Stereotypes of Aging Women and Exercise: A Historical Perspective

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Despite growing indications of increased participation in healthful physical activity among the elderly, aging women tend to participate in exercise and sport to a lesser extent than their male peers. This paper suggests that strongly held beliefs about the potential risks of vigorous exercise deter many elderly women from being physically active. It then examines the gendered nature of myths and stereotypes concerning aging and physical activity and explores those social and cultural factors that have historically persuaded aging women to practice "being" old and inactive before "becoming" old. The purpose is to elaborate upon studies in the history of aging which indicate that popular perceptions rather than reality shaped social expectations, professional prescriptions, and public policy. These studies suggest how the creation of negative stereotypes around the aging female paved the way for an unbalanced version of the realities of female old age, at times delimiting aspirations and constraining opportunities for vigorous and healthful physical activity.

Key Words: gender, inactivity, history

In February 1988 the cover of Time magazine displayed a smiling and vigorous elderly couple on their way to the tennis court, with the caption, "And now for the fun years! Americans are living longer and enjoying it more." The portrayal of fitness and vigor apparently shared by male and female elder alike contradicted the persistent and all-too-common belief that aging is essentially an unavoidable process of physical decline requiring withdrawal into sedentary habits, passivity, and dependence. Rather, this cover story celebrated the possibility that rapidly changing perceptions and experiences of the aging process in industrialized societies are leading to profound changes in the sporting and exercise behavior of both elderly men and women.

Remarkable new studies show that adults in their eighth and ninth decades can achieve significant and clinically relevant strength gains from exercise program intervention and resistance strength training (Fiatarone et al., 1990; Rippe & Ward, 1992; Spirduso, 1994). Current research suggests that even modestly increased physical activity levels in older adults may generate major personal

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and public health benefits (Blair, Kohl, & Gordon, 1992; Buchner, Beresford, Larson, LaCroix, & Wagner, 1992; Simonsick et al., 1993). Moderate exercise, for example, has been reported to be a much more powerful predictor of health in the elderly than in younger people (Khaw, 1990). And, in their desire to become more active, notes Ouellette (1993), the elderly are increasingly placing new demands on the educational system and creating new organizations for recreational and tourist pursuits.1

Yet, despite indications of increased interest and participation in healthful physical activity among the elderly, the majority of those over the age of 65 do not exercise regularly or systematically (O'Brien & Vertinsky, 1991; Wagner, LaCroix, Buchner, & Larson, 1992). Vigorously active elders remain more the exception than the rule (Ostrow, 1984). Moreover, older women, many of whom are outliving their male counterparts by 7 or 8 years, are vastly underrepresented among today's physically active elderly, despite exercise intervention studies showing that older women can benefit from exercise to much the same degree as men (Lee, 1991; Sazy & Horstmann, 1991). While the cumulative effects of time, disease, and disuse are bound to have a direct bearing on physical activity patterns, strongly held beliefs about the potential risks of vigorous exercise seem to deter many elderly women from being physically active (Spirduso, 1994). They accept persistent stereotypes that link aging with physical decline and remain or become sedentary because they believe that it is inappropriate or dangerous to be physically active (Marshall & McPherson, 1993; Ostrow & Dzewaltowski, 1986). Worrying about "wearing out" their bodies and incurring serious injuries or the risk of sudden death, they tend to overestimate the health risks of exercise participation while underrating its health-promoting potential.2 The stereotype is all too often reinforced by medical and health professionals as well as informal caregivers, leading to a high level of passive leisure activity (Ouellette, 1993; Wagner et al., 1992). Thus, it is a paradox that while one of the main reasons elderly women give in surveys for not being more physically active is their declining health and the perception that they are "too old," at the same time scientific research and elderly role models increasingly demonstrate that among the certain benefits of physical activity are health improvement and a better quality of life (Blair et al., 1992). Indeed, the traditional stereotypical view of female old age as a time for accepting natural declines in health and vigor and embracing inactivity seems to persist in unduly shaping the exercise and sporting patterns of many elderly women, making measures to increase the habitual physical activity of the elderly female an urgent public health priority.

