people would be turned off and discouraged by elite senior athletes. While a number of participants did indeed find him to be too extreme, others found his example inspirational. There was a slight tendency for participants who reported more daily physical activity in their own lives to categorize Ed Whitlock as an appropriate role model for seniors. There were, however, a number of exceptions to this: sedentary participants who considered him an appropriate role model and active participants who did not. In fact, one participant, who reported walking two hours per day and working out with weights on a daily basis, considered the image of Ed Whitlock to be distinctly unappealing. “I look at him as an aberration. I mean . . . to look at the picture to me is almost stressful to look at. No, that doesn’t do anything for me. It turns me right off.”

Further examination of how seniors react to exemplars of physical fitness from their own age group, and how those reactions might vary based on their expectations of the aging process and current activity levels, is an intriguing area of future research.

**Importance of Physical Activity**

All participants agreed that the amount of physical activity recommended by the Public Health Agency of Canada (older adults should get from 30–60 minutes of moderate physical activity most days) was reasonable and appropriate for maintaining good health. A number of participants suggested seniors should be getting at least this amount. Two participants qualified their answers by noting that this
was a reasonable amount for people not limited by physical ailments or injuries. This likely reflected their own situation, as neither of these two participants met the daily recommendations, and both reported that their own exercise had been curtailed by physical ailments.

Ory et al. (2003) reported that 98% of individuals aged 50 and over are aware of the importance of physical activity for maintaining health. Our results, in a slightly older age group, provide support for this assertion. While 34% of the senior population in Canada report being moderately active (Statistics Canada, 2005), 55% of respondents in the current study reported such levels (i.e., 30 to 60 minutes of moderate physical activity most days of the week). Four out of 11 men were active for at least 30 minutes most days. Seven out of 9 women reported being physically active, the activities consisting primarily of walking and gardening. This suggests that our group was more active than the senior population in general, and it makes caution paramount when making any broad generalizations about seniors based on the current sample.

**Barriers to Exercise Primarily Psychological**

Although a number of the participants cited a range of health problems, very few listed these as barriers to exercise or as reasons they did not exercise more. Generally, participants cited psychological reasons, which revolved around the theme of motivation, or lack thereof.

I used to try and make a point of walking at least two miles a day, but in the past six months or more I haven’t really done much walking at all. So, I have a resolution to get back to the gym and back to more physical activity and shed hopefully 50 pounds. I’m not really sure whether it was just kind of a creeping lethargy or what...

The notion of creeping lethargy, or laziness, emerged frequently with the participants, who tended to blame themselves for not engaging in more exercise. One individual, when asked if there was anything that prevented him from getting as much exercise as he wanted, commented, “nothing but my own laziness.” Other participants had similar sentiments.

There’s nothing to stop me, I could do more. I could if I wanted to, and I should really, but I guess I’m a little bit lazy.

Just sheer laziness. We’ve got the time to do it, like why don’t you get out and do it? Well, there’s a good program coming on TV and things like that. I’d rather do something else.
Discussing seniors in general, one woman noted that aging, or the perception that one is aging, can lead to seniors engaging in less physical activity. “I think probably lacking motivation really…or just kind of accepting the fact that they’re getting older and slower and kind of cave into aging. I’m old, I can’t do it, that sort of thing.”

Steele (1997) asserted that chronic exposure to negative stereotypes can lead to loss of motivation as people eventually disidentify with the particular domain. Societal expectations of seniors to slow down and do less as they age potentially leads a certain segment of the population to disidentify with physical activity in spite of their knowledge of its importance to longterm health (Ory et al., 2003). Indeed, Levy and Myers (2004) found that seniors with more negative perceptions of the aging process practiced fewer health behaviors, which included engaging in exercise.

Recent research on variables at the neighborhood level indicates that these are important considerations in evaluating seniors’ exercise behavior (Fisher, Li, Michael, & Cleveland, 2004; Li, Fisher, & Brownsen, 2005). While one participant mentioned lack of access to facilities as a barrier to getting enough exercise, overall this was not an issue emphasized by participants. Even participants’ own physical ailments were rarely mentioned as barriers to their own physical activity involvement. Instead, barriers mentioned were of a psychological nature. One participant, a former nurse who had experience working with the elderly, noted, “I really think the barriers would be more psychological than physical for the early elderly.”

**Inspiration to Exercise**

A clear purpose or a specific goal often served as a motivator for participants to exercise. One gentleman talked about his desire to continue traveling, and this provided the impetus for him to stay in good physical condition.

If I want to continue trudging around Europe on tours and that, I better stay fit, because you’re out walking every day on a tour, you don’t want to be crashing halfway through. So what I do basically is I prepare for a trip. I train for it basically. I do a lot of walking. I get myself ready about a month ahead of time, rather than doing it all the time, which I should be doing.

Considering Montepare and Zebrowitz’s (2002) assertion that seniors rate themselves as less goal-oriented than younger adults, the relationship between goal setting and exercise among seniors is worthy of
further exploration. Along the same lines, one participant talked about the possibility of travel with family or friends as something that would motivate him to increase his level of physical activity.

Probably companionship, someone to exercise with, or perhaps having some other goal in mind. My son was visiting from Toronto yesterday and he was talking perhaps of a trip that he might make, so perhaps either to go along with him or to go on my own or with someone else, that would be a definite motivator to get me in shape.

