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## Physical Activity for Social Engagement in Older Americans

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When we think about the reasons we should stay active throughout our lives, we often only think about the associated physical benefits that we can reap by leading an active lifestyle: burning calories to help maintain a healthy weight; preventing chronic health problems such as diabetes, heart disease, high blood pressure, and cancer; and preventing the loss of strength and stamina that, as we age, can contribute to the risk of falling and suffering from broken bones.

However, equally important are the social aspects of physical activity for older Americans that are covered in this issue of *Elevate Health*. Being active offers many emotional and social

benefits. It can reduce stress, depression, and anxiety; help improve concentration; and raise self-esteem. All of these positive aspects of being active as we grow older will also help to keep our relationships with those we love and enjoy being around growing and flourishing.

My wife and I have always cherished any time that we can spend with our family and friends. But now, as we all lead seemingly more hectic lives and our kids get older and set out on lives of their own, it's not always easy to plan time we can spend being active together.

Being active together is a great way to stay connected. For example, my wife and I have always been runners, and we have run together for years. We love to talk about running with other runners, and for that matter, cycling with cyclists, or triathlons with triathletes. And now, we run with our oldest daughter. We have even run a few road races together. There is no denying that activity lifts your mood and makes you feel more a part of your family, friends, and community. And for some, it also reduces the social isolationism that can come with growing older.

As we age and our children grow up and often move away, we sometimes see our circle of friends diminish, and we can end up spending more time by ourselves. When this happens, it can become harder to find the motivation to get out and be active. But by making connections with our friends and families through fitness and by encouraging each other to get up and get moving, everyone can expand the social networks that can help each other stay healthy as we age.

In this article, Diane E. Whaley discusses the importance of social engagement for the health and well-being of older people. Research has supported this conclusion, both in general and in physical activity contexts. However, many older adults have a hard time being socially engaged as they age for a multitude of reasons. Whaley provides the definition of social engagement and explains the role physical activity plays in addressing the social isolationism issue. She concludes, after a review of the concept of social support, by providing recommendations for maximizing the positive effects of social engagement on older adults' sport and physical activity participation.

# Physical Activity for Social Engagement in Older Americans



In an ideal world, everyone would be ready, willing, and able to reach out to others, always feel supported, and have important, mutually satisfying relationships.

## Abstract

Social engagement is considered central to the health and well-being of older people. Research supports this conclusion in general, and in physical activity contexts. However, the research also reveals that social engagement does not happen automatically and may work better for some people in some situations. In this article, social engagement is defined, and research regarding the role of social engagement in physical activity settings

is reviewed. In particular, the concept of social support is considered, focusing on who provides support, as well as what sort of support is provided. This literature is then compared to what we know about older adult relationships from a theoretical perspective. Based on theory and research, recommendations for maximizing the positive effect of social engagement on older adults' sport and physical activity participation are provided.

“Let’s go and see *everybody*,” said Pooh. “Because when you’ve been walking in the wind for miles, and you suddenly go into somebody’s house, and he says, ‘Hallo, Pooh, you’re just in time for a little smackerel of something,’ and you are, then it’s what I call a Friendly Day.”

—*The Tao of Pooh*<sup>1</sup>

For the idealistic Winnie the Pooh, being with anyone, anytime means sharing joy, and perhaps a little honey (or maybe these are one and the same?). For Pooh, social engagement, defined by *Wikipedia*<sup>2</sup> as “one’s degree of participation in community or society,” automatically leads to a “friendly day.” Indeed, in an ideal world, everyone would be ready, willing, and able to reach out to others, always feel supported, and have important, mutually satisfying relationships. However, although there is ample research that supports the importance of social engagement for good health, there are also challenges that older adults face with regard

to their social world. Researchers know, for example, that older adults’ social lives are changing, and for many, social relationships are disrupted through changes in living situations or the death of a loved one. In fact, the social world of older adults can supply support and encouragement, but it can also send clear messages about what older adults can and cannot, or should not, do. Researchers, caregivers, family members, and health professionals also know, however, that older adults value social relationships highly, and there is evidence that social engagement is an important moderator of physical activity behavior. Thus, a better understanding of the complex relationship between social engagement and physical activity is needed before one can embrace Pooh’s ideal of all social engagement leading to a “friendly day.”