Despite the fact that such stereotypes simply do not fit the typical experiences of many older women, they have persisted, changing remarkably little over the centuries in Western society. We seize on myths because they help to make sense of life, say Thompson, Itzin, and Abendstern (1990). But we seize on them at a price, for the myths of aging which we are fed in youth and middle age often provide an image of later life that is quite misleading and does not fit the typical experiences of older women (Bytheway, Keil, Allatt, & Bryman, 1990; Ostrow, Keener, & Perry, 1987; Shephard, 1987). It is important, therefore, to examine the creation of these myths and to understand why, despite their continued superiority in living longer than men, women have historically been considered old and frail earlier than men, have been pressed to retire sooner than men, and generally have been viewed as less useful and less capable of dealing with the
vicissitudes of aging (Bullough & Campbell, 1980; Herlihy, 1975).\(^3\) This paper, therefore, will examine the gendered nature of myths and stereotypes concerning aging and physical activity and will explore those social and cultural factors that have historically affected conceptions of age-appropriate and gender-typed physical activity (and inactivity) for the elderly.

**Searching for a History of Old Women**

Women have a history all right, but it is a history both of what was and what was not allowed to be. (Mackinnon, 1987, p. 38)

Attempts to understand the social construction of female old age and the historical forces affecting shifting perceptions of the aging body have been hampered by history's tendency to exclude older people. Furthermore, until fairly recently, historians failed to give women equal attention in their studies of old age. In response to Feinson's (1985) question, Where are the women in the history of aging?, Roebuck (1985) replied that the invisible woman in history is a little old lady. Thus, the old woman has rarely been the object of study in spite of some recognition of her peculiarly disadvantaged position (Showalter, 1988). Feminist historians call this the result of a selective invisibility that has been a central element of the female heritage and that is particularly problematic in light of the fact that elderly women are the fastest growing minority in Western society. Even feminist historians, says Banner (1993), chose at first to look on old women as invisible and to overlook the thread of aging in studies of women and gender relations. Instead, they tended to focus upon women during their reproductive cycle, "which was emphasized by those said to have oppressed women in the context of health and medicine" (Pelling & Smith, 1991, p. 12).

Nevertheless, a new history of old age has begun to blossom in recent years, throwing new light upon the treatment of the aged in the past as well as illuminating the subjective experiences of old people themselves, mediated by social condition and cultural significance. The new histories recognize that philosophers, literary figures, and gerontologists from the classical Greeks to the present have typically used male terms to describe their observations about old age and exercise and note that the history of women growing old may need a separate story requiring different questions and assumptions (Covey, 1989; Premo, 1990).\(^4\) It is evident from Plato, for example, that old men in Athens worked out in the gymnasia "even when wrinkled and not pleasant to look at," but any proposal that younger or older women exercise in the palaestras with the men was seen as preposterous and not worth discussion (Crowther, 1990, p. 172).

**The Ages of Man/The Ages of Woman**

Old men represented death, time, gods, winter, night. Old women less happily, represented decay and avarice. (Troyansky, 1989, p. 23)

Historically, those who have talked about appropriate behaviors for the elderly either have tended to view life from a life course perspective, as a journey
affected by multiple contextual and personal factors, or have seen it as a set of uniform and progressive ages or stages across the life course—a staircase or curve, with a predictable set of idealized behavioral expectations at each stage or step. Indeed, one of the most persistent notions underlying the study of the human life cycle is the classical theory of the ages of man, which has remained the framework of developmental psychology since ancient times (Goodich, 1989).

From classical times through the Enlightenment, old age tended to refer primarily to a stage of life rather than a numerical age. We need to look, therefore, at the extent to which the elderly were expected to conform to dictates resulting from traditional ages-of-life models with their general corresponding theories about human development and motivation (Burrow, 1986; Covey, 1989; Sears, 1986). Sears (1986), for example, in an examination of 13th-century visual and literary representations of the ages of man, points to an architrave at San Marco in Venice that illustrated for the public a carefree childhood, the sports of youth, the perils of manhood, the authenticity acquired by experience, and the wisdom of old age and its consolations found in family affection. Not surprisingly, most of these theories and representations were male oriented, so that the historian seeks reference to old women and perceptions of their aging condition in the centuries-old ages-of-life literature with some difficulty. No one doubted that women also passed through life’s stages, but early literature either subsumed women under the category of men or referred exclusively to men. Indeed, claims Dove (1986, p. 20), “the supposition that man’s experience is normative is remarkably tenacious in writings belonging to the Ages-of-Man tradition.”

