

Lessons for Successful Aging: A Centenarian's Lifestyle in a Mexican Community of Aging

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Abstract

It is clearly established in the scientific literature that an appropriate lifestyle is key to achieving and maintaining optimum health and functional status in old age. In this frame, the practice of physical activity on a regular basis fits into the active aging paradigm, a notorious shift away from aging as a dependent stage of life. Through a longitudinal case study conducted in the outskirts of Monterrey, Nuevo Leon, Mexico, an aspect of the lifestyle –physical activity – of a centenarian who lives permanently in senior-only housing, has been documented in contrast to his coresidents' lifestyles. Extensive open-ended interviews and direct observations of a convenience sample of residents of a community of aging, from 1999 to the present, allowed for a triangulation and saturation of data.

In contrast to his peers, who predominantly displayed sedentary lifestyles, the centenarian consistently had a related physically and socially active lifestyle. I suggest that the attitudes of fellow residents can be understood in light of the Theory of Planned Behavior (Fishbein and Ajzen 1975). Fieldwork also provided the opportunity to document how fitness and independence affected the quality of life of the centenarian. This individual is atypical in his environment and the external validity of this study is analytical rather than statistical. However, it suggests that non-institutional barriers may challenge the promotion of an active aging paradigm.

Introduction

According to projections by the Consejo Nacional de Población [National Population Council] of Mexico, the current population of 7.8 million aged 60 and over will double in 2020 to 15 million and, in 2050, will rise to 36.2 million (Zuñiga et al. 2003). Such estimates are congruent with trends already observed or predicted by specialized agencies (United Nations 2002) for less industrialized regions (e.g. Asia, Latin America), where aging is predicted to occur at a faster pace. In a context of rapid demographic and epidemiological transitions, chronic and degenerative diseases associated with aging are increasing considerably. Moreover, Diabetes *mellitus* is expected to take its toll in Mexico in the coming years. In fact, diabetes *mellitus* has progressed so rapidly over the past years, that it is now the main cause of death among older adults, especially women (Zuñiga et al. 2003).

Therefore, healthy aging gives rise to serious concerns in Mexico. Considering the high cost of chronic conditions such as diabetes, osteoporosis, and cardiovascular disease for the health care system and the resulting suffering, frailty, disabilities, and dependency for the patients, promoting successful aging strategies is of utmost importance (WHO 1997). Behavior is therefore a key factor, and, fortunately, lifestyle is amenable to change (ODPHP 2000). Changes in lifestyle, such as regular use of preventive health services, proper nutrition, the regular practice of physical activity (even initiated later in life), risk taking reduction related to the use of safety belts and helmets, elimination of smoking and limited alcohol consumption, positively impact health and impairment statuses, and, thus, quality of life.

According to the findings and conclusions of an interdisciplinary research program carried out in the United States of America, maintaining good physical condition is probably the most important thing elderly can do to be in good health (Rowe and Khan 1999). Furthermore, health experts indicate that physical activity among older adults (50 years of age and over) results in immediate and long-term benefits at the physiological, psychological, social, and cultural levels (WHO 1996).

In Mexico, research on the elderly is not incipient. However, this population is not homogeneous and research studies on the elderly have not consistently acknowledged them as a diverse group. Centenarians are among the oldest old, and should be of particular interest to gerontologists and other scientists. Interestingly, in Japan, currently considered the country with the fastest rate of elderly growth, one such study has been conducted in Okinawa (Wilcox et al. 2001). Okinawa, a prefecture consisting of 44 inhabited islands, has the longest life expectancy and the highest prevalence of centenarians (42 per 100,000 inhabitants) with an age range of 100-111 and a mean age of 101.6 (Willcox et

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al. 2001). The authors put the uniqueness of this situation into perspective by noting that in most industrialized countries there are estimated ten centenarians per 100,000 people.

