

## Towards a framework of healthy aging practices

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### ABSTRACT

This paper explores how aging consumers engage in daily practices to achieve the balance between three aspects of wellbeing: body, mind, and spirit, with data collected from eighteen in-depth interviews with aging consumers, aged from 62 to 90. Taking on a consumer-centric approach to understanding how aging consumers' day-to-day practices affect their wellbeing, the paper shows that aging consumers engage in a wide variety of healthy aging practices, including consuming a healthy diet and exercising to keep a healthy body, reading and learning new things to stimulate and sharpen the mind, and maintaining strong social connections for a happy spirit. Drawing from a holistic Body-Mind-Spirit framework and balance theory in discussing healthy aging, this paper contributes to the healthy aging literature by focusing on the lay consumer-centric perspective. Bringing in the lens of consumption practice, it extends previous understanding of healthy aging by illustrating that only when the three wellbeing dimensions are achieved together through self-engaged daily practices, can aging consumers' wellbeing be effectively and holistically maintained. Managerial and policy making implications are also provided to reflect the research findings.

### 1. Introduction

United Nations' data shows that the global percentage of the population aged 65 years and over has increased from 6% in 1990 to an expected 9.3% in 2020 (United Nations, 2020). While the world population are growing older and living for longer, healthy aging has become an important agenda for governments and societies in both developed and developing countries. The World Health Organization (WHO) defines *Healthy Aging* as the “*process of developing and maintaining the functional ability that enables wellbeing in older age*”, reflecting the perspectives of public health management and gerontology (Peel et al., 2004). This definition focuses on functional ability, that is, the capabilities that enable all people to be and do what they have reasons to value (Beard et al., 2016). Nevertheless, this definition ignores aging consumers' own view in their choice and self-engagement of healthy aging practices. Not understanding lay consumers' views is risky because none of the public engagement activities or intervention schemes would be effective if the lay consumers do not regard them as relevant (Bowling & Dieppe, 2005; Bowling & Gabriel, 2007).

To address this knowledge gap, this paper takes on a consumer-centric view, commonly used in marketing research, to an area largely

examined in gerontology only. There is a dearth of consumer/marketing literature that examines specifically grey consumer behavior. A key finding in the grey consumer behavior literature is that the grey consumption behavior is driven by health benefits. For instance, Carrigan (1998) found that elderly consumers are motivated by the perceived health dividend and they seek to engage in consumption practices suitable for their health needs (Moschis et al., 2004; Omar et al., 2014). Nevertheless, despite the importance of health in understanding aging consumer behavior, existing consumer behavior literature has not really discussed healthy consumption practices of elderly consumers. To fill in this research void, we therefore propose to explore the healthy aging practices engaged by grey consumers by answering the research question: *how do aging consumers sustain a balance of body/mind/spirit through their daily practices?* Understanding healthy aging practices from consumers' own perspectives provides an in-depth and nuanced understanding of what aging consumers do on a daily basis to achieve healthy aging, while taking their personal preferences and constraints into account. Better insights into their practices would help businesses and public sector players design programs to better facilitate them and to create a healthy aging society.

Using an inductive mode of reasoning, 18 in-depth interviews were

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conducted with participants, aged from 62 to 90, living in London. Following the rigorous qualitative data analysis approach of Gioia et al. (2013), the findings show that aging consumers engage in three types of healthy aging practices: 1) the maintenance of body through activities such as exercising, walking, and gardening to keep them active and fit, as well as having a healthy diet; 2) continuous stimulation of the mind through reading, painting, and game playing; 3) caring of the spirit by staying emotionally connected with family and friends for their support and companionship. Consumption practices that tap into the three dimensions of body, mind, and spirit are keenly engaged in by aging consumers. Nevertheless, not all aging consumers have engaged in practices that tap into all three dimensions at the same time. Some practices are single-dimensional, while some others can satisfy more than one of the dimensions. For example, Sudoku is good for mind stimulation, but does not help facilitate emotional bonding or physical activeness. Dog-walking brings in companionship as well as physical exercise. Joining a singing group taps into three dimensions – singing together facilitates community bonding, singing while standing up promotes physical activeness, while learning new songs in different languages helps mind-stimulation. These findings highlight the importance of engaging in practices that maintain a balanced state with body, mind, and spirit in a holistic manner.

