

# LEISURE *in* Later Life

Fourth Edition

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*We dedicate the fourth edition of Leisure in Later Life to Sara's parents,  
Florence and Phil Merenbloom, and Michael's parents, Lillian and Samuel Leitner.*

*Samuel Leitner passed away at age 98 and a half, just before this fourth edition was published. He was an outstanding example of the benefits of active leisure, and we gained great insight into leisure in later life from him. Samuel outlived almost all of his relatives by a quarter of a century or more, a testimony to the effects of a healthy, physically active lifestyle that are discussed extensively in this book.*

*Samuel was living proof that leisure activities can have an enormously positive impact  
on health and longevity.*

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# PREFACE

*Leisure in Later Life* is intended for use as

- a basic textbook for students in college and university courses dealing specifically with the topic of leisure and aging;
- a supplementary textbook for courses in the psychology of aging, social work with elders, health in later years, therapeutic recreation, introduction to special populations, adapted physical education, and courses in principles of recreation leadership and programming;
- a reference text for field work and practicum students working with elders;
- a reference text for activity directors in nursing homes and assisted living facilities, recreation leaders in senior centers, adult day care centers, and retirement communities, and other personnel involved in the provision of leisure services to elders; and
- sourcebook for the in-service training of volunteers and entry-level personnel working with elders.

The fourth edition of this book has been revised a great deal, especially Chapters 1, 4, 5, 11, 16, 17, and 18.

The diversity of the older population is recognized in this book. The chapters on leadership, program planning, evaluation, techniques, exercise, adapted dance, programs, intergenerational activities, and leisure counseling are designed to provide useful information for work with elders in any setting. The chapters on the particular settings for recreational programs for elders are intended to supply information that will provide ideas for how to apply the material in the aforementioned chapters to work with elders in each of these various settings.

The first chapter presents a general overview of the older population and the importance of leisure in the lives of elders. The next four chapters comprise Part I of the book, “Settings.” Included in this section are chapters on senior centers, senior day care centers, nursing homes, and retirement housing. Part II, “Foundations,” includes chapters on leadership, program planning, evaluation, and leisure counseling. Part III, “Resources for Recreation Programs for Elders,” includes chapters on intergenerational activity, exercise, adapted dance, pro-

grams, and techniques. Part IV, “Issues in Providing Leisure Services for Elders,” includes chapters on the role of recreation in hospice care, sexuality in later life, global perspectives on leisure in later life, and leisure in later life in the future.

*Leisure in Later Life* covers a broad range of topics. Both theoretical information and material with clear practical applications are presented in this book. Thus, the book is truly a valuable sourcebook for the provision of recreation services to elders.

# ABOUT THE AUTHORS

**Michael J. Leitner**, Ph.D., is a professor in the Department of Recreation and Parks Management at California State University, Chico. **Sara F. Leitner**, MA, is an instructor in the Department of Kinesiology at California State University, Chico. Michael and Sara are coauthors of the textbook *Leisure Enhancement, 4th Edition* (Sagamore Publishing, 2012), and *How to Improve Your Life Through Leisure* (Northwest Publishing, 1994). They are also the authors of many published articles, primarily on the topic of recreation and aging. Michael is also active in research on recreational coexistence programs in Israel with Jewish and Arab Israelis and Palestinians and Israelis. Michael received MA and Ph.D. degrees in Recreation and Leisure Studies from the University of Maryland. Sara received an MA degree in Physical Education from California State University, Chico.



# CHAPTER 1

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## INTRODUCTION TO LEISURE SERVICES FOR ELDERS

### INTRODUCTION

The topic of leisure services for elders is one of growing importance. One reason for the increased concern for leisure services for elders is the continuous growth in the population of older adults. According to Turner (2009), the percentage of the population in the U.S. aged 65 and over was 12.4% in 2000 and is projected to be 19.6% in 2030. The number of Americans over age 80 is projected to more than double during those 30 years, from 35 million to 71 million. Other reasons for the increased concern for leisure services for elders are that elders have more free time than other adult age groups and that research has demonstrated the strong influence of satisfaction with leisure activities on quality of life. The purpose of this chapter is to present an introduction to the field of leisure services for elders. Topics covered in the chapter include definitions of basic terminology used throughout the book, statistics on demographic characteristics of the older population, the current status of leisure and recreational services for elders, and research on the importance of leisure to elders.

### LEARNING OBJECTIVES

After completing this chapter, the reader will be able to

- define the terms *elders*, *leisure*, *recreation*, *therapeutic recreation*, *frail*, *high functioning*, *limited mobility*, and *low functioning elders*;
- cite statistics on the size, age, health status, education, economic status, and living conditions of elders and the implications of these statistics for leisure services for elders;
- contrast the present leisure activities of elders (as reported in research studies) with the optimal leisure activities for elders (based on needs and potential benefits);

- identify five factors affecting the leisure activities of elders; and
- cite a minimum of five research studies that provide evidence of the physiological and psychological benefits of recreation for elders.

## TERMINOLOGY

### Elders

The definition of the term *elder* for the purposes of this book is a difficult issue to address. Although age 65 does not necessarily denote a point in life at which dramatic biological or psychological changes occur, it is commonly used in research and in programs for elders as the minimum age. The ages 60 and even 55 are also often used as the minimum age for participation in recreational programs for older adults. However, should ages 55, 60, or 65 be used as markers of old age? Dychtwald (1997) explains that when Otto Von Bismarck picked age 65 as the age for Germany's first pension plan in the 1880s, life expectancy was only 45, about 30 years less than it is in the U.S. today!

The needs of younger retirees (aged 55 to 79) should not be ignored just because their health status is better than that of adults 80 and over. In Chapter 11, many programs (e.g., travel programs) are discussed that meet the needs of this generally active, healthy population.

However, the main focus of this book is on adults 80 and over, as these are the elders who are most in need of special recreational programs and services. Most younger retirees can participate in the same recreational activities that people in any age group enjoy. Sometimes, younger retirees also choose to participate in leisure activities that have many older participants (e.g., people in their 60s and 70s might choose to go to a senior dance where most of the attendees are 80 and over). Nevertheless, it is difficult and often inappropriate to try to program recreational activities for people in their 60s together with people in their 80s and 90s. The needs and ability levels tend to be different.

Therefore, in general, the term *elders* is used in this book to refer to people in the 80-and-over age group, the fastest growing age group in the U.S., also referred to as the "oldest old" by gerontologists (Rimer, 1998). Based on longevity and health status statistics in developed nations, using age 60 or 65 as the marker of old age doesn't seem to make sense anymore. In practical terms, most of the participants in recreational activities in senior centers, senior day care centers, nursing homes, and various forms of retirement housing are 80 and over. The exercise (Chapter 12), adapted dance (Chapter 13), and other recreational activity ideas (Chapter 14) presented in this book are most appropriate for adults aged 80 and over.

