

Challenging myths and identifying active aging actions for practitioners

Take home messages from the EHPS conference session on "Perceptions of aging, physical activity and participation", September 4, 2015

Catrinel Craciun After returning from the
Babes Bolyai University EHPS conference I had
Freie Universität Berlin the opportunity to share
Lisa Marie Warner my experiences of the
Freie Universität Berlin conference with friends,
who are working as
health psychologist practitioners in hospitals,
private practices and residential homes for older
people. When talking about the conference they
dismissed my enthusiastic report by saying "Yes,
we know you research nerds, it is all about data
and numbers and statistics, but what can I
actually use for the older individuals in my
practice?"

Thus, Lisa and I decided to write about our impressions of this year's EHPS aging session "Perceptions of aging, physical activity and participation" and to translate the scientific results and discussions that we took from this session into take home messages that practitioners can use in their work with older individuals. We will do so by addressing some myths and practitioner's objections that often occur in discussions where science meets practice.

Myth 1: "Older people just don't like physical activity"

According to Urska Arnautovska (urska.arnautovska@griffithuni.edu.au) the majority of older adults who think that they adhere to physical activity (PA) recommendations

actually do not. So, she asked older Australians "What do you mean, when we talk about physical activity?" and "Has your view on PA changed when you became older?". She revealed that having fun and enjoying exercise is a very prominent theme for older adults. So, it is not the case they don't like PA. However, together with their theme of "being happy as they are" they might fall prey to the illusion of doing enough to keep their mobility.

Myth 2: "I keep telling them it is important to exercise, but they just do not want to do it!"

Motivation is of crucial importance when trying to change behavior, however, when it comes to initiation and maintenance of PA, it is not enough. According to Arnautovska one way to help older individuals, is to help them identify an activity they find enjoyable and assist them in setting achievable goals. However, even if they find the perfect activity, initiating and maintaining it, is a self-regulatory challenge. Therefore, it is crucial to integrate these activities into the routine of their everyday schedule. Also, practitioners might want to highlight the 'use it or lose it' view regarding PA, and challenge stereotypes about older age that portray older adults as frail and incapable of doing any activity.



Myth 3: " They find so many excuses, why they cannot be active!"

Lisa Warner (lisa.warner@fu-berlin.de) reported that the most often self-reported barriers to physical activity in older age are health problems. The gap between objective assessments of health and perceived health is, however, growing with increasing age. To overcome subjective barriers to physical activity in order to raise older adults' self-efficacy one should therefore consider the often neglected source of self-efficacy – somatic and emotional states. Accordingly practitioners might first try to reveal older adults' subjective health barriers to activity. Subjective barriers can then be targeted by questioning them and by uncovering possible misinterpretations of bodily symptoms ("this muscle aching cannot be healthy") or ungrounded fears ("my heart cannot take it anymore"). An appropriate consultation as to which activities are possible under which medical conditions, coupled with encouragement and close supervision during first PA attempts might alleviate fears associated with falling, injuries and deteriorating health status.



Myth 4: " They do not even remember the activity goal we set together."

Julia Wolff (julia.wolff@dza.de) suggests that practitioners should consider cognitive decline as a factor that influences our ability to remember to perform an intended action in the future (prospective memory). She found that planning skills (especially coping plans - planning how to overcome barriers towards reaching goals) can

compensate for declining prospective memory in older age and therefore facilitate PA performance among older adults. The good news is that planning can be learned. So, she suggests incorporating planning sheets in PA interventions. This might help especially those older people, who already experience decreases in cognitive capacities and support them to remember their goals and be active even if barriers occur.

Myth 5: " I can't talk about positive aging to my patients, they are so poor, they have so many other worries!"

Catrinel Craciun (craciunic@zedat.fu-berlin.de) talked about how positive views of aging may help people in precarious circumstances identify more resources for healthy aging, one of this being physical activity. So when working with individuals who have little financial means one should first try to enable them to view aging in a more positive light, so as to prepare the ground for behavior change efforts. Having a positive view on aging may help people be more proactive in looking for other than financial resources for aging well.

Myth 6: " Old people do not need to talk about sex"

Negative myths and perceptions can be acknowledged in our societies about older adults, especially regarding their intimacy and sexuality. Nursing home staff are also affected by societal perceptions concerning sex and older people.

Amelle Gavin (Amaelle.Gavin@unil.ch) recommends that one should not overlook topics such as intimacy and sexuality when talking to older patients. Often the hospital staff needs to face their own negative stereotypes of older individuals and ideas about sexuality in old age. Self-reflection is recommended when working with patients that face the challenges of old age in addition to other medical problems.



Catrinel Craciun
Babes Bolyai University, Cluj
Napoca, Romania
Freie Universität Berlin, Germany
craciunic@zedat.fu-berlin.de,
catrinelcraciun@yahoo.com

Dr. Catrinel Craciun is co-Editor of the European Health Psychologist

Dr. Lisa Marie Warner has chaired the session "Perceptions of aging, physical activity and participation" at the EHPS conference 2015



Lisa Marie Warner
Freie Universität Berlin, Germany
lisa.warner@fu-berlin.de

