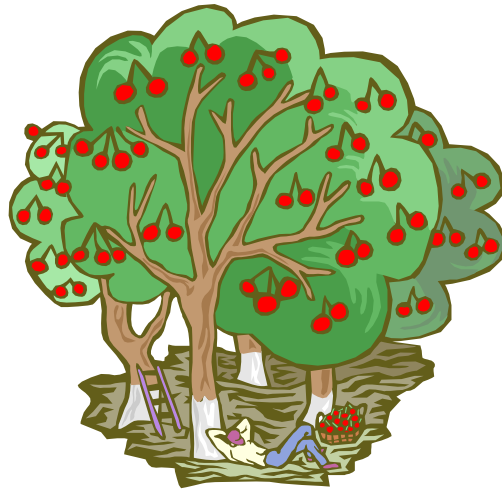


# Overcoming Ageism in Active Living



Just because I am an old apple tree doesn't mean I grow old apples. (Anonymous)

## Report for the Active Living Coalition for Older Adults

By

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## Publisher's Note

*Aging is universal, but the meaningfulness of growing old is variable, impacted by demographics, national economic resources, and society's expectations, or lack thereof—for the elderly. (Julia Tavares Alvarez, Reflections on an Agequake, United Nations, 1999)*

The Active Living Coalition for Older Adults (ALCOA) envisions a society where all older adults are leading active lives and thus contributing to their health and overall well-being.

ALCOA's programs have always had components that have countered ageism. In 1999 ALCOA published a framework for developing policy and programs aimed at promoting active living for older adults called Moving Through the Years: A Blueprint for Action for Active Living for Older Adults. The *Blueprint* countered ageism by recognizing the need for:

- Gaining a more accurate perspective of older adults' capabilities and developing more positive attitudes toward aging;
- Involving seniors in planning and decision-making around active living programs;
- Exploring the needs and interests of older adults with respect to physical activity and designing programs accordingly; and
- Providing more inclusive active living opportunities that accommodate intergenerational interaction

In 2004 ALCOA consolidated its efforts against ageism by forming the Reducing Barriers (Ageism) Committee and by launching a few very concrete initiatives to combat ageism. This article is one of the outcomes of the ALCOA initiatives.

ALCOA would like to recognize the volunteer input provided by the Reducing Barriers (Ageism) Committee. The members include Margaret Barbour (Chair) - Manitoba Cardiac Institute; Sandy O'Brien Cousins - Alberta Centre for Active Living; Doug Cripps - Active Living Alliance for Canadians with a Disability; Denis Drouin - Fondation en Adaptation Motrice; Michelle Porter - Canadian Society for Exercise Physiology; Gisèle Tennant - YMCA; Bill Turney - ALCOA Older Adult Advisory; and Don Wackley - Ontario Coalition of Senior Citizens Organizations.

ALCOA would like to recognize the outstanding work done by the Sandy O'Brien Cousins in writing this report and would also like to acknowledge the support provided by the Alberta Centre for Active Living.

Imran Syed  
Executive Director  
ALCOA

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## Ageism and Active Living

*A woman in her fifties was getting changed in the locker room of the local YMCA, when her friend's 26-year-old daughter entered the changing area. "What are you doing here?" the younger woman asked with surprise. "Well, the same thing you are" was the reply.*

Helping people age better is an important issue in Canada. More than smoking, more than obesity, and more than virtually any vice known to humankind, the biggest threat to healthy aging in Canada is sedentary living.

Scientific evidence from thousands of studies published since the 1980's has shown that participating in a variety of physical activities leads to an enormous array of physical, social, psychological and even cognitive benefits. Health Canada's *Physical Activity Guide to Healthy Active Living for Older Adult*, which is based on the research evidence of hundreds of studies on older adult physical activity, carries profound lifestyle messages that regular and moderate exercise can cut age declines in half and reduce disease risks by 50 percent. The *Guide* advocates up to 60 minutes of physical activity daily, including a variety of endurance activities, strength and balance activities, and flexibility activities. In the *Guide*, older adults are encouraged to use various forms of active living to improve their physical condition. "Age is no barrier," says the *Guide*.

**Ageism is  
Discrimination  
based on Age**

### Heading for Health Problems

Despite Health Canada's national effort to promote more active lifestyles among all older people, "progress has now stalled" (Division on Aging and Seniors, 2002). Although 91% of the population agrees that physical activity will keep them healthy (Alberta Centre for Active Living, 2002), still two thirds of the population could be *more* active, and older people are the least active generation among them. According to the National Population Health Survey (NPHS) only

14% of seniors are sufficiently active. This gap in what we know and what people are actually doing is not a trivial matter when it comes to aging. The Golden Years are tarnished with disorders exacerbated by unhealthy lifestyles, because as many as 67% of women and 54% of men over age 65 are lacking adequate physical activity (Canadian Fitness and Lifestyle Research Institute website).