The term *elder* is used in this book because it is both a familiar term and is one that is associated with a more positive and respectful attitude toward older adults. The terms *golden agers* and *the elderly* are avoided in this book because

these are terms that seem to have a negative connotation with older adults. Rimer (1999) cites a poll in which older Americans identified the label *the elderly* as the one they dislike the most, followed by the term *golden agers*. According to this poll, the terms most preferred were *older adults*, *older Americans*, and *seniors*. These terms, along with the term *elders*, are the ones most frequently used throughout the book to refer to persons aged 65 and over.

### **High Functioning, Limited Mobility, Low Functioning, and Frail Elders**

Throughout the book, discussion on providing leisure services for elders focuses on three major categories of older adults: *high functioning*, elders with *limited mobility or moderately impaired*, and *low functioning*. For the purposes of this book, *high functioning* are elders in good or excellent health, with unrestricted mobility, who are physically, mentally, and emotionally capable of participating in most recreational programs for elders. The terms *limited mobility or moderately impaired* are utilized in this book to refer to older adults with chronic conditions that restrict their ability to participate in recreational activities involving a great deal of movement or strenuous exercise, but who are not necessarily confined to a wheelchair or bed. The term *low functioning* is used in this book to identify bed ridden or wheelchair-bound elders with chronic conditions that limit their ability to participate in many physically and mentally demanding recreational activities. The term *frail older adult* is also used throughout this book. It refers to older adults with three or more of the following symptoms: muscle weakness; fatigue; declines in activity; a slow or unsteady gait; and weight loss (Kolata, 2002).

### **Leisure and Recreation**

For the purposes of this book, the term *leisure* refers to free or unobligated time, time during which work, life-sustaining functions, and other obligatory activities are not performed. Although more elaborate theoretical constructs of leisure have been described in the literature (Leitner & Leitner, 2011), the “discretionary time” definition of leisure is used for the purposes of this book because it is easier to use in attempting to identify and categorize different types of behavior. *Recreation* is defined for purposes of this book as activity conducted during leisure, usually for the purpose of enjoyment. The terms *leisure activity* and *recreation* are used synonymously in the book.

### **Leisure and Recreational Services, Therapeutic Recreation**

The terms *leisure services* and *recreational services* are used interchangeably in this book to identify programs and activities designed to provide enjoyable experiences for people during their leisure. *Therapeutic recreation* refers to the application of recreation activities that maintain or improve the health status,

functional capabilities, and ultimately the quality of life of people (Leitner & Leitner, 2011).

## DEMOGRAPHY OF THE OLDER POPULATION

### **Size and Proportional Representation**

The older population has increased greatly and is projected to continue to grow. Certainly, this growth in the older population necessitates a growth in leisure services for elders. Turner (2009) presents statistics on growth in the older population for several countries. From 1861 to 1991, life expectancies at birth for men increased as follows:

- In the U.S., from 42.5 to 71.3
- In Canada, from 43.5 to 73.0
- In France, from 40.8 to 72
- In England and Wales, from 44.2 to 70.1
- In Germany, from 35.6 to 71.8
- In Japan, from 42.4 to 75.5

According to Turner (2009), there were 55,000 people aged 100 and over in the U.S. in 2007. That number is projected to increase to 834,000 by the year 2050! The Social Security Administration has raised its prediction of life expectancy to age 119!

However, the older population might grow far more rapidly (and leisure services would need to expand far more rapidly) if medical advances are made that enable people to live longer. The projections could very well be exceeded if progress is made in research on cancer and heart disease (the two most prominent causes of death of people aged 65 and over). Coupled with the trend toward a declining birth rate, it is possible that by the year 2050, elders will comprise 40% to 50% of the U.S. population, not 20% to 25% as is commonly projected. Imagine the expansion in leisure services for elders that would be needed for such a large older population!

### **Male/Female Ratio**

Women greatly outnumber men in the older population, and the ratio gets more lopsided in the older age categories; more than 80% of centenarians are women (“You May be Younger,” 2000). However, the gender gap might be narrowing in the future. Dembner (2003) cites the following statistics and projections on the gender gap among adults aged 65 and over:

- In 1990, there were only 67 men per 100 women, but in 2000, there were 70 men per 100 women.

- By 2015, projections are that there will be 76 men per 100 women, and by 2025, there will be 79 men per 100 women.
- For people born in 2000, the life expectancy is 74 years for men and 80 years for women.
- About 40% of women but only 17% of men live alone. Whereas two-thirds of men over 75 are married, only one-quarter of women are married, although the percentage of widows dropped by 10% between 1980 and 2000.
- Among those 85 and over, women outnumber men by a ratio of 5 to 2.

Because of the lopsided ratio of women to men and attitudinal barriers such as a strong work ethic among older males, the participants in most recreation programs for elders, whether they are offered at senior centers, day care centers, nursing homes, or retirement communities or homes, are predominantly female. Therefore, recreation programs tend to be geared toward meeting the needs and interests of women. However, special efforts are also needed to encourage men to become involved in programs and activities. If programs are perceived as being female oriented, then men might not be inclined to participate.

The idea of making special efforts to meet the leisure needs of older men is extremely important. Too often, the leisure preferences of older men are ignored because they are a minority within the older population, and many people in the field of gerontology believe, as McPherson (1999) states, “aging is a woman’s issue.” Although there are statistics that support this statement (e.g., the disproportionate number of women in the older population, higher poverty rates for older women, and the greater likelihood of older women to be widowed), it is important to note that white males aged 65 to 74 commit suicide at a rate that is nearly five times greater than that of white women and 14 times greater than that of black women (Bandon, 1997). These statistics should alert leisure services providers for elders to pay special attention to the needs of men. Because there are so many more single women than single men in the older population and widowed men are much more likely than widowed women to remarry, people often joke that single older males “have it made” and that “the women are knocking down their doors.” This seems to be a myth. Based on years of experience working with elders in a variety of settings, it seems that older men tend to suffer more from depression and loneliness than do females. Rodriguez (2001) states that the number of elderly widowers increased 64% since 1950, and that loneliness is a major problem among these two million senior widowers because widowers struggle more than widows to live without a spouse, particularly in terms of social and emotional needs. Meanwhile, Dembner (2002a) cites research indicating that a majority of older women say that the experience of aging is better than they expected. Perhaps greater emphasis on meeting older men’s leisure needs and preferences can help to reduce their loneliness and depression and also lower their suicide rates.

In order to gain further insight into the leisure-related differences between males and females in later life, Exercise 1.1 is presented on the following page.