In Mexico, the Instituto Nacional de Estadística Geografía e Informática [National Institute of Statistics, Geography and Informatics] defines population aging as an increase in the proportion of people aged 60 or older. It attributes this to a decrease in general mortality and fertility, with international migrations being an additional factor. Almost half of the population between 60 to 64 years of age is still participating in the work force. This is more related to the low social security coverage and very limited amount of old-age retirement benefits, than to elders opting to continue working (INEGI 2005). Dickerson (2007) contrasts these figures with elders in the United States, where 18 percent of seniors are in the work force and describes the streets of the Mexican capital as places where begging and subsistence jobs in the underground economy are sources of income generation for the aged (Dickerson 2007). As indicated by the INEGI (2005), indigenous populations of Mexico are aging at a faster pace and their precarious situation gets more acute for those 60 years of age and older. However, these studies do not specifically focus on lifestyle choices that have resulted in a relatively high number of centenarians in states such as Nuevo Leon.

In Mexico in general and particularly in Nuevo Leon, little is known about centenarians. Usually, they are brought to the public sphere to illustrate longevity and to document historical events as witnesses. The elderly in general are often the focus of the mass media 1.) when they are celebrated during specific events, 2.) when they are victimized by strangers or loved ones, and 3.) on special occasions as beneficiaries of specific programs. Information about their lifestyle is commonly limited to diet. The diet of centenarians is an object of curiosity and often considered to be the secret of their longevity, while other clues for successful aging are often overlooked. This study aims to describe regular physical activity as a component of the lifestyle of a centenarian in a nursing home in Nuevo Leon, Mexico. Accordingly, I also address how other residents of the nursing home perceive his unusually active lifestyle, and discuss coresidents' attitudes toward their own involvement in physical activities.

Methodological Concerns

The case study is a method of scientific inquiry applicable to a positivist epistemology among other orientations relevant to the examination of atypical

phenomena. Knowledge gained inductively and deductively is not mutually exclusive and concern for the validity and reliability of any mix of data diversely yielded prevails (Winegardner 2000, Yin 1993, Yin 1994, Bradshaw and Wallace 1991).

This case study is longitudinal for being conducted over a considerable period of time (from 1999 to 2007). Data presented are primary and were generated through a qualitative approach seeking to gain an emic perspective and involving an emergent design. The description of phenomena under study and construction of their meanings are based on lived, felt experiences and observed and reported facts.

The Main Study Site

In accordance with its naturalistic approach, the study was mainly conducted at the permanent senior-only-housing residence of the centenarian. This kind of nursing home, commonly called locally "asiló" [literally asylum, but referring to old people's home], is a non-governmental facility located in the metropolitan area of the state capital and formally considered a residential unit. As a not-for-profit nursing home, it is usually home to elderly without old-age security or supportive family environments.

Living independently is an important requisite for being admitted. Staff obligations are limited to cooking meals, securing the main door of the residence, and cleaning washrooms and bathrooms. No caretakers are available since it is not an assisted-living residence. The number of residents varies between 15-18. However, the capacity of occupation is much more.

The Procedure

Extensive fieldwork in a natural setting was key to conducting the case study. The opportunity for entering the field presented itself in the year 1999 thanks to a geriatrician. Since that first step, gaining entry and establishing good rapport with the participants has been a carefully handled and successfully achieved priority. Utilizing triangulation as a combination of data collection sources and techniques and measuring behaviors through repeated observations provided a basis for attaining an interpretative validity of data. In accordance with a triangulation perspective, a few other places in the neighborhood, considered natural settings for this population beyond the nursing home, were also visited in order to directly observe some reported behaviors and cross-check the information gathered through self-reports at the nursing home.

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Sampling, Sample Size and Data Sources

Sampling was purposeful and the population of reference consisted of all the residents of the nursing home. The derived two-level sampling consisted of the centenarian as the main case and a within-case sample involving a non-predetermined number of participants selected more on a voluntary basis than at random.

There is an average of 17 elderly residents in the home every year. Since the beginning of fieldwork, about 12 have died and one has been transferred to another nursing home for medical reasons. About three-quarters of the residents were interviewed. Since triangulation confers robustness to research findings, eight other informants living outside of the residence, but familiar with the lifestyle of the central case, were added.