Taking a consumer-centric approach to healthy aging, this paper brings a new lens to the understanding of aging and leads to several contributions. Building on the literature that emphasizes the balanced state of wellbeing (Lipworth et al., 2011; Lowenberg & Davis, 1994; Mark & Lyons, 2010), this paper contributes to healthy aging literature by explaining how healthy aging could be facilitated intrinsically through choice of practices that balance the three aspects of body, mind, and spirit, as illustrated in our healthy aging framework. Balance theories, especially the balance between body, mind, and spirit, have been the foundation in managing health and healing across various cultures (Albrecht & Devlieger, 1999; Chan et al., 2002; Fosarelli, 2002). Reflecting the principle of balance theory, this paper argues that aging consumers' wellbeing is better facilitated when engaging in consumption choices and practices that activate and satisfy the three areas of wellbeing concurrently, leading to a comprehensive and holistic view of the wellbeing of elderly consumers. The research offers practical insights to government policy holders and institutions that focus on promoting healthy aging. Rather than focusing on improving a single dimension, be it mobility or social support, a more holistic view with a multidimensional approach (Scharlach, 2017) should be proposed, when commissioning projects that facilitate the elderly's wellbeing.

## 2. Literature review

### 2.1. The holistic body–mind–spirit framework for health

Balance and balancing are important notions for health and wellbeing. As Lipworth et al. (2011) stated, “balance is a powerful, culturally recognized concept related to living the best possible life, with profound effects on the ways in which people view, experience, and respond to their health-related circumstances” (p. 722). They found that balance and balancing were salient to individuals in health maintenance, disease, or disability management, and lay or professional caregiving. It is reasonable to suggest that at a later stage of life, older individuals will also adopt this concept of balance and balancing to age in a healthy way.

Balance theories, especially the balance between body, mind, and spirit, have been the foundation in managing health and healing across various cultures (Albrecht & Devlieger, 1999). Here, *body* includes the physical, biological, and physiological aspects of an individual (Fosarelli, 2002), *mind* refers to thoughts, beliefs, and cognitive processes (Mark & Lyons, 2010), and *spirit* is defined variously as existential reality, connectedness, and meaningfulness, or as a dimension of a person that is concerned with the transcendent and life's meaningfulness (Fry, 2000; Mark & Lyons, 2010). This Body-Mind-Spirit (hereafter BMS)

balance framework concurs well with Antonovsky's (1993) sense of coherence construct, which comprises three subdimensions of manageability, comprehensibility, and meaningfulness, corresponding to body, mind, and spirit, respectively. Antonovsky (1993) suggested that a stronger sense of coherence could explain the maintenance or improvement of one's health. His conceptualization provides a theoretical foundation for understanding the significance of the balance of BMS (Cowlshaw et al., 2012).

The interconnectedness and inseparability of body, mind, and spirit have roots in both Western and Eastern cultures. Fosarelli (2002) describes the interconnectedness from scientific, theological (Christian), and pastoral perspectives. From an Eastern cultural viewpoint, Chan et al. (2002) also developed a BMS integrated model of total wellbeing. A number of empirical studies have documented the adoption of the BMS framework from diverse populations. For example, Albrecht & Devlieger (1999) studied the quality of life of persons with disabilities and found that a balance between body, mind, and spirit in the self contributes positively to their quality of life. Similar findings were reported with cancer patients (Mytko & Knight, 1999). A holistic view of health is reported from samples of older Inuit (Baron et al., 2021) and other native peoples. Maori healers in New Zealand believe health and healing is holistic (Mark & Lyons, 2010); their worldviews suggest a model of health consisting of five elements: body, mind, and spirit, as well as family and land.