**Exercise 1.1***Comparison of Leisure in Later Life of Males and Females*

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**Instructions:**

1. Try to interview at least two males and two females aged 80 or over.
2. Try to find out information about current leisure activities, including frequency of participation, satisfaction with the activities, and desired activities.
3. Try to gain insight into attitudes toward leisure/work ethic.

<b>Topic</b>	<b>Males' Responses</b>	<b>Females' Responses</b>
Leisure Activities	_____ _____ _____	_____ _____ _____
Activity Level/ Frequency of Participation	_____ _____ _____	_____ _____ _____
Satisfaction with Leisure Activities	_____ _____ _____	_____ _____ _____
Most Desired Leisure Activities	_____ _____ _____	_____ _____ _____
Leisure Attitudes/ Work Ethic	_____ _____ _____	_____ _____ _____

---

How similar were the responses of the males and females you interviewed? Did the males or the females seem more active? Did the males or the females seem happier? The responses to some of these questions can be utilized again in answering Exercise 1.2, presented later in the chapter.

### **Age and Health Status**

There are more adults aged 65 and over in the U.S. than ever before, and the population of older adults is also becoming older. Within the older population, the fastest growing age group is the “oldest old,” those 85 and over (Turner, 2009). The number of centenarians is also rising. Rimer (1998) cited projections for the U.S. population of centenarians rising from 72,000 in the year 2000 to over 100,000 by the year 2005, 447,000 by the year 2040, and 834,000 by the year 2080. It appears that the aging of the older population will necessitate an expansion in leisure services geared toward lower functioning or frail elders. Statistics indicate that whereas only 3% of adults aged 65 to 69 are frail, 20% to 30% of those aged 80 or older are frail (Kolata, 2002). Similarly, the prevalence of memory loss and dementia varies greatly among different age groups within the population of older adults. At age 65, only about 1% of people experience some mental decline; about 10% of those who live to age 75 experience some mental decline; the figure jumps to almost 50% for those who live to age 85 (Duenwald, 2003). Many of the oldest old have hearing and visual impairments, arthritis, or other impairments (Bizjak, 1993), although Hilts (1999) cites research indicating that centenarians are surprisingly healthy, in many ways healthier than people 20 or 30 years younger.

Some of the differences in health status among different age groups within the older population are highlighted in Table 1.1.

**Table 1.1**

*Age Differences in Health Status (Administration on Aging, 2003)*

<b>Age Category</b>	<b>% With Severe Disability</b>	<b>% Needing Assistance</b>
65-69	30.7%	8.1%
70-74	28.3%	10.5%
75-79	38%	16.9%
80+	57.6%	34.9%

The statistics in Table 1.1 illustrate the point made earlier in the chapter regarding the different needs and abilities of adults 80 and over versus younger retirees in their 60s and 70s. The percentage of adults with chronic conditions requiring them to need assistance with daily activities is more than double among those aged 80 and over compared to those aged 75-79. Compared to those in aged 65-69, the percentage of those aged 80 and over needing assistance is four times greater! Similarly, a much higher percentage of those in the 80-and-over age group have severe disabilities as compared to the other age groups within the older population. Because the 80-and-over age group is the fastest growing segment of the population and is also the one with the highest incidence of people having severe disabilities or needing assistance, it seems that there will be a strong need to expand therapeutic recreation services for older adults.

In addition to physical disabilities, there is the problem of depression, which affects approximately 35% of frail elders, and dementia, which is estimated to affect 40% of those aged 80 and over (Kunstler, 2001). However, research indicates that dementia is NOT inevitable in old age. Many centenarians seem to survive the years in perfect mental health (Ferguson, 1998). Furthermore, dementia is sometimes caused by something curable such as B-12 vitamin deficiency, medication for heart disease, or depression.

Related to the problem of depression are research findings indicating that older adults might be experiencing deeper emotions than younger adults even when they appear to be showing their feelings less than younger people (Goldberg, 2002b). Older adults are obviously more prone to experiencing the loss of a loved one (e.g., a spouse, sibling, or close friend), and although they might not outwardly appear to be grieving, their grief is often much deeper than that of a young person.

However, there is also some hopeful data indicating that older adults are becoming healthier and disability rates are declining. Recer (2001) cites a study by the National Institute on Aging that indicates that among adults aged 65 and over, the percentage with a disability declined from 26% in 1982 to 19.7% in 1999. There is also research in progress on frailty that indicates that frailty is NOT an inevitable consequence of aging and that perhaps it can be prevented through healthy lifestyle habits, especially regular exercise (Kolata, 2002). Another study of 1939 and 1940 University of Pennsylvania graduates shows how older adults with healthier lifestyle habits tend to have lower rates of disability. The disability index was three times greater for 75-year-olds in the high-risk lifestyle group as opposed to the low-risk lifestyle group. The lifestyle groups were based on weight, exercise, and use of tobacco. In this study, it was found that those in the low-risk group remained free of even minor disabilities for up to seven years longer than those in the high-risk group (Associated Press, 1998).

Another lifestyle habit that affects the health of older adults is alcohol consumption. There is an alarmingly high rate of heavy drinking and binge

drinking among older Americans, and it is especially dangerous for those taking medications for conditions such as high blood pressure and arthritis (Tye, 1999).

Furthermore, alcohol consumption can increase the risk of falling, already a major problem among older adults. Studies indicate that about a third of adults aged 65 and over fall each year and that 10,000 of them die from injuries related to falls (Kleinfeld, 2003). However, falls can be prevented and are not a normal part of aging.

### **Education and Economic Status**

The increasing level of education among elders might cause disability rates among older adults to decline further. According to Barringer (1993), several studies have found that higher levels of education are associated with higher incomes, better nutrition, and having health care. It is estimated that in 1980, more than 60% of U.S. adults ages 85 to 89 had fewer than eight years of schooling, but by 2015 that figure will drop to 10% to 15% (Kolata, 1996). Thus, there is reason for hope that an active leisure lifestyle can be pursued in later life. According to Netz (1989), elders with higher levels of education seem to have a greater command of their free time and a more optimistic attitude toward life.

Another way that increasing education levels can benefit older adults is that it will possibly reduce prejudice against elders (ageism). Research indicates that even older adults have widespread bias against elders (Goldberg, 2002a). Reducing this bias against elders can have significant implications for health. One study found that people aged 50 and over who had a positive view of aging lived an average of seven years longer than those with more negative views (Goldberg, 2002a).