Data Collection Techniques and Materials

Direct observations of lifestyle occurred inside and outside the nursing home and some pictures were taken with a non-digital camera. Interviewing inside and outside the nursing home stemmed from informal conversations (open-ended) to more focused ones. The centenarian was videotaped during the first two years of fieldwork. Trust built over time made the conversations with some participants more spontaneous. Interviews taped and transcribed every year were compared to identify differences or changes in the verbatim over time.

Data Management and Analysis

Due to the conventional format in research reporting, data management and analysis are artificially separated from data collection. Verbal and non-verbal data consisting of descriptions and narratives from observation grids, taped and not taped interviews, and pictures were transcribed and/or reviewed. They provided feedback relevant, not only to writing data in an organized manner and capturing emerging categories or features for analytical purpose, but also to orienting and/or refining the process of data gathering.

Both analytic and reflective styles are used to report the recurrences and variability observed in behaviors and discourse. Therefore, data are presented under various forms that are visual, anecdotal, condensed *verbatim*, and tables. No specialized software was used because data were handled manually. In the explanation building process, no scale was used in relation to attitudes, and data saturation accomplished through long-term observation was important.

Ethical Aspects

The study was neither intrusive about participants' intimacy, nor threatening to their privacy, dignity, and

integrity. All the residents of the nursing home agreed to be taped (audio and video) and have photos taken without hiding their faces. Anonymity is preserved with the use of pseudonyms rather than the real identity. Their free and informed consent about data collection and dissemination was verbally obtained because people are cautious about signing written documents, and the elderly are more enthusiastic about oral communication.

Who Is the Centenarian?

Don Longevo was born in 1900, more exactly on June 24, and has a relevant document to prove it: his birth certificate. So, he has lived in two centuries and witnessed the Mexican revolution (1910-1917) as a volunteer enrolled in Francisco (Pancho) Villa's army in Chihuahua, northwestern Mexico, his native land. He is slim and short (squat) and considers his corpulence as light: "my body is slim and light". He is the youngest of a large family of 14 children. He has two brothers older than him in Ciudad Juárez, Chihuahua, his hometown that he left when his mother passed away at the age of 112. His father died at the age of 113: "Dad lived till the age of 113, one 13 and mom up to 112, one 12. They were really strong. May they rest in peace. Dad was teaching boxing to everyone. God gave me strength by inheritance. I come from good wood."

He used to practice sports when he was a young boy, especially collective games (handball, baseball, volleyball). He completed six years of schooling and dedicated himself to a variety of lucrative activities such as tailor, taxi and bus driver, and tourniquet operator in the railway to make a living. He is the father of four children (three males and one female) who live in California. He is the oldest of the residents and is immediately followed by octogenarians. He has been living in the nursing home for about seventeen years. He had the opportunity to engage in a sentimental relationship there and got formally married. Although his second wife, María, has passed on, the consequences of marrying her continue to affect him:

Some years ago, one of his sons -the oldest- came with a grandson to visit him at the nursing home. The plan was to take him to the USA for good. But when the son heard that he got married to María, the relationship with his family took a different course.

They got mad at me because I married María. But their mom died a long time ago. They have not talked to me for about 11 years. María got sick from the heart. She died at the Metropolitan Hospital. My family did not come. When my older son came with a grandson and got angry at me, he said we rather leave him without money. We will no longer come here. My daughter used to send me up to 100 dollars.

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He believes in God, but does not really practice any religion or identify with a religious denomination. He does not consume tobacco and alcohol and his consumption of coffee is minimal. He avoids beverages served by the kitchen because he finds them too sweet and prefers sugarless tea. His opinion about coffee is that it alters the nervous system and interferes with sleep. He knows how to cook and enjoys cooking soups in his room where he has a mini stove. He usually cooks vegetable soups. Since he is not really fond of red meat, he adds chicken wings to the soup to make it tasty. He also has breakfast in his room consisting of eggs, fruits, milk and cereals.

