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Corentin Clément-Guillotin, Rémi Radel & Aïna Chalabaev

Laboratoire Motricité Humaine Education Sport Santé (LAMHESS) (EA 6312), Université de Nice Sophia Antipolis, Université de Toulon, France

Centre de Recherches sur le Sport et le Mouvement (CeRSM) (EA 2931), Paris West University Nanterre La Défense, Nanterre, France

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IF YOU ARE OLD AND DO NOT WANT TO FALL INTO THE TRADITIONAL STEREOTYPE—BE PHYSICALLY ACTIVE!

Corentin Clément-Guillotin and Rémi Radel

Laboratoire Motricité Humaine Education Sport Santé (LAMHESS) (EA 6312), Université de Nice Sophia Antipolis, Université de Toulon, France

Aïna Chalabaev

Centre de Recherches sur le Sport et le Mouvement (CeRSM) (EA 2931), Paris West University Nanterre La Défense, Nanterre, France

Background/Study Context: Based on the stereotype content model and the behaviors from intergroup affect and stereotypes map (Cuddy et al., 2008; Advances in experimental social psychology [Vol. 40, pp. 61–149], New York: Academic Press), we examined whether being physically active may challenge the traditional stereotypes related to older adults.

Methods: We compared how 94 participants (M_{age} = 24.48 years, SD = 7.15 years) judged one of three target groups (older adults in general, physically active older adults, and socially active older adults), with regard to perceived status and competition, warmth and competence judgments, emotional and behavioral reactions.

Results: Results showed that being physically active was associated with higher status and competence. Physically active older adults were specifically viewed as an admired group eliciting both active (helping) and passive facilitation (associating) tendencies.

Conclusion: Beyond the well-known health perspective related to the regular participation of older adults in physical activity, the present results open a social optimistic perspective, in which being physically active seems a promising way to challenge the widespread and resistant stereotype content of older people commonly perpetuated.

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Address correspondence to Corentin Clément-Guillotin, UFR STAPS, Université de Nice Sophia Antipolis, 261 route de Grenoble, 06205 Nice cedex 3, France. E-mail: corentin.clementguillotin@yahoo.fr
The physical and psychological benefits associated with physical activity (PA) among older adults have been well documented (for a review, see Chodzko-Zajko, Schwingel, & Park, 2008). PA is defined as any bodily movements produced by skeletal muscles that result in energy expenditure beyond resting expenditure level (U.S. Department of Health and Human Services, 1999). Regular PA has notably been shown to increase life expectancy (Wen et al., 2011), to limit the risk of falls and the development of chronic disease and disability (Young & Dinan, 2005), to delay the decline of cognitive functions (Colcombe & Kramer, 2003; Ratey & Loehr, 2011), and to be linked to well-being (Netz, Wu, Becker, & Tenenbaum, 2005) and lower incidence of anxiety and depressive disorders (Brosse, Sheets, Lett, & Blumenthal, 2002; Carek, Laibstain, & Carek, 2011; Ströhle, 2009). Whereas most studies focus on the health benefits of physical activity for older adults, the present research examines an underexplored benefit of physical activity, by examining whether being physically active may have positive effects on how older adults’ social status is perceived.

This question is important because older adults are often judged in negative terms (for a review, see Kite, Stockdale, Whitley, & Johnson, 2005). As a result, discrimination is regularly observed in many social areas such as the medical domain, where this population is likely to be disregarded in physician-patient interactions (e.g., Linden & Kurtz, 2009; Pasupathi & Löckenhoff, 2002), or the workplace, where adults advancing in age have difficulties finding an employment (e.g., McCann & Giles, 2002; Richardson, Webb, Webber, & Smith, 2013). It is therefore crucial to identify strategies that may help older adults coping with these discriminative practices. The present research examines whether participating in PA may challenge the stereotypes traditionally associated with the social group of older adults.