Half of all Canadians, male or female, die of heart disease, yet coronary artery disease is largely preventable by living physically active lifestyles. In simple terms, inactive Canadians are aging twice as fast as nature intended, equating to a 50% functional loss between age 30 and 80. Without encouragement from family, physicians and friends for regular and moderate forms of physical activity (O'Brien Cousins, 1995) older people can get so stiff, so weak, and so unsteady that they do not want to move about very much at all. By age 80, 10% are so frail they are institutionalized, and many more are dependent in some way on others in the community (O'Brien Cousins, 2002).

More than 20 million Canadians are headed for more health problems and shorter lives. The other 10 million, who are getting some physical activity, active recreation, or formal exercise on a daily basis, will age better and avoid or delay many health difficulties. The short-term and long-term benefits of daily physical activity make a very long list, and contrary to public thinking, the actual risks are very small (Health Canada, 1999; O'Brien Cousins, 2001).

### **Stolen Resolve to Live a Full and Active Life**

What is preventing people from enhancing their later years with a potent regenerating force in the form of regular and moderate exercise? Something is weakening the resolve of older people to enjoy their lives to the fullest. That something appears to be bigger than the individual, bigger than their community resources, and bigger than their actual health knowledge about how to age better. That “something” is a social force called **ageism** — a social reality that affects our seniors.

Ageism has infused North American culture for decades. Ageism is social discrimination based on chronological age, or assumed age. We see ageism in all areas of society, but especially in situations related to active living.

### **Ageism and Sports**

Ageism is visible in most sports, in dancing studios, in fitness classes, in recreation centres, in stadiums, community fields and ball parks. What we typically see in these areas are children and younger adults in action. We do not typically see older people there. Older people do not see themselves there, and they are not expected to be active participants. For these reasons, many older people might find it hard to imagine getting involved in the sports, fitness, and recreation venues in their communities.

Added to these limiting contemporary perceptions are the traditional perceptions of our society. Our very oldest Canadians were socialized to believe that recreational activities were not as valuable as employment related work activities - a work ethic left over from the Great Depression when “work” was highly valued. The roots of the problem extend to the 1800’s when the “rest cure” was the mainstay of medical practice (Vertinsky, 1995).

Some of the “conservation of the body” traditions continue into today’s adult lifestyles, much like a self-imposed “rest cure”. Many middle-aged and younger adults (40’s, 50’s, and 60’s) say they are too tired to get involved in the contemporary physical activities. As children, baby boomers did play sports and learn physical skills, but they now lack the energy to participate in active living. At midlife, they don’t mind being sports fans and observers of sport, but they do mind being a participant as they get older. It simply seems no longer socially appropriate. Sport is for the elite athlete, the competitor, or the professional. Thus middle-aged adults feel ill-equipped for any involvement in sports, even if it is only recreational. They feel out of place, physically unskilled and simply out of shape. They have concerns about getting hurt or being ridiculed. Instead, we see older people involved in lawn-bowling, curling, fishing, and gentle walks—lighter activities that are considered age-appropriate in the minds of most Canadians. Unfortunately, older Canadians have absorbed the lesson about “acting their age.”

Many older men and women stop moving because society expects them to be that way. Seniors are not supposed to be snow boarding, playing hockey, or swimming alongside younger people, let alone swooshing down ski hills, scoring goals, or achieving lifetime best times in the pool. They are supposed to be less physically able or even decrepit because they are old. Young *and* old believe that older people shouldn't be exerting themselves. Such activities are seen as too hard on the older body and might wear it out even faster. Most Canadians think it is better to take it a bit easy in later life; you have to be careful, listen to your doctor and not overdo it. Exertion is seen as dangerous. So, many older people believe they won't have a heart attack by just sitting (not true), and it's easier to keep sitting than to get up and exert oneself for the sake of something they don't really believe is a good idea for them.

Elderly women, who are even less vigorously active than men at every life stage, outlive their men-folk by over 5 years on average— perhaps convincing older women that having men's muscles and sport interests will lead them to an early demise. It is this kind of thinking in Canada that makes age stereotypes alive and well!

Excuses for not being active are socially accepted and easy to invent. In a survey study of 327 Vancouver women over age 70, who were surveyed on active living and health, elderly women were reluctant or even afraid to do anything active in unsupervised settings, meaning that even going for a walk on their own was unlikely (O'Brien Cousins, 2000). Some of the women saw basic exercises as leading to a mortal event ("My heart couldn't take it"). A typical sitting hip flexion stretch was judged to possibly "explode my heart", according to one woman. Others feared drowning in an Aquacise class, falling off an indoor exercise bike, breaking neck bones on a curl-up, and damaging their knees on a modified pushup.