The economic status of elders points to the need for publicly provided leisure services for low-income elders and to the great potential of the market for private recreation enterprises, resorts, and tourism for the substantial number of wealthy elders. According to the American Psychological Association (2012), 8.9% of older White Americans live in poverty, whereas up to 23% of older African Americans and 19% of older Hispanics live in poverty. By 2030, it is projected that 25% of older adults in the U.S. will be from ethnic minority groups. Older women, regardless of race, are more likely to be poor. Women aged 65 and older are nearly twice as likely to be poor compared to older men.

People over 50 control a great deal of the nation's wealth and discretionary income. Many of the leisure trips in the U.S. were taken by people 55 and over, which is one of the largest segments of the U.S. travel market. Adults 50 and over take 72% of RV trips, 70% of bus trips, and comprise 70% of cruise passengers (Bandon, 1997).

Hopefully, the economic status of elders will improve as the educational level of the older population continues to rise. Higher educational levels, combined with improved economic status should enable the provision of a broader range of leisure services for elders in the future.

## **Living Arrangements**

Most elders live in the community. According to Kunstler (2001), 70% of older adults spend the rest of their lives where they were living at age 65, and 86% say that they want to stay where they are as they grow older. Only 3.4% live in nursing homes, down from 6.2% in 1982 (Recer, 2001), although this figure rises to 20% for those 85 and older (Bizjak, 1993). There has been a sharp rise in the numbers and proportions of elders living alone in the U.S., with 30% of all noninstitutionalized older adults living alone and 50% of women aged 75 and over (Administration on Aging, 2003).

Perhaps related to the increase in the proportion of elders living alone is the prominence of loneliness and depression as problems confronting elders. Riddick and Keller (1992) report that 12% to 30% of noninstitutionalized elders are lonely, and 10% to 25% have clinically diagnosed depression. The problems of loneliness and depression are reflected in suicide statistics, particularly the high suicide rates for older males. As discussed in the next section, recreation can help to alleviate problems such as loneliness and depression. First, Table 1.2 is presented in order to summarize the demographic statistics on elders cited in this section of the chapter.

## **IMPORTANCE OF RECREATION FOR ELDERS**

There are numerous studies documenting the general benefits of recreation for elders as well as other studies demonstrating the specific benefits of particular types of activities.

### **General Benefits of Recreation**

Numerous studies have been conducted with results indicating that leisure activity is an important quality of life factor for elders. For example, Hawkins, Foose, and Binkley (2004) found that leisure makes a significant contribution to overall life satisfaction for older adults in both the U.S. and Australia. They also concluded that satisfaction with leisure appears to be even more important than actual leisure activity participation levels.

Nimrod (2007) also examined the contribution of leisure activities to Israeli retirees' life satisfaction. Six activity factors were found to contribute significantly to life satisfaction: high culture, free out-of-home activities, spirituality and enrichment, popular culture, following generation, and independent home activities. Another study of Israeli retirees (Nimrod & Adoni, 2006) found that older adults who were more involved in active forms of leisure had higher levels of satisfaction with their leisure and their life as well. However, a minority of the participants in this study had high levels of participation in active leisure, pointing to the need for greater leisure education efforts to encourage more involvement in active leisure in later life.

**Table 1.2***Demographic Summary of Adults Aged 65 and Over in the U.S.*


---

Proportional representation:	12.4%
Life expectancy:	77.2
Healthy life span:	63 for females, 60 for males
Disability life span:	15 for females, 12 for males
Health (for those 65-74):	73.9% have no limitations in their activities; only 3%-10% of adults Aged 65+ are affected by dementia
Health (for those 80+):	26.4% have no limitations in their activities; about 40% of adults Aged 80+ are affected by dementia
Psychological well-being:	12%-30% are lonely; 10-25% have clinically diagnosed depression
Ratio of females to males:	3 to 2; Among those 85+: 5 to 2
Fastest growing segment:	The 85 and over age group
Economic status:	Majority aged 65-74 are low to middle income; aged 75+ mostly low income
Living arrangements:	30% live alone; 50% of women 75+ live alone; 3.4% live in nursing homes

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Lawton (1994) found a positive relationship to exist between activity participation and positive psychological well-being and contentment. In addition, less hostility was found to be associated with greater participation in spectator sports, visiting out of town, being visited, and vacationing. Higher levels of activity involvement were associated with less depression, less hostility, less anxiety, and less shyness. Conversely, life satisfaction seems to suffer when there is a lack of leisure participation. In Kim's (2000) study of older urban Korean immigrants, low levels of leisure participation were related to isolation and low levels of life satisfaction.

One of the most difficult challenges of later life that can cause an older adult to feel isolated and depressed is the loss of a spouse. Research findings (Janke, Nimrod, & Kleiber, 2008) indicate that continuing and increasing leisure participation after the loss of a spouse is associated with greater well-being.

Russell (1990) reports that satisfaction with recreation is the only significant, direct predictor of quality of life in old age; even though the variables of sex, education, religiosity, marital status, age, income, health, and frequency of recreation activity participation were found to have significant relationships to each other, none were significantly related to quality of life. Russell (1990) states that the value of recreation activity is determined more by the participant's satisfaction than by frequency of participation.

Meanwhile, Beck and Page (1988) found that more involvement in activities did result in higher levels of psychological well-being, in their study of over 2,000 retired men. In this study, informal activities were not found to be more important in determining psychological well-being than were formal involvements.

Riddick (1993) found that for older females, leisure roles emerged as the most important factor in determining life satisfaction. In particular, the three types of activities found to be correlated the most with older women's well-being were informal activity–friendship interaction, participation in community and volunteer organizations, and solitary activity.

According to Mannell (1993), retirees who have higher life satisfaction have a greater level of involvement in freely chosen activities and activities that challenge their knowledge and skills and require an investment of effort (high-investment activities). These activities also usually involve commitment, obligation, discipline, and sacrifice.

Kaufman's (1988) study of 225 male and female retirees found that both greater leisure satisfaction and leisure participation are associated with lower levels of anxiety. Kaufman (1988) states that in order to encourage maximum participation in recreational pursuits, activity directors need to address participation barriers faced by older persons, the three most significant ones being fear of crime, inadequate free time, and health related problems.

Purcell and Keller (1989) assert that reciprocity (balanced exchange) and perceived control (the feeling of being able to predict or control one's own

environment) are key characteristics of leisure activities that help elders achieve life satisfaction. Activity directors can maximize feelings of control by giving participants input in planning, implementing, and evaluating activities and by promoting participation in activities in which elders have proficiency and will feel in control. Reciprocity can be facilitated through the exchange of non-tangibles such as information and compliments, and even small tangible gifts (Purcell & Keller, 1989).