Challenging negative aging stereotypes is not only important for older adults but also for younger people. According to the stereotype-embodiment theory (Levy, 2009), people assimilate aging stereotypes from the surrounding culture during the socialization process, and internalizing these stereotypes early in life is likely to have negative consequences when entering old age. In accordance with this theory, Levy, Zonderman, Slade, and Ferrucci (2009) found that younger people who held more negative age stereotypes were more likely to experience a cardiovascular event up to 38 years later than those with positive age stereotypes. Although multiple stereotypes of older adults exist, perceptions of this group are generally negative (Kite et al., 2005). However, in contrast to these relatively negative stereotypes, recent research based on the stereotype content model (SCM; Fiske, Cuddy, Glick, & Xu, 2002) has portrayed more ambivalent perceptions. This framework posits
that stereotypes are captured by two universal dimensions: warmth and competence, resulting from the fact that when people meet others, they want to know their intent (i.e., warmth) and capability to pursue their intent (i.e., competence). Fiske et al. (2002) showed that these dimensions derive from competition and status relations between groups, such that noncompetitive groups are perceived as warmer than competitive ones, and high-status groups as more competent than low-status ones. In particular, older people, as a low-status group, have been consistently stereotyped as warm but not competent across cultures and contexts (Cuddy, Fiske, & Glick, 2008; Cuddy, Norton, & Fiske, 2005; Fiske et al., 2002; see Figure 1). The present research examined whether physically active older adults are perceived differentially from other older adults with regard to these two dimensions. Another contribution of this research was to explore perceivers’ emotional responses to these different subgroups.

Fiske et al. (2002) assumed that unique emotional responses result directly from the positions defined by stereotypic high versus low warmth and competence. Specifically, groups viewed as incompetent and cold (e.g., poor people) elicit contempt, whereas groups viewed as warm and competent (e.g., in-groups) elicit admiration. In contrast, groups stereotyped as competent but not warm (e.g., Asians) elicit envy, and groups

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**Figure 1. Warmth and competence scores for conditions from the current study and previous studies.**