In a telephone survey of motivation for exercise among older Albertans, women aged 56 and older tended to say, "talk to your doctor" and "consult the experts" for anything that affected the body physically (O'Brien Cousins & Gillis, in press). Older men appeared less fearful but seemed to have given up enjoying life in physically active manner and said, "Why bother? It's not going

to change my life a heck of a lot.” While these self-referent beliefs appear to be individual issues, they are really not. So many people think this way that the myths have become accepted thinking. Myths in self-referent thinking are built on years of social learning and self-stereotyping.

### **The Evidence Supporting Active Living in Later Life**

Regular and moderate forms of active living significantly reduce unnecessary death and suffering caused by all agents of accelerated aging (Health Canada, 1999). With active living, people feel better right away (less aches and pains, improved mood, better sleep, alertness, more energy, improved flexibility), and in time do better (get stronger, experience less breathlessness, lose weight, improve their memory, avoid diseases and reduce risk of stroke, diabetes, cancer, premature heart disease and early death). There is no medicine that can compete with physical activity to prevent problems of aging and promote vitality and zest for life. If we value life at all, then we must pay attention to what makes life worth living. Reaching old age with adequate strength and energy, with full function, with physical confidence, and with the dignity of upright posture is biologically possible for more Canadians. But knowing what we know now in public health how is it possible that so many people reach old age in such a decrepit state?

### **The Motivation Challenge**

Some older people might say, “Why bother?” or “What’s the point?”, yet we know that active living *is* worth the “bother”. Sedentary living leads to the same risks as those experienced by pack-a-day smokers (Division of Aging and Seniors, 2004). What is it about our society that crushes motivation and leads to this kind of thinking?

Perhaps mandatory retirement policies force an artificial lifestyle landmark at age 65 to disengage socially, emotionally and physically. People feel devalued and give up on themselves as productive citizens. If society doesn’t care about their skills and contributions anymore, why should the older adults themselves care? Why should they look after themselves when they are nearing the end of life and there is little to look forward to? Why invest in oneself when life just goes downhill? Besides, being old is linked to health problems that they apparently can’t do

much about. Doctors and hospitals are what is important when one gets old. What some older adults feel is most needed, is not exercise, but more hospital beds. The hospitals will help with healthy aging. Stay at home and stay out of trouble... that is how you look after yourself.

Older people do agree that generally exercise is “good for you”, but they don’t necessarily believe it applies to them personally. They may also know that about 50% of all Canadians die of heart disease, but of course, most people believe that they are in the healthy 50%!

### **In the Shadow of Healthy Eating**

Too much sitting undermines our ability to have good nutrition. Without physically expending energy on a regular basis, a “healthy appetite” and thirst mechanisms become compromised; without daily physical activity and a vigorous metabolism, healthy eating and adequate hydration are virtually impossible.

Recent data shows that older people who are concerned about their health have been socialized to pay attention to their nutrition, but not so much their exercise. Older people say they are not perfect, and are only human with regard to health behavior. So if they have to do something healthy, they choose to eat nutritiously as a single priority, instead of increasing activity. But healthy eating and healthy activity are not interchangeable, although they are interconnected. If food intake is inadequate, energy suffers. If people have no appetite for exercise, they will soon lose their appetite for food. Without adequate activity, eating adequately to meet Health Canada’s *Food Guide* servings means gaining weight (as is typical in middle age). So to maintain body weight, which seems to be the healthy thing to do, older people try to cut back on how much they eat. This strategy can lead to other serious health problems such as, bone mass loss, muscle atrophy, bowel disease, heart disease, obesity, and diabetes.

Unhealthy weights can be blamed on our culture of inactivity, yet many older people only blame their poor food choices. Still, they would rather try to eat their way to better health than increase their daily physical activity, even though research shows that good nutrition alone will not overcome functional frailty (Fiatarone et al., 1994). Active living interventions such as basic



strength training, and not nutrient supplements, have been shown to dramatically improve the physical function of the elderly body (Fiatarone et al., 1994).

### **Wishing is Not Enough**

New research by O'Brien Cousins, supported by Social Cognitive Theory (Bandura, 1992), shows that the majority of older people don't even think about physical activity very much. For those who do think about how active they should be, the cognitive data confirm that motivation or self-referent thinking about physical activity ("I can't; I don't want to") seems to be the biggest issue for sedentary older people (O'Brien Cousins, 2004). It is difficult to make an unwilling adult do something they do not want to do. While many inactive people may say they need to be more active, deep down they really don't *want* to do it. These older adults have no motivation or so little drive that they can't overcome their lethargy. They think of "getting active" as exercise, and "exercise" is a bad word. Even active living is an effort, takes energy, takes time and regulates or controls their day — and they have other things they would rather be doing.

A new study shows that even regularly active people avoid thinking about their plans for physical activity. Some active people organize a schedule so they know exactly what they are doing, how much they will do, and when and where to do it. Some successful exercisers have other strategies: they get a companion or join a group for the activity so they have to be accountable, or they tell someone else in the family what they plan to do to ensure that there is some additional support. But the *truly successful* active adults find an activity that they love to do—the activity itself is the motivating force, and so participants don't think of their activity as "exercise." They can't wait until the next opportunity to participate. For example, avid hikers, cyclists, runners and soccer players can't wait until the next hike, ride, run or game. Their extraordinary fitness belies the unseen passion that spurs them on, because they simply want to do the activity as much as time and energy permits. They are motivated by the activity.