He socializes with some residents from the neighborhood who are much younger than him. He also has friends who invite him to social events and pave the way for him to appear on television. Two historians once took him downtown for filming. Appearing on television brings him some benefits:

I appeared on Channel 2 doing some push-ups and sit-ups. Many people in Monterrey know me. They bring me red meat, chicken, sugar, marmalade, a kilo and a half of soap, clean clothes... For my wedding, I received a made-to-measure suit as a present. I go out for a walk. I visit my friends. They give me meals. I earned those sympathies. Rather than bought, friends ought to be earned for one's own qualities, way of being, how one naturally manages things.

General Findings

Four most recurrent aspects to be highlighted about the centenarian and his coresidents are the following:

1. The discipline of Don Longevo:

An outstanding feature of Don Longevo is his active lifestyle established through performing a daily routine of physical exercises inside and outside the nursing home. He usually wakes up at five o'clock in the morning. After drinking a cup of herbal tea (*Anthemis nobilis* or *Citrus aurantium*) he infuses himself, his day starts with a warm-up session of about 20-30 minutes.

Sport facilities are not available at the residence. So to get started, he uses an area at the back of the kitchen he calls "mi campo de entrenamiento" [my training camp].

After the stretching and rotation exercises, Don Longevo begins a three-kilometer trajectory through the streets adjacent to the residence. It consists of a fast and vigorous walk for about half an hour that he refers to as "las vueltas de las manzanas", meaning to go around the blocks. In his own terms: "I go up to Eloy Cavazos, these are 60 blocks and more. I go down through Serafín Peña

where the statue is. I go up to the Clinic 29. I jump up and down until the other road, Juárez, passing more than five blocks."

Not having any interest in the gossiping that takes place among some coresidents (and often ends in discords), Don Longevo dedicates the rest of the day to gardening inside the residence and to more outdoors activities when he feels bored. His desire is to have some sports installations to exercise inside the residence. Walking is very important to him: "I am always in action. I fix my garden up, later I go for a walk. Walking is a therapy I impose on myself as if I were a doctor. Tomorrow, I will spend the time here with the pickaxe."

2. An acknowledgement of Don Longevo's good health, physical condition, and functional fitness:

Don Longevo is experiencing a healthy aging process confirmed by the physicians who attend the residents of the nursing home. He is free of any physical and mental illness or impairment. According to him, what the physician used to say is the following: "Don Longevo no, nunca le da. No necesita pastillas, medicinas para nada." [Don Longevo no, he never gets sick. He does not need any pills or medicine at all.]

He feels perfectly fine: "Me siento como nuevo a pesar de que Dios me ha consentido tantos años de vida. Estoy bien de todo. Mi cuerpo está perfectamente bien." [I feel like brand new although God gave me so many years to live. I am fine with everything. My body is perfectly fine.]

Most of the coresidents are suffering from chronic and degenerative diseases, especially diabetes *mellitus* which they refer to as "azúcar" [sugar]. As a result, deficient sight and amputations affect their free



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movement. The residents acknowledge that Don Longevo enjoys good health and most note his fitness despite his advanced age: “*está bien conservado*” [he is keeping well]. He is physically fit and most importantly, able to function in everyday life. His coresidents ask him to help them out sometimes.

Case example: the Saint Valentine gift bags

On a February 14, Saint Valentine’s Day or, in Mexico, “*Día del Amor y de la Amistad*” [love and friendship day], pre-school children from the locality visited the nursing home. After singing and conversing with the residents, the children were instructed to present the gifts they brought for the elderly. At the end of the visit, one of the residents was not able to lift two bags of gifts he received. He got up from his seat and asked Don Longevo to bring him a crane to have all the bags taken away: “*tráeme una grúa para llevarme todo esto*”. Finally, he asked for his assistance: “*Don Longevo, ayúdame a llevar estas bolsas a mi cuarto*.” [Don Longevo, help me to take these bags to my room.] Don Longevo, without any difficulty, lifted the bags while his co-resident could hardly walk using a cane as a support.

The benefits Don Longevo reaps from his discipline do not seem to motivate his coresidents to initiate an active lifestyle through physical exercises. Most believe that they cannot exercise due to their age “*Ya no puedo. Soy muy grande para eso*.” [I can no longer. I am too old for it.], or “*No tengo 25 ó 30 años. Tu puedes, te doy 25 ó 30 años*.” [I am not 25 or 30 years old. You can, I think you have 25 or 30 years.] Others invoked their health conditions. Don Longevo, who disagreed with such beliefs and convictions, expressed this by indicating that you can get it if you really want it: “*querer es poder*.”