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```plaintext
Older people    Older people    Older people    Older people    In-groups
participating in playing cards (from Cudd et al.'s cross-cultural research) (2005) (Christians,
physical activity middle class,
students, Whites, and women; from Fiske et al.'s (2002) Study 2)
```
stereotyped as warm but not competent (e.g., older people) elicit pity. Cuddy, Fiske, and Glick (2007) recently proposed the behaviors from intergroup affect and stereotypes (BIAS) map, which distinguished behavioral tendencies that act for the other (i.e., active facilitation) from those that act against the other (i.e., active harm), and passive behaviors that involve acting with the other (i.e., passive facilitation) or without the other (i.e., passive harm). Specifically, the BIAS map predicts that groups subjected to contempt elicit both active harm (e.g., harassing) and passive harm (e.g., neglecting). In contrast, admired groups elicit both active facilitation (e.g., helping) and passive facilitation (e.g., associating). Concerning the ambivalent combinations, envied groups elicit both passive facilitation and active harm, whereas pitied groups elicit both active facilitation and passive harm. Sometimes overhelped and other times neglected, older people are typically described by these latter patronizing behaviors (Cuddy et al., 2007, 2008).

The stereotype that older adults are warm but incompetent has been shown to be particularly resistant to change, especially its incompetence component (Cuddy et al., 2005, 2008; Fiske et al., 2002). In the present research, we assumed that participating in PA may enable older people to gain in competence in the perceivers’ impressions. Previous research on the exercise stereotype phenomenon (e.g., Lindwall & Ginis, 2008; Martin, Sinden, & Fleming, 2000; Martin Ginis & Leary, 2006) showed that targets described as exercising were evaluated more favorably on several personality traits. Exercise is a subset of physical activity that is planned, structured, repetitive, and purposeful (Carek et al., 2011). Based on the research on the exercise stereotype phenomenon, Greenlees and his colleagues (Greenlees, Thelwell, Hall, & Manley, 2011; Greenlees, Webb, Hall, & Manley, 2007) examined whether information about an older person’s exercise habits influences perceptions individuals have of older adults. They found that older persons reporting doing exercise were positively perceived on physical appearance dimensions and several personality traits, notably on competence-related traits (e.g., works hard, has self-confidence).

These studies as well as previous research on the exercise stereotype used a number of personality attributes that are not packaged and developed as a typical theory-driven psychometric scale. Using the competence and warmth dimensions in this kind of research could thus be helpful to understand why significant differences may emerge on specific traits and not on others, and to compare stereotypes with other social group-related stereotypes mapped in the warmth-competence space (for a review, see Cuddy et al., 2008). Moreover, in both Greenlees’ studies, the authors concluded that future researchers should examine behavioral consequences on perceivers of such positive impression formation. As a consequence,
in the present article, we investigated whether the PA information would promote in older adults positive stereotyping as well as positive behavioral responses, but also positive emotional responses as predicted by the full stereotypic chain of the SCM (Fiske et al., 2002) and the BIAS map (Cuddy et al., 2007).

To this end, we compared how three different groups were perceived: older adults, physically active older adults, and socially active older adults (i.e., the social activity was playing cards). The last group was introduced in order to distinguish effects of being physically active from effects that would be due to being involved in a social but nonmotor activity. In the design, we included all the variables of the SCM and the BIAS map to examine which ones are specifically influenced by the PA information in older adults. Based on Greenlees et al.’s (2007, 2011) results, we predicted that being physically active would enhance judgments of older adults’ competence. We did not expect an increase in perceived warmth, as the group of older adults usually receives high warmth scores (Cuddy et al., 2005, 2008; Fiske et al., 2002). Furthermore, it has been shown that a comparative context can lead to a compensatory relationship between warmth and competence (Judd, James-Hawkins, Yzerbyt, & Kashima, 2005). Specifically, when a social group is seen as higher than another on one dimension, this social group is likely to be perceived as lower than the other on the second dimension. However, we did not expect any change regarding warmth, as we used a between-subjects design and asked participants to rate only one of the three groups. As a consequence, older adults participating in PA, like traditional older adults, should maintain the high level of active facilitation tendencies they elicit. The inclusion of warmth and active facilitation tendencies in the design is important to examine whether physically active older adults keep the same positive attributes as traditional older adults. Finally, in accordance with the BIAS map, we predicted that older adults participating in PA would gain in perceived social status, and would in turn be more admired, and elicit more passive facilitation tendencies (e.g., cooperating, associating) as compared with the two other groups.

METHODS

Participants