### **Non-exercisers and Negative Expectations**

Older Canadians mainly understand exercise and physical exertion as “work” and they don’t want to exert themselves. Their workdays are over now that they have retired. If they are still employed, then they say they are too busy and have little time and energy left over for physical activity. If they are healthy, they feel they don’t need to exercise, and if they are not healthy, they believe they can’t get involved as they are not well enough. In their minds there is *no good time* to be active. Such self-serving thoughts and arguments, while they may not really be logical or coherent, are socially accepted and broadly respected. They are normative views that go unchallenged when older people excuse themselves from being active in later life. Would there be acceptance for someone’s decision to stop eating? Why do we accept someone’s decision to stop living actively?

Lacking the information that is needed to make more informed decisions about their bodies, older adults sometimes conjure up worst case scenarios (negative expectancies) about what could happen to them if they tried the physical movements that could lead to significant improvements in their health and fitness. Many are afraid—afraid to move too much lest they break or rupture something, fall and get hurt, strain or tear tissues, or simply look foolish. In inactive people, these negative outcome expectancies overwhelm their limited knowledge of the specific benefits.

In many cases older adults don’t know why gentle stretches will help them and they don’t know why aerobic activity and stronger muscles are so essential to their future. On the other hand, successful older exercisers have experienced the benefits first-hand and are convinced of the importance of regular physical activity. They highly value their active participation and make activity a high priority in their day. En route to this lifelong commitment, active people have encountered (and overcome) many barriers. Active people are skilled barrier-busters. Recent research suggests that older adults who regularly exercise succeed because they can counter every negative thought with a positive one. Rather than have an internal debate over why they can’t do it, physically active elders stick to their plan for activity and “just do it” (O’Brien Cousins & Gillis, in press).

Such thinking comes from powerful social learning, and indeed, in a study on Vancouver women over age 70, (O'Brien Cousins, 1996), it was found that a lack of confidence and social support were the two strongest barriers to weekly physical activity. In another study, older people excused themselves with vividly described medical reasons and health conditions that actually could have been improved or cured with more active living. Overall, older people seem to make a circular argument by saying they can't possibly be more active because:

“I am too stiff ... (to do stretching)”

“I am too tired ... (to build up my stamina)”

“I am too weak ... (to work on my strength)”

“I am too breathless ... (to undertake aerobic activity)” and,

“I am too unsteady ... (to practice my balance).”

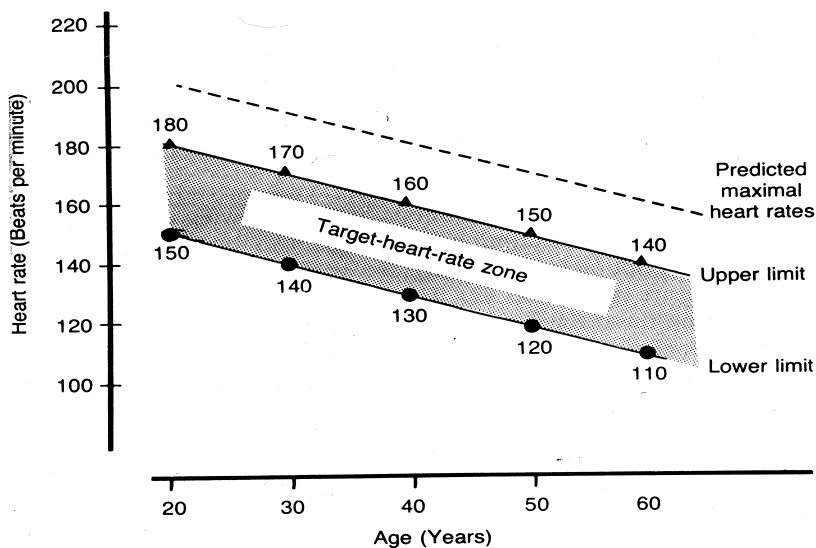
Supporting this socially learned helplessness is the weak-willed social network supporting active living by older adults. Perhaps people in the know do not challenge the older adults' mistaken ideas out of respect. Experiencing apparent lack of support for later life physical activity by family, friends and physicians, elders encounter apathy head on—which is ageism at work—at the very point they most need accurate information and strong encouragement. “Physical activity can't be very important if my doctor never asks,” said one woman. “Exercise would kill me,” says another. “It's really a vanity issue to spend that kind of time on yourself,” reports a woman who is busy caring for others, but not herself. The statement, “My grandchildren are coming this week so I can't come to class” excuses a grandmother from her own activity requirement.