An anecdote by the centenarian: The push-ups challenge

Don Longevo and a young adult publicly challenged each other to perform some push-ups. The young man was the first one to begin the exercise, but acknowledged that he could not keep up with his challenger.

He was an 18 years old boy and grown, I had no doubt that he was going to win, so young and me 99 years old. A religious group came, they were about 30 people and they went to the dining room. Some were saying he is old, he cannot. There was a woman who said the boy was going to teach me. She said, ‘Don Longevo, we brought you a contender’. I asked him, ‘Do you begin or I do?’ He said, ‘I will begin’. He was doing them so poorly. Since the first one, I realized that he was pure potato. His body was not straight. The body



must remain straight. I gently spanked him and told him ‘Get down, I will teach you. You will not be able to compete with me.’ I did the push-ups without interruption for about three minutes. He said that I had won. Here, no one does push-ups like I do. The teacher Madonna brought her students and said, ‘Prove to them that I am not telling lies. I told my boys that you do push-ups and they do not believe me.’

Don Longevo enjoys doing the push-ups: “*Lo hago a diario. No, eso no me cansa. Lo hago cantando como las águilas*.” [I do it daily. No, it does not get me tired. I do it singing like the eagles.]

3. The indifference and misperception of the coresidents

Repeated conversations with Don Longevo, interviews with the residents, and direct observations revealed that none of the residents seems to be inspired by the example they have under their roof. As a matter of fact, no change was reported in terms of joining Don Longevo for exercising, joining other residents for exercising, or exercising on their own. Don Longevo considers it a self-punishment: “*Siempre están sentados. Sólo se están imposibilitando. Yo le digo a uno como es de mi tierra: despierta, date una vuelta, camine, camine*.” [They are always sitting. They are only making it impossible. I told one, because he is from my hometown, wake up, go for a walk, walk, walk.]

Although residents note his old age and good condition, they do not necessarily approve of his daily routine. Performing outdoors activities such as walking is perceived as wandering rather than as part of an exercise routine or being physically active: “*es un vago, nunca asiste...*” [He is a vagrant, he’s never here.] “*Siempre anda en la calle*.” [He is always in the streets.] Another

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negative perception of walking is its association with fatigue. A few years ago, Don Longevo was taking his late wife for a walk as a sort of therapy because she was strongly depressed by not hearing from her family. She was imagining that her daughter was persecuted in the USA, where she went so many years ago and never came back. But, according to some residents, he was using her for begging in the streets and they considered it an abuse that physically exhausted her.

4. The status quo:

Life in the nursing home is routinely lived with almost no major changes over the years. Living together is accompanied by long-lasting interpersonal conflicts. They go out sporadically. From time to time, some groups visit them. Once a month, all the residents socialize when some teachers from a state institution visit them to play bingo. They also talk to each other before and after religious services. A few years ago, they lost an on site income generating opportunity which also served as an occupational therapy. Don Longevo is desirous of working again: "Quiero volver a trabajar otra vez si Dios me conceda porque la ley es trabajar." [I want to work again if God grants me because working is the law.]

With the exception of Don Longevo, lifestyle in the nursing home is sedentary. The common routine consists of sitting watching television and mending clothes from time to time. Going to the dining room and the washroom or clean-up activities provide some limited opportunities for moving the body.

Continuity and Change in Don's Training Routine

Constancy in his physical practice including the preliminary conditioning exercises has been self-reported. However, over the past days, some changes have been occurring, especially in the warm-up routine. Although August (2007) has been a rainy month, the rains did not interfere with his outdoor activities. The difference in the routine is noticeable in the decreasing number of stretching and flexibility exercises and how he feels about performing them: "I feel a little bit strange in my chest because they take me here and there and I am not concentrating. Now I do 40, 30, up to 15 push-ups. I have never missed my practice. I do not know why I am lowering. It never happened to me before, only this month. Now I feel tired doing them."

