

A Lifespan Portrait of Aging Expectations and Health Behaviors

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ABSTRACT

Although the risk of disease and disability clearly increases with advancing age, poor health is not an inevitable consequence of aging. Research shows that over-attributing health conditions to old age is associated with less use of preventative health measures. In fact, older adults who have more positive self-perceptions of aging practice more preventative health behaviors than those with more negative perceptions. The current research examined expectations and attitudes about aging as related to health behaviors in younger adults, middle-aged adults, and older adults. Results reveal that senior women have the most negative attitudes toward health and aging while younger women have more positive health expectations, more internal control, and a greater health status. Most importantly this research shows that expectations are related to health appraisals and behaviors.

INTRODUCTION

Research in health psychology has increased dramatically as prevention and control of disease have become a national priority. Poor nutrition, sedentary lifestyles, and smoking alone accounted for nearly thirty-five percent of U.S. deaths in 2000 (Mokdad, et al., 2000). Surprisingly, the leading causes of death (cancer, stroke, cardiovascular disease and diabetes) are all preventable. Individual behaviors and environmental factors are responsible for about seventy percent of all premature deaths in the United States (U.S. Department of Health and Human Services, 2000). This recognition in the role of individual differences and behaviors and their relationship to health has evolved primarily because of the changing approaches in medicine. Thus, the importance of adopting a healthy lifestyle has garnered much attention because of the pivotal role behavior plays in the reduction of illness and disease.

A healthy lifestyle is based on a number of overt factors such as physical activity level, diet, smoking status, body mass index, and alcohol use (Belloc & Breslow, 1972; Gillis, 1993; Reeves & Rafferty, 2005). Healthy behavior, however, is not merely a matter of overt behaviors, but includes personal attributes such as perceptions, beliefs, values, expectations as well as emotional and affective states (Gochman, 1997). Traditionally, behavioral risk factors and psychological factors have been viewed as separate topics; but experts now rely on biopsychosocial models where integration and interdependence are key.

The inclusion of environmental, personality, and psychosocial factors associated with health behaviors has gained attention and been the focus of much research (see review by Smith, Orleans, & Jenkins, 2004). High stress, loneliness, low social support, low self-esteem, and neuroticism are all implicated in poor health (Yarcheski, et al., 2004). The relatively new concept of health related psychological tendencies introduced by Snell and Johnson, (1997) describes health on a multi-dimensional level. Self-esteem, consciousness, optimism, motivation and internal control as related to health are just a few variables representing an individual's disposition toward health. Their research indicates that individuals with greater health esteem, health consciousness, health expectations, and motivation for healthiness are more likely to engage in behaviors that promote a healthy lifestyle.

Perceptions of Aging and Health

Although the risk of disease and disability clearly increases with advancing age, poor health is not an inevitable consequence of aging. However, Sarkisian, et al. (2002) found that more than 50% of participants *expected* to become depressed, more dependent, have more aches and pains, to have less ability to have sex, and to have less energy as a predictable aspect of aging. In a separate study conducted by the same lead author, results revealed that older women attribute a new disability to old age and that older age in itself is a correlate (Sarkisian et al., 2001). Goodwin, Black, & Satish (1999) also found that over-attributing health conditions to old age is associated with less use of preventative health measures. The authors' findings suggest that older adults who believe that health problems are just a natural part of aging may be less willing to engage in health behaviors. Therefore, measuring people's expectations and perceptions about their own aging may provide us with useful information about their health behaviors.

Perceptions of Aging and Health Behavior

It has been demonstrated that people's beliefs about aging are strongly correlated with health outcomes (Levy, et al., 2002; Rakowski & Hickey, 1992); however, whether people's beliefs toward aging are associated with health behaviors has not been widely studied. Engaging in healthy behaviors such as exercising is directly connected to positive outcomes such as maintaining a healthy weight and in turn curbing complications of obesity. Levy and Myers (2004) examined preventative health behaviors as influenced by self-perceptions of aging. Specifically, they looked at whether older individuals' perceptions towards their own aging predict preventative health behaviors over time. Participants were adults aged 50-80 who were a part of the Ohio Longitudinal Study of Aging and Retirement. Participants responded to an attitudes towards own aging scale and a set of eight preventative health measures. Results concluded that older adults who had more positive self-perceptions of aging practiced more preventative health behaviors than those with more negative perceptions. In another related study, Sarkisian et al. (2005) looked specifically at age expectations and physical activity. They found that older adults with low age-expectations were more likely to report a low level of physical activity than those with high age expectations.