### **Mistakes in Fitness Leadership**

Even the most active older Canadians encounter ageism right in physical activity settings. Older adults are often singled out in an activity class for cautious treatment, special attention, and publicly invited to pace themselves or stop altogether if fatigued. It's not that the advice is necessarily bad, but it makes the older person uncomfortably conspicuous, and can be insulting if they are fitter than most of the people in the program.

Some enthusiastic leaders share their knowledge of anatomy by warning older people about countless “contra-indications” in certain exercises. New exercisers are not familiar with technically correct patterns of movement and older people may need more time to learn them. There are a number of problems that may surface: people may become afraid that they will certainly injure themselves without the instructor’s guidance, and become dependent on the leader. As a result, they will not do any physical activity on their own. Published evidence is lacking on the nature, prevalence and severity of injury that has become associated with a “contraindicated” exercise. To this point, very little information is evidence-based, and can best be described as expert hearsay.

Fitness resources such as target heart rates, while less in use now, may have contributed to unnecessary concerns with exercise programs. For one thing, older adults learned that fitness professionals had serious concerns with how fast their hearts are beating. Older adults, in particular, were asked to exercise in “a safe heart rate zone” even though the self-assessment of heart rate is replete with errors. Many older adults couldn’t find their pulse in a timely manner and were confused about multiplying a 10 second pulse count by 6 to get a statistic in beats per minute. Moreover, a few years ago, most heart rate charts simply stopped at age 60; as if no one should dare to be physically active after reaching age 60 (see Figure below). This is ageism —the invisibility of older people in active living settings.



## **The Formation of Age Stereotypes**

*Ageism in a Snow Bank: Walking along a snow-clogged street, a 60-year-old woman saw a car up ahead spinning its wheels. The woman assisted by adding her weight to the back of the vehicle and successfully pushed the car out. With the car now free, the young man was eager to thank the helper. As he rolled down the window, his jaw dropped at the sight of the older woman who had come to his rescue.*

The topics of physical activity, aging and social stereotyping are especially relevant to modern times because without an awareness of the connections between them, we continue to neglect the potential for all people to enjoy full lives.. Everyone wants to live a long and healthy life, but no one wants to “grow old.” And no one wants to work at staying young. That is the first thought about aging — no one wants to be old. Why? Because aging has long been blamed as the cause of a “disablement process” (Verbrugge & Jette, 1994). There is a perception that older people will invariably experience disabilities and various diseases as a direct result of aging.

Other stereotypes include that most older people aren't employed, don't do much, have nothing interesting to talk about, and don't have much fun. The older they get, the grumpier people seem. Older adults are seen by some as caught up in their own health concerns and full of complaints about how terrible the world is becoming. Their bodies seem to be falling apart, and many don't like the contemporary world. Older adults don't particularly like the noise and antics of younger people, and so choose to live in segregated communities where they can have a peaceful retirement away from the fast pace of community life.

Well, these things may be true of some older adults, but for many, it is a stereotype. Such thoughts are expressions of ageism — the differential treatment of people according to age. The self-segregation of older and younger members of society keeps their unique lives secret, and promotes generational estrangement and ignorance. Ageism thrives when older people and younger people don't live, work or play together. What if a 44 year old man wanted to play on a youth hockey team? Would this be objectionable? What if the middle-aged man was Wayne Gretzky? Who would want a grandfather on their community soccer team? Well, you would be

sorry not to have Brazilian star Pele as a player on your community team – he just happens to be 61. How about Geoff Henwood? He started gymnastics classes just a few years ago, and he is not 6 years old. He is not 8 years old. He is 86!

The above individuals are examples of how men can aspire to maintain performance in fitness and sport even into advanced age. There are some exceptional older women too, but ageism judges women more harshly (Vertinsky, 1995). In active living settings, older women generally experience a double whammy of ageism combined with sexism. Indeed, today's older woman may have acquired some sport skills, but even if she was very fit, until recently, there was no soccer team for her. Her place in society is already prescribed, and she knows people will think "she is off her rocker" if she plays soccer. Generally we think that an elderly woman should be a nice grandmother, sit in her chair, read or watch TV, and play with the grandchildren whenever they happen to come over. Anyway, no older women ever want to play soccer... or do they?

### **Older Athletes - The World Masters Games**

On July 22, 2005, Edmonton, Alberta, will host 16,000 Masters Athletes at the World Masters Games — an event bigger than the Summer Olympics. Around the world, women and men aged 30 to 90-plus are preparing for their chosen event among the 29 sports offered. From basketball to ice hockey, from weightlifting to swimming and, track and field, some of the fittest, fastest, and strongest older adults will compete publicly. Among them are a few former Olympians, but surprisingly, most participants will be newcomers to adult sport. The beginners may not have much chance to win a medal, and many do not aspire to that level of competition. But while they lack experience to be the best, they can certainly aspire to be THEIR best. Sports enthusiasts aged 30-plus of all abilities are eligible to participate with the best because it is not skill that is essential, but the spirit and drive to train and participate. "Passion qualifies you" is the appropriate slogan of the Edmonton organizers ([www.2005worldmasters.com](http://www.2005worldmasters.com)).