Participants were 94 individuals (53 men and 41 women, $M_{age} = 24.48, SD = 7.15$ years) who were recruited on the University of Nice Sophia Antipolis campus. Participants were students (59.6%), workers
Being Physically Active and the Stereotype of Older Adults

(33.0%), and unemployed (2.1%) and retired (5.3%) individuals. They were randomly assigned to one of three questionnaires, each version focusing on a particular group: the older people (n = 32; $M_{age} = 24.59$, $SD = 7.81$ years), the older people regularly participating in PA (n = 30; $M_{age} = 24.75$, $SD = 6.23$ years), and the older people regularly playing cards (n = 32; $M_{age} = 24.12$, $SD = 7.43$ years).

Procedure

On arrival at the laboratory, participants were greeted by an experimenter. They were invited to participate on a voluntary basis in a paper-and-pencil investigation on how older people are perceived in the French society. They were asked to read instructions attentively. All participants completed individually one of the three questionnaires, to which participants were randomly assigned. The three questionnaires differed only with respect to the descriptors of the target groups: (1) older people; (2) older people regularly participating in PA; and (3) older people regularly playing cards. No additional information was provided to the raters. At the end of the questionnaire, demographic information such as sex, age, and sport activity was collected. Finally, the participants were thoroughly debriefed about the nature of the study and thanked for their participation.

Measures

Participants rated the level of competence, warmth, status, competition, emotions, and behaviors that they perceived towards one of the subcategories of older adults (see Appendix). Based on Fiske et al. (2002) and Cuddy et al. (2007), they were instructed to rate how the group is generally perceived in the society on a 5-point scale (from 1 “not at all” to 5 “extremely”) and read the following instructions: “We are not interested in your personal beliefs, but in how you think they are viewed by others in general.” These instructions also intended to tap perceived cultural stereotypes and to reduce participants’ social desirability concerns (see Cuddy et al., 2007; Fiske et al., 2002). The script and items relative to competence (efficient, skillful, competitive, confident, competent, independent, intelligent, $\alpha = .78$) and warmth traits (good-natured, well-intentioned, sincere, friendly, trustworthy, tolerant, warm, nice, $\alpha = .72$) were based on Fiske et al.’s (2002) measures, whereas the script and items relative to the social structure (status: economic success, prestigious jobs, $\alpha = .69$; competition: special breaks, resources, $\alpha = .62$), emotions (contempt: contempt, disgust, $\alpha = .71$; admiration: admiration, pride, $\alpha = .66$; pity: pity,
sympathy, $\alpha = .64$; envy: envy, jealousy, $\alpha = .62$), and behavioral tendencies (active facilitation: help, assist, protect, $\alpha = .68$; active harm: fight, attack, harass, $\alpha = .78$; passive facilitation: cooperate with, associate with, unite with, $\alpha = .81$; passive harm: exclude, ignore, demean, $\alpha = .81$) were identical to those used in Cuddy et al. (2007).

In particular, items about perceived traits were phrased as follows: “As viewed by society, how [e.g., warm] are [group]?” For the social structure items, participants read the following four items: “Again, as viewed by French people, how economically successful have [group] been?”; “... how prestigious are the jobs generally held by [group]?”; “... how much does special treatment provided to [group] make things more difficult for other groups in France?”; and “... if resources go to [group], to what extent does that take resources away from the rest of society?” For emotion items, participants read: “To what extent do people in France tend to feel [emotion, e.g., admiration] toward [group]?” For behavior items, participants read: “Do people in France generally tend to [behavior, e.g., fight] [group]?” (see Appendix).

**RESULTS**

An analysis of variance (ANOVA) showed that there was no significant difference in age across target groups ($p > .05$) (see above for each group mean). Also, a majority of both women and men in the sample ($n = 56$) reported that they practiced in sport clubs. The number of participants reporting that they practiced in sport clubs as well as the number of years they practiced their sport activity did not differ across targets groups ($p > .05$) ($M_{\text{older people}} = 10.50, SD = 5.85$ years, $n = 22$; $M_{\text{older people regularly participating in PA}} = 11.43, SD = 3.72$ years, $n = 14$; $M_{\text{older people regularly playing cards age}} = 8.50, SD = 4.33$ years, $n = 20$). In all analyses below, no significant differences emerged between participants describing themselves as sport players and those describing themselves as nonsport players. Also, in all analyses, participant sex had no significant effects and is not discussed further.

For each scale, Table 1 displays the mean scores collected across the three groups. To investigate the effects of the group types on ratings, a $2 \times 3$ (participant sex) multivariate analysis of variance (MANOVA) was conducted on the 12 ratings. Only the main effect for target group was significant, $\Lambda_{\text{Wilk}} = .13, F(24, 154) = 11.13, p < .0001, \eta^2 = .63$. In line with Tabachnick and Fidell (2001), we made Bonferroni type adjustments on the $\alpha$s for the follow-up ANOVAs. Accordingly, $\alpha$ level used for the analysis of the 12 constructs was .004 (.05/12).
Table 1. Means and standard deviations (in parentheses) of dependent variables collected for the different target groups