This notion of companionship, or the opportunity to engage socially, was a consistent theme that emerged from the interviews. Participants felt that having someone, or a group, to exercise with would motivate them to be more active.

I know that I should be doing certain things and I don’t do them. If you’re by yourself, then it’s very difficult to be active.

I think if my wife became more interested in exercise. If she’s pulling me out the door to go walking, I would go walking with her.

Whether it is a significant other or a group, the potential for social interaction seemed to be an important facilitator for exercise. “I think if they had a group of seniors together that had a session, then you might get more seniors that would go to the Y and exercise.”

Although further research specific to seniors would prove valuable, there is some evidence that social support is an important facilitator of exercise participation (e.g., Litwin, 2003; Satariano, Haight, & Tager, 2002). For instance, Estabrooks and colleagues noted that older participants in an exercise program sought program leaders who focused on social integration among members of the exercise class (Estabrooks, Munroe, Fox, Gyurcsik, Hill et al., 2004). Moreover, having friends and family who support older persons’ involvement in physical activity is related to increases in perceived well-being (Sasidharan, Payne, Orsega-Smith, & Godbey, 2006).

CONCLUSION

In 2006, the Heart and Stroke Foundation issued a cautionary warning to the Baby Boom generation: fully half of them were sedentary and almost one-third were obese. The foundation warned of dire consequences with respect to the health and well-being of this cohort as its oldest members began turning 60 years of age.
The problem appears to be one of action rather than one of knowledge. While 98% of people over the age of 50 are aware that physical activity is important to maintaining their health (Ory et al., 2003), only a minority of senior women and men get sufficient physical activity to maintain optimal health benefits (Statistics Canada, 2005). Our interest in this study was in exploring stereotypes of aging that seniors hold and their attitudes towards physical activity in the hope of further elucidating this gap between knowledge and action.

Prevailing stereotypes in North America tend to be predominantly negative towards the elderly (Levy & Langer, 1994), and these cultural attitudes may influence decisions seniors make around exercise. Researchers (e.g., Levy et al., 2002; Sarkisian et al., 2005) have established a connection between negative attitudes, particularly those that seniors hold themselves, and their exercise behaviors and overall health. Sarkisian et al. suggest a direct relationship between seniors' expectations regarding the aging process and their level of physical activity, and they propose that intervening to raise age-expectations could increase engagement in exercise.

Lockwood et al. (2005) maintain that designing more effective health interventions for seniors revolves around gaining a greater understanding of how health-related exemplars can motivate this population. Our results suggest that seniors often have someone in their lives who represents what it means to age successfully. Generally, this is an individual older than themselves, active, vigorous, and illustrative of the high quality of life that is possible into a very late age. In addition, these individuals provide a direct contrast to the most negative stereotypes of aging. Levy and Banaji (2002) noted that exemplars of admired elderly, people like Mother Teresa, can change societal perceptions of what it means to be a senior. Such individuals are potential role models for seniors themselves, but they also impact on the stereotypes and aging beliefs that society holds more generally. Further examination of the impact of role models and how they might influence expectations of the aging process would prove valuable.

It is crucial that our society develop a more literate understanding of the determinants of healthy aging. The diversity in the responses from our participants indicates the complexity of the issues and the variety of opinions and beliefs seniors hold about the aging process. In the face of social attitudes that often denigrate the capabilities of seniors, and the extent to which these attitudes can affect seniors' general health, establishing ways of promoting and fostering healthy lifestyles can contribute to improving the quality of life and overall health of our senior citizenry.
REFERENCES


APPENDIX

Semi-structured Interview Questions

General Questions/Questions to Contextualize

1. Could you tell me a little bit about life as a senior in your community?
2. How has your life changed as you moved from adulthood to seniorhood? Probe: How has your health changed? How do you feel about your overall health?

Questions on Stereotypes and Beliefs

1. If I asked you to describe a typical senior, what characteristics come to mind? Probe: How would you compare yourself to the description that you gave me? Would you describe yourself as a typical senior?
2. Have you noticed any differences in the way you’ve been treated since you’ve become a senior? Probe: How have you been treated by your family, people in the community?
3. How do you feel about the way seniors are portrayed in the media, on television? Probe: If I ask you to describe a typical stereotype of seniors, or of aging, what comes to mind?

4. What does aging successfully mean to you? Probe: Is there anybody in your life who represents what it means to age successfully? Is there anybody you’ve seen or read about who represents aging successfully to you?

5. Recently, Ed Whitlock—A 74 year old runner from Canada—ran the Toronto Marathon in under 3 hours. What things come to mind when you look at this picture of him? Probe: How do you feel about someone at that age exercising that much?

Questions on Active Living/Physical Activity

1. Can you describe for me your normal involvement in exercise or leisure activities, such as walking, jogging, gardening, etc.? Probe: Has your involvement in these exercise and leisure activities changed as you’ve gotten older? How much exercise are you getting on a daily basis? How does this change as the seasons change?

2. Is there anything that prevents you from getting as much physical activity as you would like? Probe: Do you have access to facilities? Places to walk? Health issues?

3. The Public Health Agency of Canada recommends that older adults should get from 30–60 minutes of moderate physical activity most days. How do you feel about this as a recommendation? Probe: In your opinion, are most seniors able to meet this recommendation? What might inspire seniors to be more active?