### 2.2. Aging in relation to Body-Mind-Spirit

#### Body

It is common knowledge that physical health tends to deteriorate in old age with the appearance of chronic and debilitating illnesses and consequent loss of mobility and dependence problems. Thus, physical health is regarded as the foundation of healthy aging. For older consumers, healthy aging requires a good grasp of knowledge related to nutrition, health, and diet. In a literature review, Peel et al. (2005) have identified a number of modifiable behavioral determinants of healthy aging, including smoking status, physical activity level, body mass index, diet, alcohol use, and health practices. Existing research reliably and consistently finds that physical activities have consistently been found to have positive effects on healthy aging (Daskalopoulou et al., 2017), and that self-reported physical health is a significant factor of quality of life for older adults (Smith et al., 2002).

Aging is associated with reduced energy intake and loss of appetite, making diet and nutrition especially important for healthy aging (Haveman-Nies et al., 2003). For example, the Mediterranean diet, high in vegetables, fruits, legumes, nuts, beans, cereals, grains, fish, and unsaturated fats such as olive oil, has many health benefits (NHS, 2020; Tosti et al., 2018; Zaragoza-Marti et al., 2018). Diet-related practices also include the use of nutritional supplementation such as protein (Cramer et al., 2016; Wall et al., 2014) and berry fruits (Paredes-Lopez et al., 2010). Studies have found dietary schemes for older people that combat muscle mass loss in particular most beneficial (Malafarina et al., 2013; Wall & van Loon, 2013). In addition, the consumer behavior literature has also shown that the elderly are driven towards purchasing and consuming food that is perceived to have health benefits (Moschis et al., 2004; Omar et al., 2014).

Leisure-time physical activity level and functional fitness tend to decrease as individuals age (Milanovic et al., 2013). In particular, resistance exercise has been found to effectively reverse muscle aging (Liu-Ambrose et al., 2012; Melov et al., 2007) and reduce frailty in older people. Regular activities of moderate intensity such as walking, climbing stairs, and gardening help maintain muscular strength (DiPietro, 2001). In a systematic review, Tulloch et al. (2018) have shown that yoga produced a medium effect on health-related quality of life and a small effect on mental wellbeing for people over 60.

#### Mind

Aging is typically accompanied by cognitive function decline. For

example, aging causes memory deficits in tasks such as recognition (Fraundorf et al., 2019). Cognitive aging has important implications for older consumers' decision making (Hettich et al., 2018). Consumer psychology researchers have found that the reduced cognitive functions of older consumers, including memory deficit, make them more susceptible to the truth-inflating effect of repetition (Law et al., 1998). The stereotypes of older people as easily conned and susceptible to fraud make them targets for telemarketers (Lee & Geistfeld, 1999) or dishonest salespeople (DeLiema et al., 2016). Yet, more recent research has shown compelling evidence that the stereotypes of older people as easily conned and vulnerable to fraud may not be true (Ross et al., 2014). For example, older consumers prefer advertising with rational appeal over emotional appeal (Sudbury-Riley & Edgar, 2016); older age is correlated to better scores on each of the four financial decision-making measures (i.e., performance measures of sunk cost and credit card repayment decisions, and self-report measures of money management and financial decision outcomes), more experience-based knowledge, and less negative emotions about financial decisions (Eberhardt et al., 2019). This discrepancy in the findings on the cognitive function of the elderly may be due to the fact that some older people are healthier and have higher wellbeing than others, arguably due to their different lifestyles and consumption practices.

A wide range of consumption activities are associated with mental health for older adults. In the psychology literature, learning has been found as a crucial aspect of the mind that drives mental health for the elderly. Jenkins and Mostafa (2015) studied learning activities in older adults in England. These types of learning activities are: obtaining qualifications, attendance at formal education/training courses, membership of education, music, or arts groups or evening classes, and membership of sports clubs, gyms, and exercise classes. The authors found that learning was associated with greater wellbeing. Leisure activities often require learning new skills, which help older consumers to maintain a sharp mind (Dodge et al., 2008). Several systematic reviews have shown that exercise contributes to better mental wellbeing among older adults (Young et al., 2015). Diet and nutrition are found to contribute to the cognitive health of aging consumers (Greenwood & Winocur, 2005), such as the Mediterranean diet (Knight et al., 2015).