During the month of August, he has been invited to participate in many events directed at the elderly and to dine out. He did not decline any invitation and "partying" seems to have some repercussions on his regular resistance and productivity as far as performing a routine without



exhaustion is concerned.

Yesterday there was a celebration at INAPAM, formerly INSEN. They took me there. A professional came for me. Earlier today, they took me for lunch in a fancy restaurant in Mexico. Today I woke up completely full. I do not know what they call the meals on the menu. I had a tasty stew and then soup and a delicious assortment of desserts. I had a glass of water rather than a soda. I did not feel like having a soft drink. Last time they took me to an elegant restaurant. I do not know the name. The DIF takes me to several places. I am the one who transmits messages this is why they take me. I talk about aerobics, sit-ups, and the revolution.

His discourse on exercising over the years has not changed in essence. The same holds true for the friendliness and generosity toward him that is corroborated by other sources.

In the morning I go out for a walk for about 40 or more blocks. What am I doing here? This is what keeps me alive. I am always fine as I am. Thanks to God, I have not got sick. This is what I thank God for. Yesterday the Mayor came to celebrate me. They brought me a new mattress, two pairs of shoes, clothes, bed sheets, many things. She wanted to know about my needs. I am thankful with God and with everyone.

Discussion

Many studies have demonstrated that the regular practice of physical exercise and programs for body strengthening reduce frailty and disability among people aged 85 and over (CDC 1996). Physical exercise is one aspect of Don Longevo's lifestyle that sharply contrasts with his coresidents'. Diabetes mellitus is a real threat to

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ROUTINE	MOVEMENTS EFFORTS	SOME BENEFITS	FREQUENCY	SATISFACTION
Warming-up	Stretching, twisting	Flexibility, blood circulation, muscular activation, muscular, relaxation	Daily	Enjoys
Series of push-ups, sit-ups and other flexibility exercises	Stretching, flexibility and balance movements	Muscular strength and resistance, muscular tissues reconstruction	Daily	Enjoys
Long walks	Low impact aerobics; moderate intensity	Heart/Cardiovascular system	Daily	Enjoys
Gardening	Stretching, bending	Resistance, flexibility, strength, muscular tissues reconstruction, horticultural therapy	Regular (as hended)	Enjoys

Table 1: Physical Activity of Don Longevo

WHO	REGULAR ACTIVITY	MOVEMENTS/EFFORTS
Two women	Kitchen helpers	Warming tortilla, sweetening, and serving coffee
Majority	Laundry	Putting clothes in the washing machines and tumble dryer. Take the clothes off the machines
A few	Mending clothes	The sight and the hands
Majority	Personal higiene (shower)	Movement: room-bathroom-room. Body washing and drying.
All	Self-feeding	Movement: room-dining-room-room. Take the plate from the kitchen to the table and take it back to the kitchen. Put the food into the mouth and masticate
Majority	Room cleaning	Sweeping the floor, fixing the bed
Some	Talking	Mouth movements
Majority	Playing bingo	Using the hand to place the matching piece or token

Table 2: Coresidents' Routines

YEARS	FREQUENCY (WARM-UP)	NUMBER OF PUSH-UPS	NUMBER OF SIT-UPS
1999	Daily	60	50-60
2000	Daily	60	50-60
2001	Daily	60	50-60
2002	Daily	60	50-60
2003	Daily	60	50-60
2004	Daily	60	50-60
2005	Daily	60	50-60
2006	Daily	60	50-60
2007	Daily	60 Mid August: 40; 30; 15.	50-60

Table 3: Warm-up Routine

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their independent living, a requisite for being admitted as a resident of the nursing home. A regular practice of physical activity is part of the treatment for a successful control of this chronic disease. However, the intensity of their daily body movements seems to be so low, that the activation of their basal metabolism appears to be minimal.