<table>
<thead>
<tr>
<th>Dependent variable</th>
<th>Category</th>
<th>Older people</th>
<th>Older people participating in physical activity</th>
<th>Older people playing cards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Social</td>
<td>Competence</td>
<td></td>
</tr>
<tr>
<td>Structure</td>
<td>Status</td>
<td>2.59 (0.78)</td>
<td>3.20 (0.53)</td>
<td>2.42 (0.67)</td>
</tr>
<tr>
<td></td>
<td>Competition</td>
<td>2.44 (0.80)</td>
<td>2.77 (0.84)</td>
<td>2.14 (0.81)</td>
</tr>
<tr>
<td>Stereotypic</td>
<td>Competence</td>
<td>2.48 (0.53)</td>
<td>3.73 (0.50)</td>
<td>2.91 (0.53)</td>
</tr>
<tr>
<td>dimension</td>
<td>Warmth</td>
<td>3.33 (0.49)</td>
<td>3.42 (0.63)</td>
<td>3.10 (0.51)</td>
</tr>
<tr>
<td>Emotion</td>
<td>Admiration</td>
<td>2.88 (0.76)</td>
<td>3.93 (0.74)</td>
<td>2.14 (0.66)</td>
</tr>
<tr>
<td></td>
<td>Envy</td>
<td>2.27 (0.85)</td>
<td>2.87 (0.84)</td>
<td>1.77 (0.58)</td>
</tr>
<tr>
<td></td>
<td>Pity</td>
<td>3.08 (0.42)</td>
<td>2.78 (0.57)</td>
<td>2.41 (0.65)</td>
</tr>
<tr>
<td></td>
<td>Contempt</td>
<td>2.03 (0.75)</td>
<td>1.40 (0.75)</td>
<td>1.30 (0.62)</td>
</tr>
<tr>
<td>Behavioral</td>
<td>Active facilitation</td>
<td>3.10 (0.64)</td>
<td>2.97 (0.81)</td>
<td>2.53 (0.75)</td>
</tr>
<tr>
<td>tendency</td>
<td>Active harm</td>
<td>2.42 (0.94)</td>
<td>1.50 (0.58)</td>
<td>1.49 (0.64)</td>
</tr>
<tr>
<td></td>
<td>Passive facilitation</td>
<td>2.21 (0.61)</td>
<td>3.39 (0.81)</td>
<td>2.53 (0.67)</td>
</tr>
<tr>
<td></td>
<td>Passive harm</td>
<td>3.28 (0.81)</td>
<td>1.84 (0.83)</td>
<td>2.29 (0.94)</td>
</tr>
</tbody>
</table>

Social Structure

Status
The 2 (participant sex) × 3 (target group) ANOVA revealed a significant main effect of the target group, $F(2, 88) = 10.98, p < .0001, \eta^2 = .20$. Bonferroni post hoc tests indicated that older people participating in PA were attributed a higher status than older people and older people playing cards, $ps < .003$. Status of these two latter groups did not significantly differ, $p = .94$.

Competition
The main effect of the target group was not significant, $F(2, 88) = 3.84, p = .03$.

Stereotypic Dimensions

Competence
The main effect of the target group, $F(2, 88) = 45.64, p < .0001, \eta^2 = .51$, showed that older people participating in PA were rated as more competent than older people and older people playing cards, $ps < .0001$ (see Figure 1). These two latter groups also differed significantly from each other, $p < .004$. 
Warmth
The main effect of the target group was not significant, $F(2, 88) = 2.80, p = .07$.

Emotions

Admiration
The main effect of the target group, $F(2, 88) = 49.81, p < .0001, \eta^2 = .53$, showed that older people participating in PA were more admired than older people and older people playing cards, $ps < .0001$. The group of older people playing cards was even less admired than the global group “older people,” $p < .0001$.

Contempt
The main effect of the target group, $F(2, 88) = 10.23, p < .001, \eta^2 = .19$, indicated that both active older people playing cards or those participating in PA elicited contempt in similar proportion, but less than the global group “older people,” $ps < .004$.

Envy
The main effect of the target group, $F(2, 88) = 14.79, p < .0001, \eta^2 = .25$, revealed that older people participating in PA were more envied than older people playing cards, $p < .0001$. The older group playing cards and the older group did not significantly differed, $p = .03$, nor the older group participating in PA and the older group, $p = .009$.

Pity
The main effect of the target group, $F(2, 88) = 13.13, p < .0001, \eta^2 = .23$, showed that older people playing cards elicited less pity than older people, $p < .0001$. The older group playing cards and the physically active older group did not significantly differed, $p = .008$, nor the physically active older group and the older group, $p = .04$.

Behavioral Tendencies

Active Facilitation
The ANOVA revealed a nonsignificant main effect of the target group, $F(2, 88) = 5.19, p = .007$.

Active Harm
The significant main effect of the target group emerged, $F(2, 88) = 16.60, p < .0001, \eta^2 = .27$. Post hoc tests showed uniquely that older people
elicited more active harm than physically active older people and older people playing cards, $p < .0001$.

**Passive Facilitation**

The ANOVA revealed a significant main effect of the target group, $F(2, 88) = 25.13$, $p < .0001$, $\eta^2 = .36$, Bonferroni post hoc tests indicating that physically active older people elicited more passive facilitation than older people playing cards and older people in general, $p < .0001$, whereas these two latter groups did not significantly differ, $p = .20$.

**Passive Harm**

The main effect of the target group reached significance, $F(2, 88) = 24.10$, $p < .0001$, $\eta^2 = .36$. Follow-up post hoc tests indicated that older people in general elicited more passive harm than physically active older people and older people playing cards, $p < .0001$. The physically active older people did not significantly elicit less passive harm than older people playing cards, $p = .13$.

**DISCUSSION**

Although the stereotype that older adults are warm but incompetent has been shown to be particularly resistant to change, especially its incompetence component (e.g., Cuddy et al., 2005, 2008; Fiske et al., 2002), the present study examined whether this stereotype may be challenged when older adults participate in PA. Beyond the well-known perspective linking PA on a regular basis and individual health of older adults (e.g., Chodzko-Zajko et al., 2008), a unique contribution of the present research is to show that regular participation in PA was associated with higher perceived social status and competence attributed to older people.