### Spirit

Connectedness is a significant component of spirituality. The existing research has shown extensively that social life, or the lack thereof, has been highlighted as one of the most important aspects of older adults' subjective wellbeing (Bruggencate et al., 2017; Newsom & Schulz, 1996). Douma et al. (2017) have uncovered multiple dimensions of social life such as family (Li & Zhang, 2015; Litwin & Shiovitz-Ezra, 2011) and offspring (including children, grandchildren, and great-grandchildren) (Glenn & McLanahan, 1981), spouse/partner (Peters & Liefbroer, 1997), and neighbours (Cornwell et al., 2008). An examination of women who entered committed relationships in later life showed the presence of some common themes pertaining to spirituality: openness to experience, attraction, commitment, adjournment, and generativity (Moore & Sailor, 2018). On the other hand, research shows that empty nesters and societies with weaker family and social ties are most susceptible to experience an emotional void related to loneliness (Holmén et al., 2000).

Out-of-home leisure activities such as travel are popular among older consumers. Moal-Ulvoas (2017) has shown that travelling generates three categories of self-transcendent positive emotions including awe of natural beauty and man's harmonious relationship with nature, awe of manmade heritage and artistic beauty, admiration of other people, and appreciation of kindness. Along with consumption activities like dining out and day outings, traveling is another out-of-home activity that may have therapeutic effects in alleviating loneliness among older adults (Kim & Jang, 2017).

The sense of being connected to nature is associated with greater happiness (Capaldi et al., 2014; Nisbet et al., 2010). Spending sufficient time regularly in nature is associated with better physical as well as

mental health (Gagliardi & Piccinini, 2019; White et al., 2019). Dog walking promotes physical exercise in the outdoors and helps build a sense of community, leading to improved health and well-being (Toohey et al., 2013). Creative and cultural pursuits such as music and dance can also benefit older adults' wellbeing (de Araujo & da Rocha, 2019). In addition, Kaufmann et al. (2018) report that listening to music shows increased engagement with life for older adults. Participatory arts such as dance, expressive writing, and joining a chorale society all promote a sense of belonging and connections with other people (Noice et al., 2014).

Cornwell and Coote (2005) have developed a profile of older American adults' social life and have found that age is negatively related to network size, closeness to network members, and number of non-primary-group ties, yet age is positively related to frequency of socializing with neighbors, religious participation, and volunteering. The value of socializing is particularly important to the elderly. Carrigan (1998) has found that an important part of the consumption experience of the elderly when shopping is the social interaction benefits such as the conversations, empathic listening, and sharing humor with service staff. Volunteering is long believed to have positive effects for life-satisfaction, self-esteem, self-rated health, and for educational and occupational achievement, functional ability, and mortality (Wilson, 2000), as well as subjective wellbeing (Binder & Freytag, 2013). Powell et al. (2003) have concluded that church/service attendance protects healthy people against mortality through protection against cardiovascular disease, largely mediated by the healthy lifestyle religion or spirituality encourages. Among hospitalized ill older adults, Koenig et al. (2004) have also found that religiousness and spirituality consistently predicted greater social support, fewer depressive symptoms, better cognitive function, and greater cooperativeness. Spirituality may influence older adults' experience and perception of life events, leading to a more positive appraisal of these events as meaningful (Cowlshaw et al., 2012; Fry, 2000).

### 2.3. Activities that promote Body-Mind-Spirit

The activity theory of aging provides a theoretical framework for the relationship between activity and wellbeing amongst the elderly. It posits that the more active a person is, the more satisfied they are likely to be with their life (Estes et al., 2001; Lemon et al., 1972). This is echoed by similar gerontology studies - a growing body of evidence shows that engagement in different consumptive activities (e.g., physical, intellectual, spiritual/social) positively affects older adults' health outcomes, including physical and mental wellbeing (e.g., Klumb, 2004; Penedo & Dahn, 2005). It is worth emphasizing that the three dimensions of BMS are often interconnected; the factors related to body are associated with those discussed under mind and spirit, and vice versa.