While we do not know much about the specific motivation of these older athletes, we know that Masters Sports is a new and growing movement internationally. It was only in 1985 that Toronto hosted the very first World Masters Games. By 2002, Melbourne had hosted the largest Games to

date with over 25,000 athletes attending in 27 sports. As an example of the magnitude of the swimming event, in men's 100-meter freestyle swimming, over 40 heats (8 swimmers per heat) were held over the course of one afternoon. The Edmonton organizers are now realizing that they are running an event bigger in size than the Olympic Games!

In 2002, reporters were regularly running stories on Charlie Booth, an amazing 99-year old Australian sprinter, who won gold, and not because of his speed but because he was the *only* entrant in the 95+ age class. Vic Younger, another Australian aged 90, won eight gold and two silver medals at the Asia Pacific Masters Games in 2002 (weightlifting and athletics). After his retirement at age 60, he began 90 minutes of weight training and two hours of athletics daily. These are the kind of active people we will hope to see in the Canadian media headlines in 2005.

Although Masters Athletes should provide examples to destroy myths about aging once and for all, quite the opposite seems to be happening. Their elite status may create other barriers to participation by older adults (Vertinsky, 1995). The performances of some elderly athletes can be so stunning as to baffle even the sports experts. In such cases, the elite senior becomes a curiosity, an exception, and something to be admired (but not emulated). Some people question their age. Aged athletes are disregarded for being exceptions. Thus, the amazing performances of elderly athletes are not attributed to disciplined training efforts, skill mastery, and tenacity. Rather Master's athletes are viewed with puzzlement and revered for their inexplicable good fortune at having that much talent and genetic endowment in old age.

Genetics is thought to play a part in up to 30% of aging function (National Advisory Council on Aging, 2004), but not all endowed adults have the will to challenge themselves like this in late life. Therefore, Masters Athletes are observed but not copied by very many others. They do, however, act as a barometer of what is humanly possible in physical aging, and can provide an indicator of what we can expect to see in future healthier and longer living generations (Spirduso, 1995).

The fact that older adults engage in some sports more than others hints that certain activities may

be viewed as more "age-appropriate." Older people tend to avoid body contact, combative and "open-skilled" sports such as wrestling, boxing and football. In sports that require power, speed, and precision skills such as tennis, basketball, diving, or apparatus gymnastics, Masters Athletes are fewer in number. In sports that have minimal power requirements, such as golf, baseball, bowling, rhythmic, and swimming, participation levels are much higher. There are a few exceptions to age-appropriate activities: old-timer's hockey is very popular among men in Canada, and this is a game that has all the demands of power, speed and potential body contact.

Gender issues also arise in the elderly sport setting where few women are visible in athletics of any kind, although aging women are taking up golf and swimming in large numbers. Women over 80 are especially rare in physical competition, even though there are more than twice as many women surviving to this age compared to men. Because of the low level participation of older women, Masters World record performances for women are highly variable and drop off more rapidly after the age of 80 than male records. But women's peak performances at all other decades are parallel to the men's (Spiriduso, 1995, p. 394), disproving the stereotype that women actually age faster than men.

### **Don't Aspire to "Normal" Aging**

Scientific evidence shows that a decline in physical ability and health are not all that natural, and what we see as "normal aging" is not normal at all. It just happens to be the typical case. If unchecked, osteoporosis will cripple about 25% of women and 10% of men by late life, yet bone loss is largely a preventable disease. Stooped posture (Dowager's hump) is not really a disease; it's an outcome of years of slumped posture, too much sitting, weakening trunk/back muscles — all contributors to bone loss that provoke forward kyphosis of the spine.

The fact that active, successful aging is dismissed by the public while accelerated aging is culturally accepted as "normal" could be considered a social conspiracy. What does society do to foster passive lifestyles that lead half or more of our citizens to age with multiple unnecessary and often painful disabilities by age 75 (National Advisory Council on Aging, 1996)? Such forms of accelerated aging are permitted by passive views of retirement, medical advancements that lull



older people into thinking they are not responsible for their health, incorrect assumptions about conserving energy in old age, and by various social policies, traditions and ageist stereotypes that have encouraged older Canadians to “take it easy” once they reach retirement (Health Canada, 1999a). But “taking it easy” is actually the most dangerous path to choose. Embracing life head-on is the proven route to better aging, as an active, fit older person tends to die healthy and with better or even full function.