Of the numerous life stages models that emerged over the centuries in Western society, many of them tracing their foundations to early explanations of the lifespan, each attempted to make sense of man’s progress through “life’s racecourse” by dividing it into a specific number of meaningful segments. The most common schema divided the lifespan into three, four, or seven stages. Whether the transitions between stages were viewed as smooth or abrupt, there was a general consistency in the fact that each stage had its appropriate characteristics and activities explained by its relationship to the four humors (black bile, phlegm, yellow/red bile, blood), the four qualities (hot, dry, cold, moist), and the four seasons (white bearded winter and infant spring, for example). Since heat was believed to be the energy of life, old age was seen as incurring a chilling of affections and feeling, and it was believed that many years of continual use resulted in a dry, cold body (Grant, 1963). Because of their dry and brittle constitution, the aged were cautioned not to exert themselves, to eat digestible foods, and to avoid coition. The lesser moisture of older women meant that they required less food and could fast longer. For old men, excessive emission of seed, for instance, was seen as a form of waste, causing dryness, as did physical labor. Furthermore, according to Galenic physiology, an old woman’s body would become colder than the male’s since a female was a cooler, less perfect version of the male, lacking in heat to push her reproductive organs outward like the male or to develop her mental capacity. In Aristotle’s slightly different but related view, the old woman grew colder than the male because cold resided in the lower half of her body while “the upper half of the male body was larger and warmer” (Goodich, 1989, p. 151). Because of the perceived importance of heat to development, men could aspire to attain perfection at maturity, while women were perceived as being in want at every stage.
Agreed upon conceptions about the right manner of life during old age tended to emphasize passivity, contemplation, gentle exercise, and adequate rest, while defining vigorous and passionate activities like work, sex, or war as inappropriate. In relation to sex, for example, Cicero maintained that we should be grateful to old age for depriving us of the desire to do what we ought not, hence allowing us to avoid the corrupting character of lust. Though the time at which man progressed from one stage to the rest was generally pegged at relatively fixed age intervals, women’s experiences, when mentioned at all, were recognized in terms of their deviation from the masculine norm. Females were typically perceived to age sooner than men and to experience their life stages at earlier periods of their lives. They were sooner fit for reproduction, sooner mature for child bearing, and, finally, sooner old. Theirs was a purely biological life cycle with its chief purpose the reproduction of the species. Thus, the short duration of female beauty and fertility, and ancient but lasting notions of her cold and phlegmatic temperament, which left her constitutionally unfit for physical and intellectual development, contributed to the belief that a woman experienced each of life’s stages earlier than a man and must take on the trappings of old age earlier than her male counterpart (Dove, 1986). For this reason, it was assumed that she should adopt appropriate old-age behaviors of inactivity, passivity, and spectatorship somewhat earlier than her male counterpart. What was important about these schemes, says Rosenthal (1990), was not the particular characteristics of the many different cosmic and literary ages-of-life models, for they all included old age in one form or another and correspondingly prescribed a right manner of life during old age. Rather these cultural models tended to shape identity, to make individuals prone to adapt their self-perception to fit the external literary scheme. It was a case of art telling nature how to define itself—old people learning how to behave “old” not by how they felt, but by how they believed all old people should look and behave.

Life as a Journey

In medieval and Renaissance literature, Christian theology added to classical views of aging by seeing life as a metaphorical journey, a pilgrimage toward God and eternity. The goal was not to achieve longevity but to reach heaven through good works performed during life. A comfortable old age, for example, was only seen to be achievable by those who practiced sober, grave, and modest behavior in order to overcome the hurdles of sin and temptation (Goulart, 1621). In time, the desire for a lifestyle dedicated to hard work and good deeds, of course, threw into focus the need for a fit and healthy body. Emerging interest in the individual and the physical body was part of what Norbert Elias (1978) has called “the civilizing process” in which self-control began to take precedence over external force and authority as the norm of social regulation. Exercise, then, became part of a typical hygienic regimen practiced by sober-minded and rational individuals to achieve a long and healthy life. For the elderly, viewed from nature’s perspective as essentially “cold” and “dry,” a regimen was needed to emphasize the “warm” and the “moist,” a “springlike regimen, vivifying but not excessive.” The sexes too were seen to differ in their needs. Men were robust and healthy, women feeble and delicate, and each required regimens defined by
their different social roles. Women were assigned a prominent role in the "civilizing process" since cleanliness and personal hygiene were considered important for women properly concerned with pleasing their husbands, though as they aged they were often urged to acquiesce to ugliness and fragility (Lingo, 1986). The pursuit of well-being through regulated diet and exercise, among other things, was typically an individual matter and was age, gender, and of course class specific, since few could afford the luxury of a healthy and organized life. For the working poor, the price of many occupations upon their health and longevity was appallingly high, as illustrated by Young's late 18th century description of a peasant woman seen on his travels in France who "at no great distance might have been taken for sixty or seventy, her figure was so bent and her face so furrowed and hardened by labor—but she said she was only twenty eight" (Young, 1792, p. 134).