Benefits of social engagement may be more plentiful for higher-income than for lower-income neighborhoods.

A high level of social engagement in older adults is associated with higher self-reported mental health,<sup>3</sup> quality of life,<sup>4</sup> and well-being.<sup>5</sup> Although these benefits are seen across race and ethnicity,<sup>6,7</sup> the benefits may be more plentiful for higher-income than for lower-income neighborhoods.<sup>8</sup> Gender also appears to play a role, with the relationship between neighborhood influences and health stronger for women than for men.<sup>9</sup> In one study, researchers found that for women, greater social engagement was related to lower levels of physical and cognitive limitations, whereas men had greater physical and cognitive limitations that were related to lower levels of social engagement.<sup>10</sup> Thus, while social engagement is a worthy pursuit, it is essential to understand how participation in social activities may be influenced by gender, race, level of health, and other individual differences.

Social engagement has been studied in a number of contexts (e.g., neighborhoods, volunteering, family). Regardless of the specific setting, older individuals who are actively engaged with others seem to have better physical and psychological outcomes. For example, one study showed that Taiwanese older adults who volunteered, either continuously or sporadically, reported better self-rated health and higher life satisfaction.<sup>11</sup> Our focus here is on physical activity, defined as inclusive of individual and group activities, planned and unplanned, sport and exercise. Thus, physical activity

includes swimming as well as walking or hiking for health or pleasure, performing tai chi, gardening, or doing strength training. In fact, all forms of physical activity will be examined, as we are most interested in the role social engagement plays in older adults' physical activity behaviors in all of its forms.

### Descriptive Studies of Social Engagement and Physical Activity

One way social engagement has been studied in the sport domain is in relation to reasons for and consequences of physical activity. For example, older women are likely to list social reasons as an important motive for participation in sport and exercise.<sup>12</sup> In addition, Franke and colleagues<sup>13</sup> found that social connections with friends, neighbors, or institutions facilitated the physical activity of engaged older adults. When examining the details of relationships, both the frequency of contacts with neighbors and friends<sup>14</sup> and who those interactions are with<sup>15</sup> can influence an individual's behaviors and how they think about their activity. However, these relationships aren't always as simple as they may appear. For example, Chogahara and Yamaguchi<sup>16</sup> found that social agents (such as friends and community leaders) were more important for individuals trying to become active after retirement than for those who were active through middle age.

Wilson and Spink<sup>17,18</sup> explored what social influence looks like with older adults. In the

first study, using focus groups with older adults, they found that friends, family, and health care workers could influence activity levels through four types of social influence: obedience (being told/compelled to be active), compliance (responding to a request), modeling (observing others being active), and conformity (pressures to be active resulting from group membership). A follow-up study showed that the preference for exercising with others only held for some individuals. Specifically, they found older women who preferred to be active with others reported being influenced (via modeling and compliance) more by friends than those without that preference. In addition, in a study examining individual differences in daily engagement in activities and daily happiness scores, older adults who scored higher on extraversion seemed to benefit more from social activities with regard to happiness than their lower extraversion peers.<sup>19</sup> From these studies, it is fair to conclude that social engagement is a complex issue that has great potential to benefit older adults, but not necessarily all individuals in all contexts. In order to better understand this concept, it is useful to explore how social relationships in older adulthood have been studied.

## Social Support

A common way to study social engagement is through the lens of social support. Seeman,<sup>20</sup> writing for the MacArthur Foundation, noted that social support refers to “the various types of support (i.e., assistance/help) that people receive from others and is generally classified into two, sometimes three, major categories: emotional, instrumental, and, sometimes, informational support.” Thus, the research can focus on *who* is providing the support and *what type* of support is being offered. The *who* of social support for older adults includes family (grown children, spouse), friends, caregivers, and health care professionals. Although health care professionals (e.g., doctors, nurses, physical therapists) have been shown to be potentially important sources of support,<sup>21,22</sup> friends and family members are typically viewed as key resources for older adults.<sup>23,24</sup> For example, in a large sample from Spain,<sup>24</sup> among older adults who were active or desired to be active, an overwhelming percentage of their grown children actively supported their physical activity (83.5% and 76%, respectively); in a comparable inactive group, about 55% of children supported their parents being active. In the same study, about half of spouses of active elders showed such support, compared to 24% of spouses for their inactive peers.