Based on the findings of McConatha and McConatha's (1989) study, it appears that wellness promotion is a key characteristic of leisure activities that can increase the life satisfaction of elders. Activities that promote wellness, such as exercise, sports, and dance, are therefore ideal activities to include in efforts to improve elders' life satisfaction. Also, activities that allow a person to display humor can promote wellness and thereby enhance life satisfaction. McGuire and Boyd (1993) report that in one study, a positive relationship was found between self-perceived health and the frequency with which a person displays humor in a variety of situations.

According to Netz (1989), congruence between actual and desired use of time rather than amount of activity or selected leisure activities contributes to life satisfaction in later life. Similarly, Seleen (1982) found that the degree of congruence between actual and desired time utilization was significantly correlated with life satisfaction. Seleen's study found satisfaction with leisure to significantly contribute to life satisfaction. Studies by Graney (1975), Ray (1979), Knapp (1977), Edwards and Klemmack (1973), DeCarlo (1972), Adams and Groen (1975), Frekany and Leslie (1975), Emes (1979), and Owens (1982) have also found that leisure activity is significantly related to enhanced life satisfaction, psychological well-being, and various physical and social benefits. Positive leisure participation patterns enhance happiness, which in turn is related to greater longevity. Other studies (Duenwald, 2002) have correlated longevity with positive thinking and optimism, traits that are enhanced by positive leisure behavior. Healthy lifestyles (including daily recreational exercise) and having strong relationships (that can be enhanced through social recreational activities) have a greater impact on how well people age than does heredity (Selland, 1999).

Research cited by Pollak (1999) also seems to indicate that higher levels of participation in recreational activities, even nonstrenuous ones such as playing cards, going to movies, or visiting friends, can help older adults to live longer. A study involving 2,761 older Americans over a 12-year period found that those who participated in physical, social, and "productive" (cooking, shopping, gardening, and volunteering) leisure activities lived longer. In another study on the topic of longevity in which 4,000 North Carolina residents aged 64 and older were studied over a six-year period, it was found that those who attended religious services regularly were 46% less likely to have died (Jackson, 1999). Another study ("Help Others," 2002) found that helping others can enhance

the longevity of older adults. Volunteering is a leisure activity that can provide the opportunity to help others. But of all leisure activities, regular exercise is the most important for increasing longevity and promoting physical and psychological health (Brody, 2000).

As suggested by Adams (1988), the relationship between physiological and psychological well-being and participation in leisure activities may not necessarily be one way. In particular, Adams studied friendship activity, and found that greater psychological well-being can lead to greater involvement in friendship activity. In a related vein, McAuley (1993) states that self-efficacy (the belief in one's abilities to meet the demands of a situation) is related to exercise in two ways: Greater self-efficacy is related to greater participation in physical activities; greater participation in physical activities is related to greater self-efficacy. Therefore, leisure activity participation can have a "snowball effect," in that participation can lead to enhanced psychological well-being and life satisfaction, which in turn can lead to greater involvement in other activities. Related to this concept is research indicating that the more people are socially engaged, the better off they are cognitively and that in addition to social activities, recreational activities such as cards and checkers that are mentally stimulating could reduce the risk of Alzheimer's disease (Nagourney, 2002). Other recreational activities that are recommended for promoting mental sharpness in later life include taking courses, reading, hobbies, puzzles, regular exercise, traveling to new places, gardening, knitting or crocheting, and group activities (Brody, 2002). Another study involving 1,772 adults aged 65 and over found that those with high levels of leisure activity had 38% less risk of developing dementia (American Academy of Neurology, 2001). Certainly, older adults who are not affected by Alzheimer's disease and are thinking more clearly are more capable of participating in a variety of leisure activities. As discussed in the next section, involvement in these other leisure activities can also have a variety of specific mental and physical benefits.

### **Specific Benefits of Recreation**

The mental benefits of recreational activities have been widely documented. Some of the leisure-related factors that are related to good mental functioning in old age are having active involvements through life, continuing keen mental interests after retirement, liking to learn new things, enjoying to go to new places, and getting regular physically strenuous activity (Goleman, 1994). Research (Johns Hopkins, 2006) on this subject found that people who frequently engage in leisure activities such as reading, playing board games, playing a musical instrument, or dancing were less likely to have developed dementia five or more years later. Dancing combines mental and physical activity and was associated with a 76% reduction in dementia.

In addition, research found that retirees who remained active in pursuits such as walking, bicycling, or gardening maintained their mental functioning

at a higher level than did inactive retirees (Kolata, 1991). In another study (“Shaping Up,” 2000), participation in a regular walking program for six months was found to improve cognitive skills (including those essential to driving a car) of sedentary older adults. In one study (Jaret, 1996), physically fit older men were found to have surprisingly youthful-looking brain waves. According to Chase (1994), with training and exercise, people in their 70s and 80s can sharpen mental skills such as spatial orientation or inductive reasoning. Dembner (2002b) reports that findings from national studies indicate that most mental decline is caused by disease and disuse, not advancing years and that recreational activities that provide either aerobic exercise or mental exercise can help the brain acquire new cells and add new connections among brain cells in order to overcome other deficits.

It appears that bridge is one example of an active involvement, or mental interest that can help maintain optimal mental functioning. Schafer (1991) cites a study in which elderly bridge players were found to have better memory and reasoning abilities than nonplayers. According to Schafer (1991), activities such as crossword puzzles, classes, stimulating conversations, and challenging hobbies probably have the same effects as bridge has.

Memory loss is one of the aspects of declining mental abilities commonly associated with advanced age. A research study of nursing home residents indicates that some types of memory loss in old age can actually be reversed by giving elders more *reason* to remember things (Schafer, 1992). In the study, two groups in the nursing home were compared on tests of short-term memory and ratings of overall mental alertness. One group was given chips redeemable for gifts when they answered questions testing their memory correctly. The other group was given chips only as mementos when they answered questions correctly. At the end of the study, the group that received gifts performed much better than the other group on tests of short-term memory and overall mental alertness, and were also found to be physically healthier. Follow-up studies two years later found that only 7% of the group receiving gifts had died, compared with 30% of the other group. In conclusion, this study shows that when there is more meaning, more motivation to remember things, elders’ mental and physical health can be affected positively. The important point for recreation programs is not that gifts need to be given to program participants, but that in a variety of ways, elders need to be made to feel that the programs are meaningful and important. Motivating elders is no small challenge and not only in the U.S. As Simons (1992) reports, French retirement home administrators state that their most difficult task is to keep people busy and motivated, because by age 75 (the age when most people come to live in a retirement home), they have been feeling useless for a long time and have given up.

In a related vein, the problems of loneliness and depression (discussed earlier in the chapter) can be alleviated through specific recreational activities.