The pervasiveness of the pilgrimage theme was best exemplified in John Bunyan's *The Pilgrim's Progress* (1678/1965), in which he described a female's as well as a male's life journey toward salvation, albeit journeys that differed in kind as well as degree. Christian's desperate midlife quest for the path to the celestial city drew a typical male parallel between physical decline and spiritual growth. Christiana, however, was not allowed to complete her journey until old age and was forced to rely on male protectors rather than God's intervention in her ultimately unsuccessful spiritual quest for perfection. For Bunyan, the aging female body remained the symbol of earthly imperfection. "It could never transcend the taint of sexuality as a man's body could, even in old age" (Thickstur, 1988, p. 451). This further naturalized the belief that women were intrinsically inferior to men since they could never attain perfection, and it extended the ideology of female bodily incapacity into old age. *The Pilgrim's Progress* reached the height of its influence in Victorian America, when Christian became a model for the view that a man could, with faith and willpower, triumph over time and its effects on his body. Christiana's journey, on the other hand, retained the traditional pattern of a steady physical decline and left her with the burdens of survivorship (Cole, 1992). By this time, however, changing perceptions about the aging process were already being fostered by the dissemination of new scientific understandings about the human body in an industrializing society. Old age was "'gradually removed from its ambiguous place in life's spiritual journey, and rationalized and redefined as a 'scientific problem'" (Cole, 1992, p. xx).

### The Medicalized Aging Body

The emergence of the scientific and medical study of old age in the late 18th and early 19th centuries placed great emphasis upon visual evidence and the demonstration of function. When a group of pathologists in France began to study the aging body through empirical observation at autopsies in the Parisian hospital of Salpêtrière, they discovered a body that had a distinct anatomy and physiology and likened it to a machine that could be controlled by the application of objective scientific knowledge (Foucault, 1973). Aging, they decided, must be caused by the appearance of specific disease entities, and if disease was a necessary pathological condition of the elderly, then old people, even in apparent good health, were doomed to deterioration and decreasing productivity (Haber,
1983; Vertinsky, 1991). This meant that the entire state of senescence became a perilous state of existence requiring constant medical care. Old age, which had earlier been regarded as a manifestation of the survival of the fittest, was now uniformly denigrated as a condition of dependency and deterioration.

While it is doubtful that there was ever a golden age for the elderly, especially for elderly women, most historians agree that the general historical tendency toward the denigration of the elderly was heightened dramatically in the last decades of the 19th century. The decline in the status of the elderly grew steadily worse as a result of medical and scientific observations, social Darwinism, and accelerated industrialization, leading to what Achenbaum (1978) and Fischer (1977) have labeled a "watershed" in the history of old age.

An emerging scrap heap of older industrial workers, the medical recognition of old age as a clinically distinct period of life, and the early stages of an epidemiological transition from infectious to degenerative diseases, all drew attention to decay, dependency and pathology in old age. (Cole, 1983, p. 37)

By the late 19th century, in both Europe and America, scientific assessments of efficiency and productivity had so begun to dominate public and professional evaluations of old age that popular rhetoric increasingly underlined the degenerative aspects of aging and reflected the belief that the elderly were inherently inferior to the more productive and vigorous young (Haber, 1983; Steams, 1977). "While many of the individual woes of growing old had long been spoken of, commentators [now] underscored the presumed scientific basis for viewing later life as a period of pathological deterioration, eccentric behavior and painful irrelevance" (Achenbaum, 1983, p. 15). This deepening of negative attitudes toward the physical capabilities of the elderly was applied even more assiduously to aging women since it built upon the extensive tradition of male-oriented ages-of-life models as well as the centuries-old view of women's inferiority and dependence (Rodeheaver, 1987).