### **Successful Aging**

*Gymnastics in late life is not only possible ¾ it's fun. Since 1986, the “U of Agers” Gym Club at the University of Alberta have practiced tumbling and rhythmic to enjoy music and movement, to learn skills that interest them, and to make new friends. Of four deaths in the group in the past few years, no one has been hospitalized for more than a few days near the end of life. Dying healthy is as good as it gets.*

The National Council on Aging (Fall, 2004) reported that, “keeping positive attitudes and making the most of one’s situation — including adapting to unpredictable setbacks and disabilities and adjusting one’s priorities — count as successful aging”. While examples of healthy, and even exceptionally healthy aging are becoming evident in industrialized countries, we also see older adults in poorer countries who, if they survive to later life, seem to thrive on their physical productivity. In developing countries, older adults do not “retire” as we think of retirement. Elders keep working in the fields, the boats, and the local industry, helping their families and communities by doing physical tasks that would challenge younger adults. For example, at the University of Hokkaido in Sapporo, Japan, Dr. Tsutomu Suda is studying the fitness of very elderly men living at the old Mikasa mining site, long closed down. The snow falls almost daily, to three and four meters deep in winter, and buries them alive in their cabins unless they can dig themselves (and other frailer seniors) out. These men could be considered successfully aging too, and their connection to the Masters athletes is likely their social engagement and high involvement in daily strength and endurance exercise.

Many newly institutionalized elders quite quickly adopt a learned helplessness response to their circumstances and soon lose the ability to do even the most basic tasks for themselves. They

enter a downward spiral that moves them even further away from any form of independent living (O'Brien Cousins, 1998). Institutional life doesn't have to be this way. Gueldner and Spradley (1988) showed some years ago that the gerontological nursing-home staff efforts of mobilizing all residents under their care for a daily walk of a distance of only one block did lead to some functional improvements, and more importantly, restored a sense of empowerment in the residents. Whether walking on their own, or using canes, walkers, wheelchairs, or personal assistance, having the desire and ability to go someplace, even if not very far, seemed to instill in residents a sense of ownership over their bodies. Some residents also began brushing their own teeth and grooming their hair again. This is just one example of how lifestyle changes can empower older adults in their own self-care.

Dr. Art Burgess, former Director of Fitness and Lifestyle Programs at the University of Alberta, reported on a case study that illuminates the challenges of working with frail adults in reversing the downward spiral (O'Brien Cousins, 1999, Chapter 7). An 82-year-old woman, whose doctors and therapists had virtually given up on being able to do more for her, approached Dr. Burgess for help. She was obese, weak, breathless, and suffering serious heart problems, in addition to other musculoskeletal ailments. Dr. Burgess helped her begin a daily walking, stretching and muscle strengthening program and over the course of days, weeks, and months she slowly improved. She was able to walk without becoming breathless, her joints were more flexible, her muscles were stronger, and she began to invite male friends over for dinner. While this woman was well educated and once active as a professional career woman, she was typical in experiencing a sedentary lifestyle and a multitude of acute and chronic health problems by later life. Thus it is conceivable that others in her situation could, with progressive physical exercise, recover their active lifestyle and live independently once again. However, such graduation to a higher quality of life would require skilled professional expertise as well as a highly motivated older adult, in order to successfully reverse the downward spiral.

### **A Caution for a New Consciousness**

Vertinsky (1995), a historian of healthy aging, reminds us that those who emphasize the social and cultural construction of old age “must also acknowledge their own participation in an

alternative mythology, one that insists on the view that aging women [and men] should be healthy and physically active” Exchanging one social expectation for another is hardly productive, so the best we can hope for is to offer Canadians a new appreciation of aging and a new consciousness about what aging means, and can mean. “Freeing individuals to find an older identity that suits them comfortably, and empowering elders to select the perception of aging that fits them best” (Vertinsky, 1995) is really the only way to unravel the forces of ageism.

Countering ageism will be a vital part of keeping Canada’s aging population healthy in the years to come. In doing so, we aspire to shift from “normal aging” to more “successful aging.” Active living and healthy eating are essential to breaking down ageist stereotypes and, in addition, social policy changes are needed to open up the possibilities for older adults to participate more equitably in society.

## Examples of Ageism?

- Mandatory retirement based on age
- Birthday cards that joke about aging
- Retirement and adult communities that exclude children/families
- Things we say and do that express inaccurate beliefs about aging
- Few older actors and actresses on television and in movies
- Driver’s screening at a specific age regardless of driving record
- Community centres that offer only youth and adult programs
- Sport facility access for elite athletes only
- Physicians who prescribe drugs first, not active living
- Ads aimed at older adults for Geritol, dentures, adult diapers, life insurance, and not for racy cars, fashion, sports equipment, or health club memberships

## Ways to Attack Ageism

- Make active older adults visible and important.
- Educate and foster more positive public attitudes about aging.
- Advance social/health policy to provide incentives for active living at all stages of life.
- Involve older adults in all aspects of community recreation, planning and civic affairs.
- Consider the full spectrum of older adult interests and needs in program design.
- Promote intergenerational physical activity.