Pennix et al. (2002) found that aerobic exercise significantly lowered depressive symptoms in adults aged 60 and over. Riddick and Keller (1992) report that several studies have shown that participation in a bibliotherapy program can lead to a significant reduction in depression. Riddick and Keller (1992) state that dance/movement has been found effective in reducing loneliness and that activities such as music programs, video game play, and pet therapy are effective in improving social interaction (and thereby help to reduce loneliness). Creecy, Wright, and Berg (1982) found that social activities and community activities relieve feelings of loneliness, while watching television reinforces feelings of loneliness.

Physically active recreational activities, such as exercise, sports, and dance, are beneficial for elders in a variety of ways. Research (Winslow, 2002) indicates that older adults can reverse the effects of aging by decades by starting a moderate but consistent exercise program in later life. Weight-bearing and resistive exercise can reduce bone loss with aging and increase bone density, thereby reducing the risk of osteoporotic fractures (Lindsey, 2002). Endurance, strength, and balance training can also improve mobility and reduce the risk of falling (Lindsey, 2002). Tai chi is an activity that is particularly effective for older adults in reducing the risk of falling. In one study (Lindsey, 2002), participation in a tai chi program reduced multiple fall risk in older adult fallers by 47.5% over a period of a few months. Other research (Li, Horner, Chaumeton, Duncan, & Duncan, 2002) found that a six-month tai chi program led to improvements in global self-esteem, domain-specific physical self-worth, and physical strength and physical condition. McAuley and Rudolph (1995) conducted a literature review of 38 studies on elders and found the majority of the studies reporting a positive relationship between physical activity and psychological well-being. The longer the program, the more positive the results tended to be. A great deal of research has been completed that further documents the benefits of physical activity for elders, as discussed in the chapters on exercise and dance that appear later in the book. Table 1.3 is presented as a summary of the benefits of desirable leisure activities such as exercise, sports, dance, music, art, social activity, traveling, and education.

Clearly, the benefits elders can derive from the more desirable leisure pursuits are impressive. Unfortunately, as discussed in the next section of the chapter, the current rates of participation by elders in the more desirable leisure pursuits such as physical activities are abysmal.

## CURRENT STATUS OF LEISURE SERVICES FOR ELDERS

Elders, like American adults in general, engage in sedentary recreation such as watching television and reading newspapers much more than they participate in active forms of recreation. However, as reported by Fisher, Pickering, and Li

**Table 1.3***Benefits of Desirable Activities*

<b>Physiological Benefits</b>	<b>Social /Psychological /Emotional Benefits</b>
Improved circulation	Greater psychological well-being
Improved respiration	Higher quality of life
Greater flexibility	Higher morale and life satisfaction
Greater strength	Higher self-esteem, self-concept, and self-efficacy
Greater endurance	Keener mental abilities
More energetic	Feelings of achievement and accomplishment
Lower blood pressure	Greater optimism
Lower cholesterol	Greater levels of social interaction
Improved mobility	Laughter
Greater physical independence	Lower anxiety and hostility
Greater longevity	Lower incidence of loneliness and depression
Improved general health	Improved perceived health
Reduced risk of osteoporotic fractures	Reduced fear of falling
Reduced risk of falls	

(2002) older adults are even less active than younger adults (e.g., the incidence of sedentary lifestyles is almost twice as great among women 75 and over as compared to women aged 30 to 44). Almost 40% of men and over 50% of women aged 75 and over are inactive, meaning that they do not participate in at least 30 minutes of moderate physical activity on all or most days of the week. Walking is the most popular physical activity of older adults (over 50% participation), whereas participation rates for team sports, racquet sports, cycling, aerobics, gym, and jogging are each less than 10% (Fisher et al., 2002). However, there is no need to give up physically active leisure pursuits because of age. A study that compared physiological measurements of younger and older scuba divers found that physiologically there is no reason why older adults cannot continue to scuba dive (“Scuba Diving,” 2003). Yet many older adults cease participating in a variety of leisure pursuits, even ones that are not physically demanding. A longitudinal study of older adults in Canada (Strain Grabusic, Searle, & Dunn, 2002) found that theater, movies, spectator sports, and travel were leisure

activities that were least likely to be continued, whereas watching television and reading were leisure activities most likely to be continued. The researchers concluded that leisure education could enhance elders' participation in the more desirable, beneficial leisure activities.

A study that compared the involvement of older adults in leisure activities before and after retirement found that time spent watching television, doing hobbies, reading, seeing relatives, seeing friends, participating in religious activities, and traveling within a 100-mile radius increased after retirement. There was no change in the amount of time spent in physical exercise and social activities, but there was less time spent seeing former co-workers, drinking alcohol, and engaging in sexual relations (Rosenkoetter, Garris, & Engdahl, 2001). A study comparing the leisure activities of adults with disabilities and without disabilities, aged 80 to 85, found that those with disabilities had a lower but undiminished commitment in overall activity. Overall, the preferred activities of both groups were in the emotional, spiritual, and social categories, and engagement in valued activities did not change significantly over a one-year period (Lefrancois et al., 2001).

The research literature on leisure patterns of elders indicates that

- the most popular leisure activities tend to be sedentary and done alone (e.g., watching television),
- most leisure activities occur at home or close to home,
- participation in physically active leisure is relatively low, and
- more meaningful leisure activities are needed that place increased emphasis on cognitive and physical abilities.

A study on time use by frail older adults in nursing homes, assisted living facilities, and living in the community with home health services (Pruchno & Rose, 2002) found that in all three settings, most of the day is spent alone and at home. There is an underutilized potential for improving the lives of these older adults through leisure activities, given the fact that nearly 60% of their time in a typical day is unobligated. Earlier studies also found that the leisure activities of elders are sedentary, the most popular ones being watching television, reading, gardening, and indoor hobbies (Leitner & Leitner, 1996).

More recent research studies continue to indicate that older Americans have low levels of physical activity. Kruger, Carlson, and Buchner (2007) estimated that 46.4% of older Americans (defined in this study as aged 55 and over) engaged in no leisure-time aerobic activity and that only 26.1% were regularly active. Their research also indicated only 8.2% of older Americans met the criteria for both aerobic and strength-training activity. The American Heart Association (2011) stated that approximately 40% of Americans age 55 and over report no leisure-time physical activity and that activity levels decrease

with age. Therefore, it is probably an accurate estimate that among adults aged 80 and over, more than 90% are underactive and approximately 60% lead sedentary lifestyles.