The medical profession played a key role in exacerbating negative attitudes toward old age by defining aging as a period of decline, weakness, and obsolescence requiring cautious age- and gender-appropriate behavior rather than a natural process of continuous development and maturity. For the old, the classification of their condition as a disease was understandably damaging, suggests Laslett (1990), for it inevitably tended to both sanction and further inflate de-meaning stereotypes. Nor was science served by the fact that many physicians, following Newtonian concepts of limited vital energy (which were strongly suggestive of ancient wisdom and Galen's theories of a finite level of heat and energy over the life course), believed that those who reached old age should try to conserve the last remnants of the finite portion of energy allotted to the lifespan by severely limiting physical effort. As they saw it, vital force activated all bodily processes. During aging this force gradually deteriorated, drying out the body, diminishing the humors, narrowing the blood vessels, and wearing out the organs. The close relationship perceived between rate of living and duration of life meant that overuse during the earlier life stages, whether physical or mental, was likely to cause a draft on future life stages. Too much activity, too soon, denied even a vestige of energy for later years; hence, aging became likened to a worn-out and degenerating body—machine—an affliction for which there seemed
to be few remedies (Vertinsky, 1992). Little could be done for the old person, said Dr. Bishop (1904, p. 679): “It is not worthwhile to make any great sacrifice to go in search of health; it will do more harm than good.”

The image of exhaustion at old age was extremely persuasive despite the fact that it went largely unexamined in either sex. Echoing traditional ages-of-life explanations, as well as the continuing influence of ancient vitalist theories, physicians reasoned that the female’s body–machine wore out earlier than the male’s. Certainly, they realized that the hard life of a laboring male could use up his health and energy and make him old before his time. But they also acknowledged that women lost the bloom of youth and aged more rapidly. According to their theories of finite energy, women’s work of childbearing and child rearing used up a considerable amount of energy. By the time her ability to reproduce had ceased at menopause, her energy level was low, her social function was curtailed, and degeneration had begun. The physical stigma of female aging was seen, therefore, not only as a harbinger of infertility but as the end of social usefulness. The menopausal woman was simply urged to show a dignified and passive acceptance of the last stage of life. Thus, while, at the turn of the 20th century, Dr. William Osler (1932) viewed all men over 60 as incapable of work and useless to society, the medical literature characterized women as old and useless much earlier—indeed, as soon as they could no longer do their special work, the bearing and rearing of children (Roebuck, 1979). For women, useful production ceased between 40 and 50, when menopause became the gateway to old age (Vertinsky, 1994).

The medical profession thus promoted its own expectations about aging women which contradicted some earlier notions that women who were fortunate enough to survive menopause might find some benefits, or at least a certain liberation at being released from menstruation. Regardless of their current health status or expected lifespan, however, women at menopause were told to expect their normal physiological condition to become pathological (Smith-Rosenberg, 1973). Physical decline, bodily and mental disorders, and diminished functions were emphasized as the general characteristics of menopausal development (Currier, 1897). Woman’s body had run its course and begun its final decline. As her usefulness was seen to be ended she was described as “less of the woman she was, than a man is a man at the same time of life” (Hicks, 1877, p. 473). Sometimes described in the medical literature as a terminal illness, menopause became viewed as “the death of the woman in the woman” (Ehrenreich & English, 1973, p. 111).

Those who survived the unpleasant symptoms and inconveniences of menopause were candidates for the cautious therapies believed necessary during senescence. In this sense any notion of a healthy and vigorous old age was a contradiction in terms. And, if a woman’s decline was more extensive than a man’s, it was because she, like Christiana, began the journey sooner, matured more rapidly, and might well have to travel further (by living longer). In time, as well, “images of rocking chairs and empty nests would better serve the needs of an increasingly gerontophobic society” (Premo, 1990, p. 123).