The traditional society’s stereotype of older adults was challenged when older people were described as doing regular PA. In this latter case, although no effect was observed on the warmth dimension, ratings regarding the competence dimension were higher as compared with older people and older people regularly playing cards. It is noteworthy that from a descriptive point of view, in the seminal Fiske et al.’s (2002) research in which 25 societal representative groups were rated, the groups composing the cluster of in-groups (e.g., Christians, middle class, students) placed in the warm and competent quadrant elicited on average similar competence scores ($M = 3.78$) as the group of physically active older adults in our study (see Figure 1).

Besides eliciting competence, the group of physically active older adults elicited positive perceived societal emotional and behavioral reactions.
Older adults being physically active, as compared with the two other target groups, elicited a very high level of admiration, the emotion traditionally elicited by dominant, mainstream in-groups and reference groups (Cuddy et al., 2008). Moreover, physically active older people elicited active facilitation (like traditional older people) as well as a high level of passive facilitation (associating). In comparison, this perceived societal behavioral tendency was low in traditional older people and in older people playing cards regularly. This result supports the view that physical activity in older age may have important interpersonal consequences (for an exhaustive review of interpersonal and institutional neglect of older adults, see Pasupathi & Löckenhoff, 2002).

We also found some benefits for both active groups of physically active older adults and socially active older adults. When older people were described as being active (i.e., PA or cards), they elicited a low level of contempt as compared with older people. Moreover, both active groups of physically active older adults and socially active older adults elicited less passive harm (neglecting) and active harm (harassing) than traditional older people. Thus, these positive perceived societal emotional and behavioral consequences of being described as active older adults add to the positive judgmental, emotional, and behavioral consequences of being described specifically as physically active older adults that we noted above. Note also that older people participating in PA were more envied than older people playing cards. And although we found some benefits for older people being active by playing cards, their lower level of elicited admiration and pity as compared with older people suggests society’s mixed perception of this group.

The main aim of the present research was to assess whether positive changes in the cultural stereotype content of older adults, although being demonstrated as resistant, could emerge by adding the physical activity information to their description. In order to compare our results with previous ones (see Figure 1), we used a similar method as Fiske et al. (2002) and Cuddy et al. (2007) by asking participants to judge older people as a global category without anymore parameters given. Participants were instructed to make the ratings on the basis of how the target group is viewed by French society. They were likely to feel entitled to judge the target group according to consensual societal stereotypes. Nevertheless, regarding meaning of responses, although participants were asked to report the cultural stereotypes, they may have reported their group’s stereotypes. To completely rule out this alternative, we encourage future research to recruit a more broadly representative sample of the adult general population with larger sample sizes.

In addition, future research should examine perceptions of participants from different age categories. It was shown that younger adults as well
as older adults shared the stereotype of older people as warm but not competent (Versteegh & Westerhof, 2007). Also, Greenlees et al. (2007, 2011) did not find that reported exercise status of older adults has differential impacts across different age groups. As a consequence, although one should be careful not to generalize the results too broadly before future research has investigated how older people participating in PA are perceived in other groups, we suspect that the social benefits for older adults associated with practicing PA regularly are likely to exist in other groups.

Moreover, participants were not given a specific age range and were left on their own to decide how old the older adults were. It is possible that participants assessing the physically active older adults group thought of a younger group of older adults than participants in the two other conditions. Subgroups of older adults have been distinguished as a function of the age, such as the old-old (75 years and above), the middle-old (65–75 years old), and the young-old (55–64 years old) target groups. It has been demonstrated that the former is perceived more negatively than the two other (see Kite et al., 2005). Therefore, it is possible that some of the findings could be explained by the fact that participants judging the physically active older adults group may have thought of young-old adults, whereas other participants may have thought of old-old adults when making their judgments. To find out to which degree the present results can be generalizable, a fruitful extension of the current research would be to examine whether the observed low level of perceived societal ageist beliefs and behaviors is similarly valued in different subgroups of older adults distinguished as a function of the age.