**Social support appears to be particularly important for new exercisers. The key is providing the right type of support from the right source, at the right time.**

This study concludes that older adults who participate in physical activity and sport have above-average support and encouragement from children and friends, and a bit less from spouses and neighbors.<sup>24</sup>

With regard to *types* of social support specific to physical activity in older adults, informational support might include facts or figures of how or why to be active, like letting an older person know about an exercise class at

the local senior center. Instrumental support is giving something tangible, as in providing a ride to the gym or giving a piece of exercise equipment as a gift. An example of emotional support would be a daughter actively encouraging a parent's exercise behavior. The type of social support provided is likely to be different across sources of social support. For example, spouses may be the source of all three types of support, while doctors may be limited to providing informational support. In addition, researchers in Brazil<sup>25</sup> found several types of social support (emotional, informational, material) influenced leisure-time physical activity (LTPA), but social support was more important for initial engagement than for maintenance of LTPA. Consistent with other research,<sup>16</sup> the presence of social support appears to be particularly important for new exercisers. The key is providing the right type of support from the right source, at the right time.



One study indicates older adults who participate in physical activity and sport have above-average support and encouragement from children and friends, and a bit less from spouses and neighbors.

Family could be a key influence in challenging certain “myths of aging.” Images of older people being active with children and grandchildren counter the view that older adults are not interested in physical activity.



While most of the research has assumed social support to be a positive force, it is important to consider the possibility of a negative side of social support. Makato Chogahara and colleagues,<sup>26</sup> in a review of the literature to that point, noted a lack of research examining negative social influences on the sport and physical activity of older adults. Based on that review, Chogahara<sup>27</sup> created a scale that measured both positive and negative social influence. The negative scales were inhibitive behaviors (e.g., you were warned to avoid physical activity to avoid injury), justifying behaviors (someone telling you there was no need to exercise because you were healthy enough), and criticizing behaviors (someone complaining that your skill level was too low).

It is not difficult to imagine how these negative influences might come about. Society is aware and knows that ageism exists; that is, people of all ages exhibit beliefs, attitudes, and behaviors that belittle individuals or groups based on their chronological age.<sup>28</sup> Stereotypes of older persons as helpless, needing assistance, being less valuable, and being more of a burden than younger persons might lead even the most caring individual (a son or daughter of an older parent, an exercise instructor, or a health care provider) to be overprotective (inhibitive behaviors) or overly critical.

Some time ago, Vertinsky<sup>29</sup> noted that older women were likely to accept stereotypes linking age with decline, and thus become sedentary because of their fear of hurting themselves. More recently, researchers<sup>30</sup> described specific “myths of aging” and their influence on physical activity, and offered concrete suggestions for how to communicate more effectively with older persons about exercise. Relevant to this discussion of social engagement, they found that family could be a key motivator. Images of older people being active with children and grandchildren counter the view that older adults are not interested in physical activity.



In fact, one of the recommendations from this study was to create opportunities for intergenerational networks in recreational activities. A number of studies have now confirmed that internalizing stereotypes of aging influences an individual’s activity behavior.<sup>31</sup> However, less research has examined how social engagement influences or is influenced by stereotypes of aging, and how this might impact physical activities. While Chogahara and others state that positive social influence (social support) outnumbers negative, more research examining positive social influence and this phenomenon is needed if the number of older adults participating fully in sport and exercise is to be maximized.

Ample research shows the benefits of social engagement for older adults’ physical and psychological health. Physical activity can be a context for social engagement, and research supports the importance of social influences on physical activity behavior. Social support, one concept used to examine social engagement, includes both the *who* and the *what* of social influence; research indicates that friends, family, and experts can provide important sources of support that helps older adults to engage in physically active pursuits. Research also suggests that it might be equally important to examine negative social influence, such as underestimating the abilities of older adults. What seems very

clear is that social engagement may not work the same way for everyone. There are many outstanding questions, such as how are caregivers, family members, health care providers, and older adults to know who might benefit, or how best to structure social engagement opportunities to do the most good. To better understand the notion of social engagement in older adults, it is helpful to take a developmental perspective on social relationships throughout adulthood.