**Medical Prescriptions for Activity and Inactivity**

Popular hostility toward all forms of decline, especially old age, was manifested in the types of exercise thought appropriate for aging bodies by the medical
profession. The aging woman was urged to adopt a well-regulated regimen in which a combination of rest and gentle exercise might render her body less susceptible to senile illness. Overexertion was sternly warned against, for it might easily lead to cardiac arrest and a host of other life-threatening conditions. Long or quick walks, for example, were objectionable, for they aggravated uterine congestion, piles, and varicose veins (Tilt, 1882).

Though degeneration was certain and irreversible, it was hoped that some exercise in the fresh air might be helpful. Thus, if the elderly were to be allowed any outdoor sport at all, it was to be very gentle, slow, and steady. Athletic games were no longer suitable or enjoyable. Both men and women were subject to the dangers of exertion, though overfatigue was generally thought to be worse for women than men since men were considered to be more adapted to a strenuous, muscular life. More significant was the application and acceptance of conservative prescriptions for exercise at a much earlier age for women than men, socializing the former, while still in their 40s, to take on sedentary characteristics of aging by disengaging from active pursuits and anxiously conserving their body–machine. Activities that had once been easily performed were now deemed to be the potential cause of serious infirmities. Aging women were often expected to be invalids in need of care, lacking the energy to participate in regular daily activities.

This dominant view in the medical literature was propagated mainly among middle-class women, who most often sought and accepted medical advice. Yet neither the prescriptive ideal nor social reality could have completely dictated how the elderly perceived their needs for exercise and sport. While the turn-of-the-century medical view was based upon a life-cycle framework as a chronological ordering device with normative age expectations for the male and female old age stage, there must also have been a wide range of actual experiences among the elderly. Old people then, as now, varied in their own conceptualizations of what old age meant to them, through their individual experiences at home, work, and play. Radford (1994), for example, has documented the remarkable performances of elderly female pedestrians who ran huge distances in the early 19th century, though he does suggest that such events were not able to survive Victorian demands for respectability. As well there are accounts of elderly individuals who, at the dawn of the 20th century, obviously had conceptions of age other than their chronological one, and whose physical behavior and reported sporting experiences did not conform to Victorian mores and the standardized norms for female or male old age. Then, as now, one can find striking reports of instances of active longevity, as well as athletic feats by elderly pedestrians, cyclists, swimmers, gymnasts, and mountain climbers (Jersey, 1890).

The Persistence and Continuing Power of Stereotypes

Nevertheless, both past and present stereotypes clearly illustrate the self-fulfilling power of cultural images. "Negative stereotypes are psychologically, physically and socially damaging, and especially in the case of elderly women they will not easily be eradicated, for their roots lie deep in society's past" (Roebuck, 1983, pp. 252-253). Old age, for them, has been officially sanctioned as both a heavier burden and an earlier one, and such sanctions are not easily reversed, as was evident in the recent public furor in England over raising the retirement age.
from 60 to 65 for women to match the male retirement age of 65. Thus, the seemingly natural milestones of 60 and 65 are increasingly shown to be mutable and to have emerged through political pragmatism rather than universal experience (F. Clark, 1960; Chudacoff, 1989).

Certainly the biomedicalization of the aging body has cast public discussion during the 20th century largely within the frameworks of science and medicine and has contributed to the perpetuation of the cheerlessness and problematic nature of old age for both men and women. On the other hand, scientific advancements have dramatically improved active life expectancy, and in both biomedical and psychosocial terms the assumption of a close link between old age and deterioration is being increasingly questioned (Fries, 1980). Disease, not age, has become the larger villain, and fewer of life’s exits are controlled by chronological age. As demographic, economic, and medical progress continues to transform the nature of aging, new paths are being presented for navigating old age by focusing upon health span rather than lifespan, with one goal a compressed morbidity that would see people staying fit, active, and socially connected until quickly felled by multisystem physiologic frailty rather than being sustained in a frail and dependent condition by modern medicine (Fries, 1983; Verbrugge, 1994).

Achieving better health longer, however, requires continued alertness to false assumptions about old age, especially among elderly women, who have for so long been blinded by others’ scripts about how they should experience their final season. Accustomed to an age-calibrated social clock, older women may have far too readily accepted the view of their families, peers, and doctors that certain sporting or vigorous exercise experiences can be enjoyed only at certain times of life, regardless of their physical or psychological condition. The result is an image of female old age that can be a seriously unbalanced version of the realities of later life, propelling a self-fulfilling prophecy where health is compromised and physical decline is hastened rather than slowed by chronic inactivity.

