

Ageism as a Barrier to Physical Activity

By Kay Van Norman

Published in the *Journal on Active Aging*, Sept/Oct, 2004, pg. 32-38

Health promotion specialists have made significant progress identifying and addressing barriers to physical activity participation such as transportation, accessibility, cost, environment and quality programming and staff. Yet, the vast majority of seniors remain sedentary, and it should be noted even in the absence of any of these barriers (senior living communities) the majority of adults remain inactive. Clearly other significant barriers must be addressed.

Applying stages of change theory (see figure 1) to physical activity participation shows offering more and more activities (exercise in the water, on a ball, with the latest gadget) speaks almost exclusively to people in the *action* stage of change (ready to take action by attending a class). This approach does little to move individuals from pre-contemplation, contemplation and preparation into action. Unfortunately, research shows only about 20% of people with a less-than-ideal behavior are prepared to change (take action) at any one time. (Prochaska, 1994)

Figure 1- Stages of Change

Pre-contemplation

- not intending to, or ready to change,
- may be resistant to change,
- may not understand the consequences of the behavior or advantages of change,
- may view the pros of the negative behavior as greater than the cons.

Contemplation

- some knowledge of the consequences or advantages of the change,
- pros and cons of change are judged about equal,
- intending to or thinking about change but may not know how to get started.

Preparation

- have determined the pros outweigh the cons,
- intend to make a change and have a plan of action for change within six months.

Action

- taking action on a regular basis (i.e. attending a class, eating nutritiously),
- tend to feel empowered and in control of life,
- the greatest risk for relapse.

Maintenance

- sustaining the change for at least six months (i.e, walking daily),
- old behavior has terminated and prevention of relapse is important,
- behavior change becomes part of the person's lifestyle.

James O. Prochaska & B.H. Marcus (1994)

Generational Bias

Life-course theory is defined as "lives influenced by the historical times and places an individual experiences over their lifetimes". (Bradley & Longino,2001) I refer

to the resulting opinions and attitudes formed throughout the lifespan as an individual's *personal belief system (PBS)*.

Vast differences exist among individuals but with regard to physical activity important similarities emerge. To effectively deliver the message of wellness to seniors at each stage of change we must understand similarities in the "life-course" of adults over 60 and how the resulting *PBS's* impact assumptions, predictions and behaviors related to physical activity.

Physical Activity Equals Work

Before labor saving technology, life was much more physically demanding forging a strong association (for the 60+ generation) between physical activity and the hard work necessary both on the job and while caring for a home and family. Time spent in sedentary relaxation was undoubtedly considered the reward for a hard days work.

During the Industrial Revolution adults were focused on conceiving of ways to remove the *burden* of physical exertion. Automation and labor saving devices brought a dramatic and welcome change of lifestyle, but *only* for those who could afford it.

Automation was new and expensive forging a strong link between financial success and reduced physical exertion. There was a clear distinction between laborers and "gentlemen" who did little physical work, and between housewives and "ladies of the house" who had domestic help. This generation started with the push lawnmower, traded up to the power lawnmower, up further to the riding lawnmower and when they had really "made it" could hire someone else to do the work.

Gender Bias

Girls and women were discouraged from engaging in recreational exercise. School policies required dresses for girls (unsuited to active play), recognized very few "appropriate" sports for women and failed to fund female teams; effectively relegating girls to a passive role watching boys play. Exercise was considered unladylike at best and harmful at worst (to the "weaker" sex) with many women counseled by physicians to avoid hard physical exertion for fear of damaging "female organs". The perception of exercise as potentially harmful to anyone "delicate" is pervasive, posing a significant barrier especially to physically frail adults or those living with multiple chronic conditions. Cohen-Mansfield (2003) identified health problems and pain as the most commonly perceived barriers to exercise. Clearly, motivation to increase physical activity requires a belief it is both desirable **and** doable in light of health status.

Men aged 60+ can also have negative associations related to physical activity. Although boys were encouraged to be more physically active than girls, after a certain age physical activity just for fun was considered a frivolous use of time. "*A man with so much time and energy should be doing something productive*", was the prevailing attitude.

Many older men relate fitness to the tough, grueling and painful exercise they did in military boot camp, concluding they don't want any part of it, can't be successful, and/or anything less really couldn't do much good anyway.

When filtered through generational and gender bias, the message of physical activity as a positive aspiration is a pretty hard sell to many seniors. Unfortunately, our

current social climate and ongoing media messages do little to change long held personal beliefs, attitudes and assumptions about aging and physical activity.

Media Images of Fitness & Aging

Mass Media's portrayal of fitness as exclusive to the "body beautiful" set portrays an extreme ideal, completely unrealistic, therefore personally irrelevant to 98% of the population (regardless of exercise habits or diet). Fitness is placed out of reach of the average individual, regardless of age and consumer culture's preoccupation with perfect bodies and youthful images is especially demeaning to older adults. It creates negative associations with age-related changes and aggressively promotes a belief that these changes are highly undesirable. (Bradley & Longino 2001)

Dominated by extremes, our cultural image of aging reduces older adults to caricatures, leaving them both seriously underrepresented and marginalized by the media. (Krueger, 2001) One extreme is characterized by frailty and dependence, spawning endless jokes about aging and commercials and sitcoms portraying older adults as non-vigorous, sexless, confused and a collective drag on social programs and the economy. This portrayal narrowly overemphasizes any negative aspects of aging.