## Social Relationships in Older Adulthood

Early research suggested that declines in the social networks of older adults are inevitable and represent a way for older adults to distance themselves from society.<sup>32,33,34</sup> More recently, the work of Laura Carstensen<sup>35,36</sup> has explored the underlying motives for social contact in older adulthood, and in doing so provides a more positive view of older adult relationships. According to Carstensen's socioemotional selectivity theory (SST),<sup>35,36</sup> social relationships serve different functions depending on our perceived time left. When older adults see extensive time left before them (e.g., when an individual is young and in good health), the function of relationships is often about gaining or sharing information. As individuals get older (or suffer life-threatening illnesses), the function of relationships becomes more focused on emotional satisfaction; adults look for people who will make them feel better (p. 169).<sup>28</sup> Thus, older people have been shown to spend more time with people they are familiar with, and "prune" or cut back those relationships that do not contribute to emotional satisfaction.<sup>37</sup>



Carstensen's theory has much to teach older adults and researchers about social engagement and physical activity for older adults. According to the theory, caregivers, family, and health care providers should not expect older persons to look for social relationships in physical activity settings *unless* the relationship offers some form of positive emotional support.

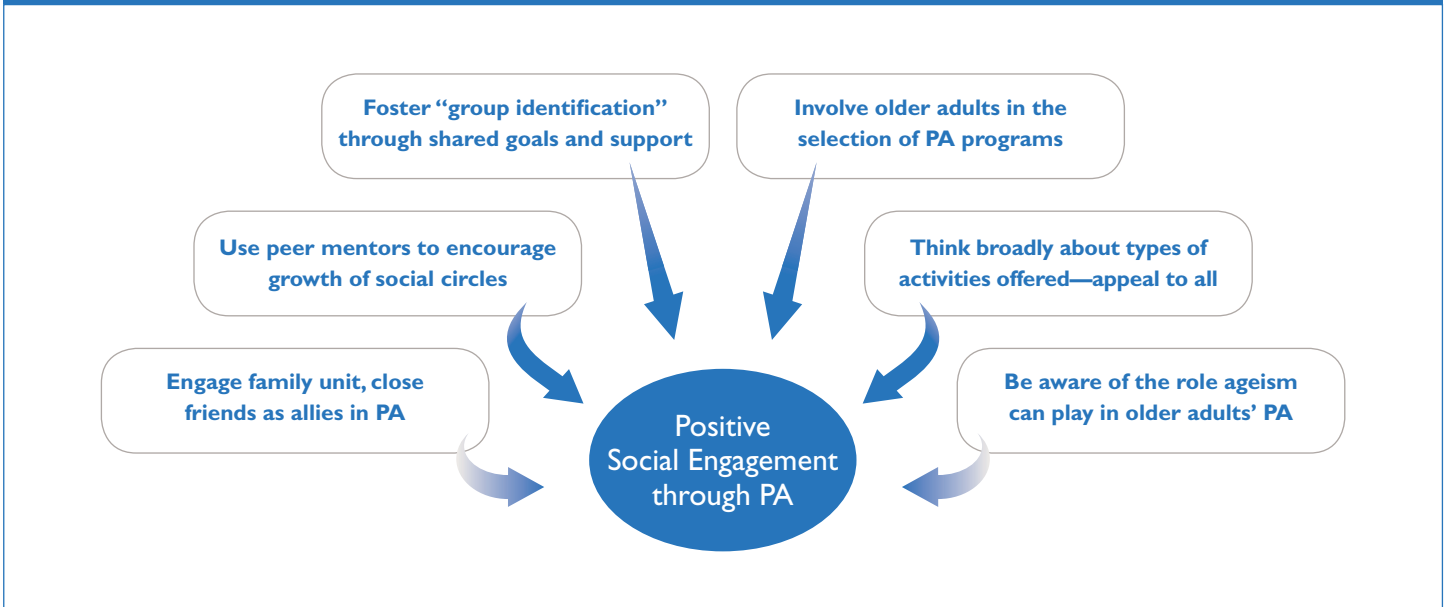


Older people have been shown to spend more time with people they are familiar with, and "prune" or cut back relationships that do not contribute to their emotional satisfaction.