Despite these limitations, our results highlight as a whole that, beyond the well-known health-related benefits associated with PA, promoting PA in older people is important to curtail the resistant and pan-cultural stereotypic chain traditionally characterizing older adults: low status, warmth, and incompetence; pity, active facilitation, and passive harm (Cuddy et al., 2005, 2007, 2008; Fiske et al., 2002). At this point of the investigation, the present findings raise some interesting issues. Examining whether the perceived societal benefits associated with practicing PA we identified would be similarly valuable in retired older people as well as in older workers is an important avenue for further exploration. If so, the present results could have an important impact in professional contexts. Employability of older adults is a major social issue, and age discrimination based on stereotypes related to older people has been highlighted many times in the work setting (McCann & Giles, 2002). The competence dimension being highly valorized in the workplace (Cuddy et al., 2008; Fiske et al., 2002), our results suggest some optimism for physically active older persons with a low level of discriminatory treatment that they often endure. They may gain in perceived status and in turn in perceived
competence, which could contribute to increase their chances to be hired, promoted, or trained and decrease the pressure to retire (see McCann & Giles, 2002). Notably, the perceived societal positive emotion and the perceived societal facilitation behaviors, elicited by a regular participation in PA in older people, suggest that choosing to work with members of the older adults group could be higher in this case.

Finally, examining the influence of PA type (e.g., active living, exercising, practicing in a sport club) and intensity on the cultural stereotype content of older adults is a focal question for future research. For example, future research could answer whether master athletes portrayed as long-term physically trained older adults (e.g., Dionigi, 2006) would be better professionally considered in the workplace. Of course, potential social benefits of being physically active for older adults should be also assessed in other contexts such as medical settings in which older adults may be discriminated when diagnosed for medical treatments and disregarded in physician-patient communication (Pasupathi & Löckenhoff, 2002). In intergenerational contact in particular, PA information concerning older adults could have some positive impact on others’ perceptions. For example, the likelihood of attributing memory failures to older adults or the thought of placing older adults in rest-home may be weakened in the case of physically active older adults.

In sum, this study extended the well-known health perspective related to the regular participation of older adults in PA by opening a social optimistic perspective, in which being physically active seems an excellent way to challenge the widespread and resistant cultural stereotype content of older adults. Specifically, it led to perceived societal reinstatement of older people to high-status social position and enhancement on the negative part of the group’s cultural stereotype (i.e., competence). By being physically active, older people moved from a rather pitied group (warm, incompetent) to a rather admired group (warm, competent), which led to passive-facilitation societal behaviors (associating), besides active facilitation societal behaviors (helping). Refining this opening perspective in some special contexts, such as work, where older people are often discriminated will be a logical next step for future research.

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REFERENCES


APPENDIX

Script and items used for the study.

Questionnaire Script

Items about perceived traits were phrased as follows:
“Consider how [group, e.g., the older people] are viewed by the French people in general. As viewed by society, how [e.g., warm] are [group]?”

For the social structure items, participants read the following four items:
“Again, as viewed by the French people, how economically successful have [group] been?”
“. . . how prestigious are the jobs generally held by [group]?”
“. . . how much does special treatment given to [group] make things more difficult for other groups in France?”
“. . . if resources go to [group], to what extent does that take resources away from the rest of society?”

For emotion items, participants read:
“Now we are going to ask you about some feelings that people in France have toward [group] as a group. To what extent do people tend to feel [emotion, e.g., admiration] toward [group]?”

For behavior items, participants read:
“Finally, we are going to ask you about the ways people in France generally behave toward [group] as a group? Do people tend to [behavior, e.g., fight] [group]?”

Scale Items

Social Structure Scales
Status: economic success, prestigious jobs
Competition: special breaks, resources
Stereotypic Dimensions Scales
Competence: efficient, skillful, competitive, confident, competent, independent, intelligent
Warmth: good-natured, well-intentioned, sincere, friendly, trustworthy, tolerant, warm, nice

Emotions Scales
Contempt: contempt, disgust
Admiration: Admiration, pride
Pity: pity, sympathy
Envy: envy, jealousy

Behavioral Tendencies Scales
Active facilitation: help, assist, protect
Active harm: fight, attack, harass
Passive facilitation: cooperate with, associate with, unite with cooperate with
Passive harm: exclude, ignore, demean