Some mentioned their chronological age as an impediment to initiate a physical activation. Such self-evaluation of their inability to engage into regular physical exercises does not support the findings of a recent study on successful aging, where the issue of learning new things in old age is presented as a myth, labeled "You Can't Teach an Old Dog New Tricks". It is reported as a "mistaken notion that seniors are set in their ways and won't willingly move out of their comfort zone" (Rowe and Kahn 1999).

Also, it must be noted that some elders voluntarily participate in some programs of physical activity directed at them and sponsored by the state and some municipalities in Nuevo León. This confirms that they can learn new things and enjoy their practice. This is the case for Tai Chi, considered to improve balance and gait among other benefits (Wolfson et al. 1996, Lai et al. 1995), or catchiból, an adaptation of volleyball to the aged with the use of a special light ball.

Studies carried out on centenarians in the USA summarized some characteristics common to them in various areas such as health, lifestyle and attitudes. Among the similarities that have been consistently found (Rowe and Khan 1999, as Kemp et al. 2007 note), the following appear to match with Don Longevo:

Centenarians are not obese. Centenarians rarely smoke. Centenarians seem to have delayed or avoided age-related health problems such as stroke, heart attacks, cancer, and diabetes. Centenarians are engaged – they do something, have an interest, are involved. Centenarians have an ability to cope with loss (and the longer you live, the more you lose-- family, including children, friends, sight, hearing, driving), and still go on with life.

A medical model and functionalist lens in sociology reducing old age to a medical, economic and social problem prevailed for many years (Borrowsky et al. 1998, Blaikie 1999). In essence, such tendency conceives of aging in terms of body, mental, and productive decay leading to retirement.

There is abundant scientific evidence about aging as a normal process within which physiological, psychological, sensory changes occur (Saxon and Etten



1994, Fiske and Chiriboga 1990, Timiras 1994, Kirkwood 1999). However, such changes do not necessarily impede the desire for and attainment of good health and quality of life. They also do not condemn elders to functional limitations.

Following this path, a shift in this aging paradigm from a stage of an unproductive and dependent life to an active aging, within which the elderly remain involved in productive social and economic activities, occurred. Don Longevo's lifestyle is compatible with this new active aging paradigm. His discipline and outdoor activities lead to a triad of interrelated components consisting of an enjoyable physical activity, social activity, and health maintenance. Active and healthy aging go hand-in-hand and are likely to protect or rescue the elderly from the lucrative pharmaceutical industry.

The misinterpretation of his long walks by other residents of the nursing home displays an unfavorable attitude toward an active lifestyle and healthy aging. It appears to be a mental barrier likely to undermine lifestyle and quality of life. According to Fishbein and Ajzen (1980), intentions are the best predictor of behavior and are influenced by three factors: 1.) Attitude toward a given behavior, in this case physical activation through a routine, 2.) Subjective norms being what the others –coresidents– do, and 3.) The control of the perceived behavior, implying how easy or difficult it is and what will be the result.

The first factor could refer to the negative association of Don Longevo's routines with vagrancy "Es un vago" [He is a vagrant.] The second factor could relate to sedentary lifestyles as a norm in the residence, while the third one may have to do with the efforts necessary to train an aged body. Walking does not bring social benefits if it is devalued and framed in derogatory terms: it is only wandering.

I have documented the active lifestyle of a centenarian resident of a nursing home who is aerobically active on most days or better said all weekdays, in contrast to his coresidents' minimal levels of activity. The case example relating to the St Valentine's gift bags provided

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a clear-cut evidence of his functional fitness and social productivity more than vigor. The negative perception of his atypical lifestyle by his coresidents and their own suitability for physical exercise, have also been explored.

Not only is Don Longevo a living testimony of the benefits of practicing physical exercises regularly and safely at an advanced age, but also of an achievable healthy aging. His lifestyle choice, far from being antisocial, ought to be emulated to avoid the marginalization and medicalization of the elderly. Eliminating the probable mental barriers would be an action favorable to a positive and long-lasting change. This suggests a need for additional studies on health motivation among the elderly with a focus on the influence of intra and interpersonal factors.

Adding years to life and life in good health to years are not mutually exclusive and involve personal habits among other factors. This has proved true in many other parts of the world and this Mexican case study represents additional evidence.

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