## Strategies for social engagement with older adults

From this brief review of social engagement and older adults' physical activity participation, a few themes are evident. As discussed earlier in this paper, researchers have noted that sport and exercise "provide a venue for social interactions and an *opportunity* to make and maintain social relationships (p. 196; italics mine)."<sup>38</sup> However, to optimize those opportunities, it is important to turn to research and theory. Social engagement opportunities should not be left to chance. Older adults, their families/caregivers, and health care professionals can be much more purposeful in how environments are created so that positive and meaningful social interactions are maximized. Based on the research, physical activity contexts should take into account *who* is most likely to influence social engagement, *how* that social engagement can be nurtured, and *what barriers* could get in the way of effective social engagement in physical activity contexts. Figure 1 presents a model of potential factors to consider in order to optimize social engagement in physical activity programs.

Figure 1. Examples of ways to encourage social engagement in physical activity (PA)



With regard to the who of social engagement, research suggests that family, friends, community leaders, and medical professionals all have the potential to influence physical activity.<sup>21–23,26,27</sup> However, grown children are consistently reported as providing high levels of support to older adults who were active or wished to be active.<sup>23,24</sup> Friends and spouses were also significant sources, but not at as high a level as children, and neighbors were the least likely to be that source. This supports SST, in that close, particularly familial, relationships

are likely to be the most important to older adults. Thus, a take-home message here is that programs that encourage participation of the family as a unit (grown children and their parents) are more likely to be attractive to older adults than those that involve neighbors or peripheral friends. This may seem contrary to research that links neighborhood social support to increased activity in older adults (p. 73).<sup>39</sup> However, SST does not imply that neighbors *cannot* serve as a source of emotional support; instead, what is important is how the purpose of the activity is perceived. If it fulfills positive emotional needs (for example, programs that provide tangible support or assistance to others), then that is a behavior more likely to be embraced by older adults.

Research has examined social engagement in many environments. Although the focus should be on specific physical activity contexts, it can also expand to other arenas that facilitate social engagement, such as volunteering.<sup>3</sup> One idea that combines physical activity and volunteering would be to develop more peer mentoring programs, where active older adults volunteer to act as role models for those wishing to become more active. To maximize the chance of effective social engagement, peer mentors would nominate a friend or family member to participate in the program. This could

facilitate activity in a number of ways. First, it fulfills an older person's individual need to feel capable and engaged.<sup>13</sup> Second, modeling is an important tool for social influence,<sup>18</sup> and choosing a mentee with a personal connection is consistent with socioemotional selectivity theory.<sup>35,36</sup>

Even in cases where the sport or exercise leader is not a family member or friend, there is reason to believe that important individuals in an older adult's life (e.g., family, caregivers, and health care providers) can nurture emotional support and social engagement. In a study conducted with older adult exercisers,<sup>22</sup> participants reported that an important reason why they continued to belong to a small gym was because it felt like they were part of a "family." Fabio Sani<sup>41</sup> argues that fostering "group identification," an individual's psychological investment in a group, coupled with a sense that the group is self-defining (p. 21), is the key to having positive social relationships. Group identification happens when an individual is glad to be a member of a group, sees the group as important to the sense of who one is, and perceives the self as relatively similar to other members of the group. In the study previously referenced,<sup>22</sup> feelings of group identification were largely due to the staff, who actively worked to make sure members knew





each other, provided feedback perceived to be valuable and honest, and generally made members feel “at home.” According to the principles of group identification, one feels glad to be a member when they are recognized, comfortable, and sees value in their membership. They see the group as important to their sense of self when they share similar goals. Perhaps instead of pursuing individual goals with people participating in an intervention, it would make more sense to have group goals that require working together to successfully complete them. The similarity component could be fulfilled by basing the group on the age of participants or, even more likely, on perceived ability. This feeling can be fostered through the sharing of experiences by new and experienced members so that everyone can see that they are capable of learning, improving, and eventually being successful.