The other extreme showcases "woofies" (well-off-older-folks), marketed as slender, healthy, financially secure and at leisure in some fabulous resort community. These extremes dominate the media and our perceptions even though it is clear the majority of older adults exist in a broad range between the extremes. Setting the bar so high or low has unexamined implications for self-esteem and for the range of available and acceptable "lifestyle" options for seniors to relate or aspire to. (Vesperi, 2001)

The Mind/Body Connection

Negative stereotypes and limited views of "successful aging" can have a significant impact on self-esteem, body image, and self-efficacy of older adults. (Bradley & Longino, 2001) Evidence has long suggested that beliefs, assumptions and expectations can contribute to sickness and death, as well as to healing. Now a significant body of research documents how powerful the mind's perception of health status or a health incident can be in determining physical symptoms, health choices and behaviors, and ultimately outcomes. (Ray, 2004)

Shepard (1999) finds that perceptions of self and perceptions of how you are viewed by others, significantly impacts motivation to make changes (see figure 2). Ongoing negative messages about aging can prevent older adults from believing in their ability to affect change, especially those who have experienced losses resulting in diminished self-esteem and self-efficacy. (Dishman 1994) In addition, Cousins (1997) found that late life physical activity choices are often dependent on an individual's perception of what is, or is not age appropriate behavior.

Figure 2-Motivation impacted by:

- Attitudes toward behavior
- Perceived "norms" for behavior
- Individuals belief that certain "referents" (i.e. doctor, spouse, friend), think s/he should or shouldn't perform behavior
- Motivation to comply (or not) with perceived wishes

- Belief that change is positive
- Belief that action taken will result in desired change

Roy J. Shephard, 1999

Changing Perceptions

This generation of 60+ adults is the first to experience dramatically extended lifespan coupled with multiple chronic conditions. They enjoy labor saving automation but have discovered the price exacted by inactivity. Nobody wants to return to scrubbing clothes on a washboard, but we must find ways to re-frame physical activity as a positive action taken rather than something to be avoided and educate adults about how much control they have over the physical changes associated with aging.

Personal Relevance

Strength training research provides an excellent example of how to change perceptions of aging and make physical activity personally relevant. Studies prove misguided protocols not aging resulted in the **misconception** that loss of function is unavoidable and irreversible after a certain age. Fiatarone's 1994 study of subjects aged 72-98 with multiple chronic conditions demonstrated significant gains in strength (113%). It's exceptionally low injury rates also make this study personally relevant to the many seniors over 60 with chronic conditions.

Research documents an average strength loss of approximately 1.5% per year from peak strength in early adulthood, resulting in a loss of about 30% by age 60, 45% by age 70, and 60% by age 80. Illustrate to clients how losing half of one's strength would be roughly the equivalent of going about daily tasks while carrying someone of equal weight on his/her back. Relate strength-training research directly to daily functional tasks, for example; *"You could benefit from becoming stronger if you....."*

- *must use your arms to rise from a chair,*
- *struggle to lift sacks of groceries or something off a shelf",*
- *decline going places because you are concerned about getting up the steps of the bus, plane, or tourist site"*
- *are thoroughly exhausted after doing something that used to be easy"*

Most people cannot imagine losing so much physical function they would be unable to manage the activities of daily living; yet many currently independent but sedentary seniors are only one or two illnesses or injuries away from dependence. Ask potential clients important questions such as:

- *"One year from now do you expect to be (a) stronger and more agile, (b) the same, or (c) weaker and less agile than you are today?"*
- *"If you expect improvement, what are you doing to ensure that outcome?"*
- *"If you expect decline what is that expectation based upon (PBS's, media images, misconceptions, norms), and how can you change the outcome?"*

Conclusion

Changes in older adult wellness programming over the past decade have helped ensure seniors motivated to take action have access to appropriate activities. However, the traditional model of programming hasn't helped the vast majority of adults become more active. To begin affecting change health promotion professionals must; understand how personal belief systems color perceptions of all physical activity programs and

messages, recognize the impact of negative stereotypes and media images on perceived health status and choices, and utilize mind/body and behavior change concepts to enhance motivation and compliance.

References

Bradley, Don E., Longino, Charles F., (2001) "How Older People Think About Images of Aging in Advertising and the Media", *Generations, Journal of the American Society on Aging, Fall, volume xxv,3,17-21.*

Cohen-Mansfield, et. al., (2003), "Motivators and Barriers to Exercise in an Older Community-Dwelling Population", *Journal of Aging and Physical Activity*, 11, 242-253

Cousins, S.O.,(1997) "Elderly Tomboys? Sources of self-efficacy for physical activity in late life", *Journal of Aging and Physical Activity*, 5(3), 229-243.

Dishman, R.K., (1994), "Motivating Older Adults to Exercise", *Southern Medical Journal*, May, Vol. 87, 5, S79-82.

Fiatarone, Maria, M.D., (1994) "Exercise Training and Nutritional Supplementation for Physical Frailty in Very Elderly People, *New England Journal of Medicine*, June 23, 330:1769-1775.

Krueger, Bill, (2001) "How Aging is Covered in the Print Media", *Generations, Journal of the American Society on Aging, Fall, volume xxv, 3, 10-12.*

Prochaska, J.O., Marcus, B.H. (1994), "The trans-theoretical model: Application to exercise. In R.K. Dishman (D.), *Advances in exercise adherence*, p.161-179. Champaign, IL: Human Kinetics

Ray, Oakley, (2004) "How the Mind Hurts and Heals the Body", *American Psychologist*, January; Vol.59, No.1, 29-40.

Shepard, R.J. (1999), "Determinates of exercise in people aged 65 years and older. In R.K. Dishman (ed.), *Advances in exercise adherence*, p. 343-360. Champaign, IL: Human Kinetics

Vesperi, Maria D., (2001) "Media, Marketing, and Images of Aging of the Older Person in the Information Age", *Generations, Journal of the American Society on Aging, Fall, volume xxv, 3, 5-9.*