The Current Study

The first study was limited by age; whereas, the second study was limited by only one health behavior. Consequently, in this study, elderly adults as well as both younger and middle aged adults were assessed. Moreover, a measure with an array of health behaviors was used. First, it is predicted that younger adults will have the high expectations for aging and low anxiety toward aging. This age group will likely engage in a low level health behavior because of their general view of invincibility. Second, middle-aged adults will perceive aging with the most anxiety and least expectations. During middle age, adults are likely to see their friends' battle diseases, thus increasing anxiety and motivating health behavior. Third, elderly adults will have moderate to low levels of anxiety and expectations with lower use of health behaviors. Elderly individuals may not be as motivated to engage in preventative behaviors perhaps because they do not anticipate benefits at their age.

METHOD

Participants

Seventy-seven students in an introductory psychology course, given extra credit for participation, filled out a questionnaire and provided the names and addresses of their mother and grandmother who were then mailed the questionnaire with a SASE envelope and a letter requesting participation in this study. Of the 231 questionnaires mailed, 218 were returned resulting in a 94% response rate. Four of the respondents were relatives and/or non-biological mothers or grandmothers and were excluded in all analyses. The total number of participants was 214. Table 1 shows the age statistics of the three groups.

Measures

Health Behaviors. The Multi-dimensional Health Questionnaire (MHQ; Snell & Johnson, 1997) was included to evaluate psychological correlates of health behaviors. It consists of 100 items including 20 subscales measuring items such as health efficacy, motivation for healthiness, and health status. "I am in good physical health" and "I'm very motivated to be physically healthy" are examples of questions. Good reliability in the .7 to .8 range has been established for this measure (Snell & Johnson, 1997). Most importantly, the scale has been shown to be positively correlated with actual health behaviors (as cited in Lauriola, et al., 2000)

Aging Expectations. The Expectations Regarding Aging Survey (ERA-12; Sarkisian et al., 2005) was used to determine the extent in which individuals expect age-related decline. It consists of three four-item scales regarding expectations of physical health, mental health, and cognitive function. Sample questions include: "every year that people age, their energy levels go down a little more" and "when people get older, they need to lower their expectations of how healthy they can be." Reliability estimates for the subscales are strong in the .7 range.

Aging Anxiety. The Anxiety about Aging Scale (AAS; Lashner and Faulkender, 1993) measures the extent of an individual's anxiety towards aging using 20 items. Four dimensions of anxiety about aging were assessed: fear of old people, psychological concerns, physical appearance, and fear of losses. The scale shows good reliability in the .7 range as well as face and construct validity (Lashner and Faulkender, 1993).

Table 1. Respondent Characteristics

	N	Mean Age	SD	Min	Max
Young	77	19.26	1.4	18	24
Middle-Aged	68	48.68	6.3	39	78
Senior	62	73.22	6.3	58	86

RESULTS

In analyses using ANOVA, several significant differences on subscales were found (See Figures 1 and 2). Young and middle-aged women had more positive future health expectations than did seniors ($F(2, 211) = 15.74, p < .001$). Young women and middle-aged women also had greater positive expectations toward physical health in aging than seniors ($F(2, 211) = 12.65, p < .001$). Young women had more positive expectations toward mental aging than middle-aged women or seniors (who did not differ from one another) ($F(2, 211) = 11.99, p < .001$). In general expectations were more negative for physical health than mental health. Both young and middle-aged women had greater internal control than seniors ($F(2, 211) = 10.54, p < .001$). Young women had more anxiety about their appearance and aging than did middle-aged women or seniors ($F(2, 211) = 10.59, p < .001$).

Results also reveal smaller but significant differences between the age groups in terms of their health status and health efficacy. Students had a greater health efficacy than seniors ($F(2, 211) = 3.31, p < .04$) and greater health status ($F(2, 211) = 3.52, p < .03$). While the three groups did not differ significantly on health behaviors, health expectations were found to be significantly related to physical health appraisals ($r(213) = .50; p < .001$). Positive health expectations were associated with physical activity ($r(213) = .42; p < .001$). Health satisfaction was also found to be significantly correlated with physical health appraisals ($r(116) = .76; p < .001$) and health status ($r(213) = .84; p < .001$). Motivation for healthiness was found to be positively correlated with amount of vigorous physical activity ($r(213) = .57; p < .001$). Healthy eating was negatively correlated with health anxiety, motivation, health esteem, and health depression ($r(213) = .32-.55; p < .001$).