**Participants in one study of older exercisers said a main reason they continued a small gym membership was because they felt they were part of a “family.”**

Older adults themselves should be involved in the design of programs or interventions. It is a mistake to assume an activity is going to be meaningful to participants without asking ahead of time.



Sometimes removing barriers to social engagement is what is needed to increase physical activity. Research suggests people with low income,<sup>8</sup> those with lower physical or cognitive health,<sup>10</sup> introverts,<sup>19</sup> and men,<sup>9</sup> are less likely to be socially engaged. Interventions should specifically target groups at risk for lower levels of social engagement, but to be effective we need to understand the reasons behind these barriers. For example, an intervention could offer a program at no cost in a location accessible to older people. However, if the type of activity offered is not appealing to the group (for example, men), or if the individuals do not feel capable of being successful at the activity, then they are unlikely to engage. One strategy may be to develop team-based group interventions, such as bocce or shuffleboard. These activities appeal to men and women, can facilitate social interaction and emotional support through competitive play, and provide opportunities to build skills. Most importantly, the caregivers, family members, community health care providers, and others need to engage older adults themselves in the design of any such programs or interventions. It is a mistake to assume that an activity is going to be meaningful to an older person without asking participants ahead of time.

Stereotypes of aging can easily inhibit sport and exercise behaviors. As discussed earlier, research shows that older adults themselves internalize stereotypes such as less able or fragile,<sup>31</sup> and younger people can fall into the

trap of being overprotective or condescending. Health care providers, exercise specialists, and even grown children can embrace these societal stereotypes and provide negative social influence without even realizing it. Acknowledging that stereotypes exist, and actively working to eliminate them, is critical. Social engagement is enhanced when the language used focuses on the strengths and abilities of older people, rather than their losses and deficits. Thus, care should be taken to ensure that physical activity programs for older adults are marketed with a focus on their strengths and abilities. For one, programs should avoid negative labels such as “sports for the elderly,” a term that, while often used, is considered judgmental and stereotypical, according to the American Psychological Association style manual.<sup>40</sup> Instead, programs and activities should simply describe the people eligible, and put the person first; for example, “sports for people over 60.” This simple change can help avoid unintended consequences, such as limiting the number of older persons who might like to participate but do not identify as “elderly.”

In conclusion, it is clear that social engagement is a powerful tool for sport and physical activity behavior. However, social engagement does not happen automatically, particularly for some individuals. Understanding the nature of social relationships in older adults will help facilitate the development of programs and activities that meet their needs. It is important to note that physical activity contexts need to be structured to maximize positive social engagement by considering the *who*, the *how*, and the *barriers* that may prevent social engagement from occurring. As pictured in Figure 1, strategies pulled from theories of social support and adult development, together with research on facilitating physical activity involvement, hold the most promise for designing physical activity programs that maximize positive social engagement, and in so doing provide the sort of “friendly day” to which Pooh was surely referring.



## Scientific Summary

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The positive effect of social engagement on the health, quality of life, and well-being of older adults is well documented in research. In this issue of *Elevate Health*, Dr. Diane Whaley reviews the role of social engagement as a moderator of physical activity behavior for older Americans and provides a clearer understanding of that relationship. Physical activity behaviors were examined in the context of individual and group activities, planned and unplanned activities, sport and exercise, and whether the activity was for health or pleasure. Social engagement and its relationship to physical activity behaviors is a complex issue, and can be influenced by social connections, the frequency of interactions, preferences, and personality traits. Social engagement is tied closely to feelings of positive emotional support, and research suggests that family members including adult children, friends, caregivers,

community leaders, and health care professionals all have the potential to influence physical activity. Additionally, the article presents an evidence-informed model of factors that facilitates social engagement in older adults' physical activity behavior, including peer mentoring, group identification, large selection of appealing opportunities, and elimination of societal stereotypes of lesser ability. Whaley notes that the influences of negative social support need to be further examined, and that for social engagement opportunities to be most effective, it must be realized that social influences will not work the same for everyone. To maximize positive social engagement and participation in physical activity, strategies that consider *who*, *how*, and *what barriers* should be used when developing programs and activities for the older population.

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