## References

Alberta Centre for Active Living. (2002). Authors E. Garcia (Ph.D.) and J.C. Spence (Ph.D.) *2002 Alberta Survey on Physical Activity: A concise report*. [www.centre4activeliving.ca](http://www.centre4activeliving.ca).

Active Living Coalition for Older Adults. (1999). *Moving Through the Years: A Blueprint for Action for Active Living for Older Adults*. Ottawa, ON: Health Canada.

Alvarez, T.J. (1999). *Reflections on an Agequake*. United Nations International Year of the Older Person: Toward a society for all ages.

Bandura, A. (1992). Exercise of personal agency through the self-efficacy mechanism. IN R. Schwartz (Ed.), *Self-Efficacy: Thought Control of Action* (pp. 3-38). London: hemisphere.

Burgess, A. & O'Brien Cousins, S. (1998). Chapter 7. Reversing the downward spiral. In S. O'Brien Cousins. *Exercise, aging and health: overcoming barriers to an active old age*. Philadelphia, PA: Taylor & Francis.

Canadian Fitness and Lifestyle Research Institute website: [www.cflri.ca](http://www.cflri.ca)

Division of Aging and Seniors. (2002). *Dare to Age Well! Healthy Aging, Physical Activity and Older Adults*. Minister of Public Works and Government Services Canada. [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca). ISBN: 0-662-31955-9

Fiatarone, M.A., O'Neill, E.F., Ryan, N.D., Clements, K.M., Solares, G.R., Nelson, M.E., Roberts, S.B., Kehayias, J.J., Lipsitz, L.A., and Evans, W.J. (1994). Exercise training and nutritional supplementation for physical frailty in very elderly people. *New England Journal of Medicine*, 330, 1769-1775.

Fiatarone, M.A., Marks, E.C., Ryan, N.D., Meredith, C.N., Lipsitz, L.A., and Evans, W.J. (1990). High-intensity strength training in non-agenarians: effects on skeletal muscle. *Journal of the American Medical Association*, 263: 3029-2034.

Geldner, S.H., & Spradley, J. (1988). Outdoor walking lowers fatigue. *Journal of Gerontological Nursing*, 14, 6-12.

Health Canada. (1999a). *Canada's Physical Activity Guide to Healthy Active Living for Older Adults*, Ottawa, ON: Minister of Supply and Services.

Health Canada. (1999b). *The health status of Canadians*. Ottawa, ON: Health Services and Programs Branch.

National Advisory Council on Aging. (2004). Successful aging. *Expression: Bulletin of the National Advisory Council on Aging*, 17(4), 1.

National Advisory Council on Aging. (1996). Seniors and disabilities. *Expression*, 11(1).

National Population Health Survey. (1999). *Physical activity of Canadians: Older adults aged 55+*. Ottawa, ON: Health Canada.

O'Brien Cousins, S. & Gillis, M. (galley proofs, 2004). "Just do it": voices of active and inactive older

adults thinking about physically active lifestyles. *Psychology of Sport & Exercise*.

O'Brien Cousins, S. (2003). A self-referent thinking model: How older adults may talk themselves out of being physically active. *Health Promotion Practice*, 4 (4), 439-448.

O'Brien Cousins, S. (2002). Disabling aspects of aging: The role of active living in promoting life span autonomy. Chapter 24 in Wheeler, G., Steadward, R., & Watkinson, E.W. (Eds.), *Adapted Physical Activity* (pp. 429-447). Edmonton, AB: University of Alberta Press.

O'Brien Cousins, S. (2000). "My heart couldn't take it." Older women's beliefs about personal risks in physical exercise. *Journal of Gerontology: Psychological Sciences*, 55B(5), P283-P294.

O'Brien Cousins, S. & Horne, T. (Eds.). (1999). *Active living among older adults: health benefits and outcomes*. Philadelphia, PA: Brunner/Mazel, Taylor & Francis Publishers.

O'Brien Cousins, S. (1998). *Exercise, aging and health: Overcoming barriers to an active old age*. Philadelphia, PN: Brunner/Mazel, Taylor & Francis Publishers.

O'Brien Cousins, S. (1996). Exercise cognition among elderly women. *Journal of Applied Sport Psychology*, 8, 131-145.

O'Brien Cousins, S. (1995a). Anticipated exertion for exercise activities among women over age 70. *Canadian Women Studies Journal*, 15(4), 73-77.

O'Brien Cousins, S. (1995b). Social support for exercise among elderly women in Canada. *Health Promotion International*, 10, 4, 273-282.

Spiriduso, W.W. (1995). *Physical Dimensions of Aging*. Champaign, IL: Human Kinetics.

Verbrugge, L.M. & Jette, A.M. (1994). The disablement process. *Social Sciences & Medicine*, 38, 1-4.

Vertinsky, P.A. (1995). Stereotypes of aging women and exercise: a historical perspective. *Journal of Aging & Physical Activity*, 3, 223-237.

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