Conclusion and Policy Implications

It is hardly surprising that behavior change theorists and those designing exercise promotion strategies have a formidable task in trying to better the quality of life of large segments of the aging female population without addressing the deeper issues of stereotyping and powerlessness. Knowledge of what puts older women at risk is critical for prevention; women’s health cannot be understood only in biological terms without reference to the history of male–female power relations and their effect upon the management or regulation of aging women’s physicality (Fee & Krieger, 1994). Gender matters must figure more prominently in social policies designed to encourage healthful and pleasurable exercise and provide opportunities for participation.

At the same time, Cole and Gadow (1986) remind 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 should be healthy and physically active. This positive mythology, they say, which sees exercise as part of a scientific solution to the “problem” of aging, shows no more tolerance or respect for the intractable vicissitudes of aging than the old.
negative myths and stereotypes. Freeing individuals from stereotypical preconceptions should not, at the same time, require them to make the professionally prescribed choices in regard to healthy exercise. But in order to permit older women the power to select the perception of aging that fits them best, a new appreciation of aging and its ambiguities may first be required with a new consciousness of what it means—and can mean—to be an old woman (Russell, 1987).

Our postmodern society, Cole (1992) suggests, could offer new possibilities for transformation and human development by demanding a radical revaluing of the stages of life and a renewed appreciation for the meaningful journey of life. As Ruben Nelson (1992, p. 5) remarked recently at a gerontology conference entitled ‘The Dawn of a New Age: Facing the Future,’ ‘we must recognize we will need new maps for new times. . . . as we move to the post-industrial age we move from public to private, from male to female, from me to we.’ Though the past may not necessarily yield answers for the present or future, we can look back at The Pilgrim’s Progress and note the Christiana, though her aging body and her earthly relationships were seen by Bunyan as impediments, demonstrated through her experience that each stage, each cycle, each journey of life is best lived in relation to others. Since we know that, while women live longer, there are many indications that they also remain connected and involved in social networks far more successfully than men in many cases, they may be uniquely qualified to be the ‘advance guard’ of a new, postmodern approach to aging with an emphasis on adaptation and social support (Stearns, 1980). The historical significance of continuity and connection in the lives of aging women may prove to be a key to change and the human dimension of physical activity in our rapidly expanding elderly female population.

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Notes

1 Elderly women are running marathons, winning golf championships, and climbing mountains (E. Clark, 1987). The University of Agers, a gymnastics team of adults over 65, mainly women, is the centerpiece of a popular Canadian documentary film *Age Is No Barrier* (Canadian Film Board, 1990), which portrays elderly enthusiasts enjoying themselves in a sport hitherto thought inappropriate for aging bodies. Currently popular recreational activities among active elderly include “elderobics,” distance bicycling, “aqua fit” activities, Tai Chi, hiking, line dancing, and mall walking.

2 It’s an old story, for example, that running wears out joints (Lane, quoted in “Extra Years,” 1986; O’Brien & Vertinsky, 1990), and a notion perpetuated by such titles as “Jogging for a healthy heart and worn-out hips,” which headed a recent editorial of the *Journal of Internal Medicine* (Ernst, 1990).

3 Sontag (1972) calls this “the double standard of aging” whereby older women have been devalued for losing their youth and physical attractiveness while age has been seen to increase a man’s prestige, power, and appeal.

4 Certainly, until recently, gerontologists have tended to see problems associated with aging as “male” problems based largely upon studies of old men and the feeling that men were much worse off in old age than women (Russell, 1987). Roebuck (1983), for example, points out that proposals for state pension schemes in England in the late 19th century were developed around the “average working man” despite the fact that the majority of those needing pensions were women.

5 Though physicians generally agreed with the early pathologists that old age required considerable medical attention, they simultaneously retained a strong belief in old age as a depletion of vital energy about which very little could be done. In this respect, early modern medicine did not totally exclude either the Hippocratic system of humors (and its explanation of imbalance in the body’s mechanism) or Galen’s theory of heat or life energy that consumes itself over the life course (Mendelsohn, 1964).

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