Despite the low rates of participation by elders in physical activities, there are numerous examples of elders participating and excelling in a variety of sports and other leisure pursuits. For example, McClurg (1990) discusses “late bloomers,” people in their 60s and 70s who enter into competitive sports after retirement. McClurg (1990) cites a 67-year-old woman who is winning medals in cross-country skiing events and in cycling competitions as one example of how elders can excel in sports. Another example is 72-year-old Hugh Anglin, who cycles 150 miles a week and engages in long-distance treks such as a 920-mile ride from Yellowstone to Sante Fe (“Wheeling By,” 1992). Albert Hanna, at age 72, set out to be the oldest person to reach the top (29,035 feet) of Mt. Everest (Henning, 2002). Then there is Norman Vaughan, who at age 88 (just three days before his 89th birthday!) climbed the 10,302-foot summit in the South Pole named after him, “Mt. Vaughan” (Mifflin, 1995). His message: “Young and old: Dream big, and dare to fail.” Duane (2001) presents an upbeat image of leisure in later life in his article about older adults who still enjoy the sport of surfing, including a man named John Ball, who at age 94 is America’s oldest living surfer.

Older adults can also enjoy a variety of volunteering opportunities as a leisure experience while helping others. A relatively new form of volunteering for elders is police work. Zaslow (2003) reports that older adults are volunteering for police forces in record numbers, enjoy their work and are proud of it, and have become indispensable in some counties in Florida.

Musicians and artists can continue to excel in later life. Schonberg (1990) writes of the pianist Mieczyslaw Horszowski, who at age 97 gave a piano recital in Carnegie Hall and accepted invitations to play a dozen or so concerts around the world.

In summary, there are a number of elders actively engaged in beneficial leisure pursuits such as sports, dance, exercise, drama, music, art, social activity, traveling, and education. Unfortunately, the majority of elders are presently spending most of their free time in less beneficial leisure activities, such as watching television, reading newspapers, and relaxation. How different is the current status of leisure for elders as compared with that of younger adults?

Exercise 1.2 is presented in order to provide an opportunity to compare the leisure activities of elders and college students and to gain insight into the reasons for the differences that exist.



What are the reasons for the differences in the activities listed in the three columns? What are the reasons for the differences in the activities cited by the three elders you interviewed?

Perhaps some of the elders you interviewed are active, and some are sedentary. Being 70 or 80 years old is certainly a more pleasant prospect if your body and mind are in good shape and you are able to enjoy most of the recreational activities that you currently enjoy. Doctors suggest the following lifestyle guidelines (many of them are leisure-related) for people in their 20s, in order to slow down the aging process and facilitate a happier and healthier later life (Shanahan, 1999):

- Exercise regularly.
- Do not drink alcohol excessively.
- Limit sun exposure.
- Build up bone density (through exercise and diet).
- Don't smoke, or quit if you do.
- Eat foods that are rich in vitamin E.
- Have a positive attitude.

These suggestions should prove to be beneficial in promoting maximal leisure well-being in later life. However, as discussed in the next section of the chapter, there are a variety of factors affecting the leisure behavior of older adults.

## FACTORS AFFECTING RECREATION PARTICIPATION PATTERNS

The factors affecting leisure activity participation patterns of elders are numerous and complex. According to research by Searle and Iso-Ahola (1988) on the determinants of leisure behavior of elders, leisure attitude is the most important factor influencing leisure behavior. Those with more positive attitudes toward leisure were more likely to participate in leisure activities. However, the Protestant work ethic is a strongly valued belief for many elders that can create negative attitudes toward leisure and inhibit participation in recreational activities. Leisure activities that are perceived as being fun but without purpose would be scorned by elders who hold the work ethic dear. Meanwhile, elders living in retirement communities such as Leisure World, (see Chapter 4) and enthusiastically participating in a variety of leisure activities such as golf, swimming, tennis, and dancing, are obviously more comfortable with the concept of leisure and are not adversely affected by negative attitudes toward leisure and a strong work ethic. Although elders with a strong work

ethic might be difficult to coax onto the golf course, leisure pursuits with a productive component (e.g., hobbies that result in the production of marketable goods) can be very successful with this population. In fact, Beck and Page (1988) report that for men, solitary activities have almost as strong a positive impact on happiness as social activities have. They hypothesize that the reason why solitary activities such as hobbies can promote psychological well-being in some cases more effectively than social or recreational activities is that feeling productive is important to many retired men. Because women were not as prominent in the workplace years ago, the work ethic is probably not as great an obstacle to leisure for older women as it is for older men. A greater work ethic among older men than among older women can probably account for, in part, the greater participation by women than men in various recreational activity programs for elders living in retirement homes, nursing homes, senior centers, day care centers, and the community.

Another leisure-related advantage that older women have compared to older men is that since women tend to be more responsible for management of kin and other social relationships, in later life, women may find it easier than men to solidify and expand informal social relationships after retirement (Szinovacz, 1992). However, older women also have leisure-related disadvantages compared to older men. As stated earlier in the chapter, older females are twice as likely as males to be poor. This disadvantaged economic status, combined with other trends such as tending to have more household and family obligations, can cause older women to have less free time than older men have. For example, women, more often than men, find themselves in a caregiver role in later life for their spouse. Caregivers to elders often reduce or cease leisure activities due to lack of time, feeling too tired, or having too much stress in their lives (Dunn & Strain, 2001).

Attitudes toward old age and aging have a similar effect on the leisure activity participation patterns of both older men and women. Elders that view aging and old age negatively are less inclined to be involved in leisure activity programs for senior citizens. Thus, an 85-year-old, when asked why he or she won't go to the local senior center, might reply "I don't like being with those old people." The same person might also shy away from involvement in more youthful leisure pursuits with the attitude that "people my age don't do things like that any more." On the other hand, the older adult who views old age and aging positively will have no qualms about participating in activity programs for elders (e.g., attending a senior center) and will also feel comfortable engaging in youthful leisure pursuits such as skiing, skating, and even whitewater rafting!

The effects of positive attitudes toward aging on the physical and mental well-being of older adults were demonstrated in a study conducted at Harvard Medical School (Cromie, 1999). In this study, there were two groups of seniors, one that was exposed to positive words about aging on a computer screen and another group that was exposed to negative words. The walking gait of those

exposed to the positive words improved by almost 10%, whereas the gait of those exposed to negative words did not change. The researchers concluded that improved self-image can partly reverse negative physical changes of older adults. Furthermore, the researchers concluded that stereotypes of aging have a powerful impact and possibly play a role in reduction in walking speed and lower levels of activity among older adults.

Lazar (2010) also reports about research that indicates that negative stereotypes about aging can be bad for your health. Negative stereotypes about aging have been linked to several health problems, including memory impairments, increased risk of heart disease, and even a shortened life span. Negative images of aging can increase stress, while positive ones can be calming.

Another study related to positive thinking and emotions was conducted in a nursing home (Mann, 2010). One group of nursing home residents was encouraged to make and implement decisions on their own regarding their meals, room decorations, and entertainment. The other group was served and attended to by staff. A year and a half later, the first group was found to be more cheerful, active, and alert. They were also much healthier. Less than half as many of this group had died than those in the second group. The implications of this study are that having greater control leads to a more positive outlook, which in turn positively affects physical and psychological well-being.