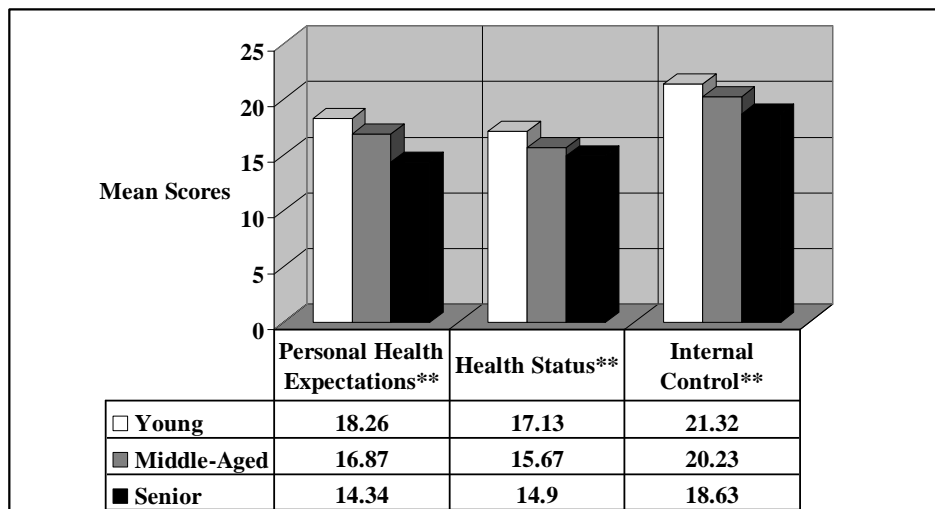


Figure 1. Health Subscales

** $p < .001$

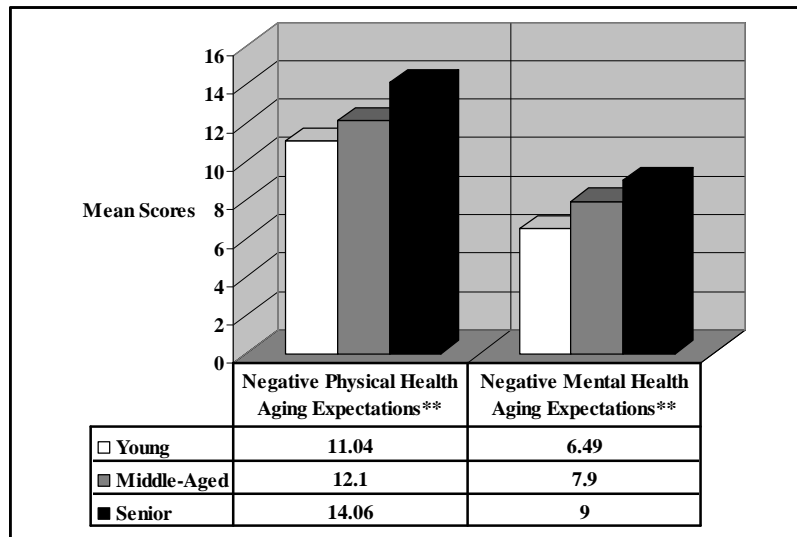


Figure 2. Aging Expectations

** p. < .001

CONCLUSIONS

The goal of this study was to determine whether expectations and anxiety towards aging are related to health behaviors in women based on their age. The results suggest there are fewer differences between the generations in their health behaviors and expectations towards aging than anticipated. As hypothesized, senior women have the most negative attitudes toward health and aging. Younger women have more positive health expectations, more internal control, and a greater health status. Most importantly, expectations were found to be related to health appraisals.

The potential limitations of this study should be considered when interpreting the results. First, the present study failed to find any strong differences in health behaviors between the age groups, thus an established measure may be more effective. Second, the all female participant sample was largely composed of educated European Americans who resided in the Midwest. Future studies should use a more diverse sample of participants and include both genders. Additionally, future research should use longitudinal methods to distinguish between cohort effects and to establish true developmental changes in aging expectations and health behaviors.

Despite its limitations, this study illustrates the importance of research on aging expectations and health behaviors. Understanding age-related factors that hinder health behaviors will allow health care providers to educate the general public on accurate aging perceptions, to increase utilization of health behaviors and ultimately prevent modifiable illnesses and diseases.

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