Falling is another significant health-related problem for older adults that should be a factor considered in contemplating involvement in leisure activities, but fear of falling can at times be an attitudinal barrier preventing participation in potentially beneficial leisure activities. Yardley and Smith (2002) found that beliefs about the consequences of falling motivate avoidance of leisure activities among adults aged 75 and over. The commonly feared consequences of falling are loss of functional independence and damage to identity. Studies indicate that 30% to 50% of older adults fear falling, with one of the major fears being that if they fall, their doctor or children will want to put them in a nursing home (Kleinfeld, 2003). The fear of falling can be so strong for some older adults that it prevents them from going out and doing almost any activity.

Another attitudinal factor related to leisure activity choices is personal leisure interests. One's interests may be influenced by spouse's activities and interests, parents' and peers' activities and interests, educational experiences and other social learning factors, the media, physical and mental abilities, activity skills, and knowledge of available leisure services. Some of these factors are beyond the control of the leisure services provider, but knowledge of available leisure services and the media are two factors over which there is some control. The media should be utilized to the greatest advantage to ensure that a maximum number of elders are aware of the full range of leisure services available to them.

A factor influencing elders' leisure interests that is beyond the control of leisure services providers is the older adult's past involvement in leisure activities. Searle and Iso-Ahola (1988) found that people who were active during their early and middle adult years were more likely to be active in later life. Iso-Ahola, Jackson, and Dunn (1994) found a great deal of stability to exist in activities across the life span, and that elders are less likely than younger adults to start new activities, replace old activities with new ones, or cease participating in current activities. Iso-Ahola et al. (1994) conclude that older persons desire more stability in their activities in order to maintain a continuation of a perceived optimal level of arousal. However, despite the apparent desire of elders to maintain stability in their activities, recreation specialists should present and encourage participation in new activities. Variety is important for people of all ages; too much stability can lead to boredom, lack of motivation, and eventually depression.

Demographic variables such as age, sex, education, socioeconomic status, health, race, and cultural and religious background also affect the recreation participation patterns of elders. Suggestions for planning activities to meet the needs of groups who vary greatly in these demographic characteristics are offered in the chapter on program planning. Health status is a particularly influential variable. Health status influences the type of activities participated in and the goals and objectives of the activities. Health problems are often cited as a factor restricting the leisure activities of elders. Searle and Iso-Ahola (1988) found present health status to be an important determinant of leisure behavior. Those in better health were more likely to participate in leisure activities. Similarly, Young, King, and Oka (1995) found that for women poor health was a predictor of a completely sedentary lifestyle. Their study also found unmarried men and smokers to be likely candidates for being completely sedentary.

Specific health problems constrain participation in particular leisure activities. For example, poor vision was found to be the most serious problem inhibiting participation in continuing education programs (MacNeil et al., 1987). As discussed in many chapters of the book, in particular the ones on leadership, program planning, exercise, and dance, the recreation specialist can adapt activities to ensure maximal involvement and success by elders with a variety of health problems and impairments.

Other variables, such as climate; availability of transportation services; mass media services; proximity to family and friends; technological advances; and the quality, quantity, and type of recreational facilities available all influence the recreation participation patterns of elders. Fisher et al. (2002) state that barriers to participation of older adults in physical activities include lack of social support, insufficient disposable income, low levels of perceived self-efficacy, and fears and concerns related to safety and the environment. A study in Chicago found fear of crime to be a major deterrent to recreation behavior (MacNeil, et al., 1987). Meanwhile, security or protection from crime is often

cited as a desirable feature of retirement communities that encourages greater participation in activities, particularly nighttime activities.

Another major influence on the leisure activities of elders is the amount of free time available. According to MacNeil et al. (1987), lack of free time is consistently identified in the research as a major reason for reduced participation in recreational activities. However, as discussed by Leitner and Leitner (2011), there appears to be a gap between perceived leisure and actual free time available. While people may claim that they do not have enough time to participate in physical activities, they somehow do have enough time to watch television! Being too busy can be used as an excuse to avoid participation in activities.

However, it is true that some elders do truly have a lack of free time. First of all, not all elders are retired. For economic and other reasons, some elders continue to work well past age 65. Another factor affecting free time is time spent performing household and personal care functions. Having to care for a family member who is ill can severely restrict the quantity and quality of free time available. Therefore, even though as an age group, those 65 and over have more free time than other adults, it is inaccurate to say that all elders have a great deal of free time.

As stated at the beginning of this section of the chapter, the factors affecting the leisure behavior of elders are numerous and complex. Table 1.4 summarizes these factors.

## SUMMARY

The older population is growing and leisure services for elders are expanding to meet increased demand. This book is intended to provide useful information for leisure services providers, students, and volunteers of all ages working with elders of all functioning levels, in all settings. However, because the 85-and-over population is the fastest growing segment of the older population and the number of impaired elders is steadily increasing, special emphasis is devoted in this book to the provision of leisure services for elders who are moderately impaired or low functioning. As discussed in the last chapter of the book, career prospects for work with this segment of the older population are especially bright.

However, you need not contemplate a career in recreation and aging in order to find the information presented in the ensuing chapters useful or relevant. We are all aging, and we all need to be prepared to meet the challenges of later life. It should be clear from the information presented in this chapter that leisure is a key factor in ensuring a high quality of life in old age.

Even though you will be reading a great deal about adapting activities for moderately impaired and low functioning elders, you should remain optimistic about your later life. Keep in mind that activities in earlier adulthood are a key determinant of activities in the third age. Your activities in later life might be

**Table 1.4***Summary of Factors Affecting Recreation Participation Patterns of Elders*

<b>Factors Related to Greater Activity Involvement</b>	<b>Factors Inhibiting Activity Involvement</b>
Positive leisure attitudes	Strong work ethic
Positive attitudes toward aging	Negative attitudes toward aging
Greater free time available	Lack of free time due to needing to care for an ill family member, or needing to work long hours for economic reasons
Feelings of safety and security	Crime/fear of crime
Good health	Poor health
Good transportation services available	Poor transportation
Higher levels of education and socioeconomic status	Poverty, lower educational levels
Good facilities and programs available	Lack of available programs and available facilities
Awareness of leisure opportunities	Lack of awareness of available opportunities
High level of activity involvement earlier in one's life	Low level of activity involvement earlier in one's life

nothing at all like those of elders today, if your activities today are nothing like the activities of elders when they were your age. So, keep those rollerblades, skateboards, skis, and surfboards in good shape; you might be needing them for many years to come!

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