For example, Penedo and Dahn (2005) found that exercise, physical activity, and physical-activity interventions have beneficial effects across several physical and mental-health outcomes. Greater leisure activity participation is associated with better mental health (e.g., Buchman et al., 2009; Everard et al., 2000; Lampinen et al., 2006; Adams et al., 2011) and better physical health (e.g., Buchman et al., 2009; Everard et al., 2000; Menec, 2003) in older adult samples. In a comprehensive study, Steptoe and Fancourt (2019) also revealed that adults with higher worthwhile ratings (*spirit*) are associated with better mental and physical health (self-rated health, depressive symptoms, chronic disease) measured by a wide range of indicators including, among others, less chronic pain, less disability, greater upper body strength, faster walking, less obesity and central adiposity, more favorable biomarker profiles (C-reactive protein, plasma fibrinogen, white blood cell count, vitamin D, high-density lipoprotein cholesterol), healthier lifestyles (physical activity, fruit and vegetable consumption, sleep quality, not smoking), broader social engagement (involvement in civic society, cultural activity, volunteering), more time spent in social

activities and exercising, and less time spent alone or watching television.

Fernández-Mayoralas et al. (2015) offered a detailed list of leisure activities that are deemed as beneficial for healthy aging. These include: (1) physical (swimming, going to the gym, dancing, walking, bowling, etc.); (2) intellectual/cultural (learning a new language, going to the movies or theatre, museums and exhibitions, reading, studying, playing a musical instrument, painting, drawing, etc.); (3) social/spiritual (going to mass or to church, meeting relatives and friends, etc.).

Nevertheless, despite their effort in identifying and discussing the benefits of these activities in relation to healthy aging from the interconnectedness of body-mind-spirit, extant literature has not really acknowledged aging consumers' own perspective in terms of which activities they choose to engage in as practices. A one-off participation in an activity cannot be understood as a practice and does not have the same effect on healthy aging. This is because a practice is regarded as a habitual behavior and a routinized way of doing something, indicating a self-willingness to continue a behavior over time (Halkier et al., 2011), while considering the contextual offerings and constraints (Randles and Warde, 2006). Overlooking consumers' own view in the discussion of healthy aging presents a critical issue because none of healthy aging activities or interventions would have worked if they were not deemed as relevant by the aging consumers to consider and to adopt into their daily practices (Bowling and Dieppe, 2005; Bowling & Gabriel, 2007). This explains why it is important for this paper to explore and understand consumers' aging practices from their own perspective. It provides an in-depth and nuanced understanding of healthy aging in relation to the balance amongst body, mind, and spirit, while considering the "forms of bodily activities, forms of mental activities, 'things' and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge". (Reckwitz, 2002: 249).

### 3. Methodology

#### 3.1. Study design

This paper takes on a consumer-centric view to understand what practices are adopted by aging consumers and the effect of these practices in relation to sustaining a balance amongst body-mind-spirit. Given that there is a lack of consumer behavior literature that focuses on healthy aging practices, an exploratory research is deemed appropriate through a qualitative research design. While qualitative methods are considered most helpful to explore situations where claimed attitudes and actual behavior diverge (Belk et al., 2005) and where a real-life context is important (Sinkovics et al., 2005), in-depth interviews were conducted with eighteen aging consumers to gain "a more accurate and clearer picture of a respondent's position or behavior" (Ghauri & Gronhaug, 2002, p. 101).

#### 3.2. Sample

To understand healthy aging practices from the aging consumer's own perspective, we applied the sampling eligibility criteria as being 65 years of age or older and being a resident living in London. The snowballing sampling technique was adopted and we started with interviewing the first participant, who was a local gardening expert, living in the Northwest London region. She was approached by the research team and agreed to participate and promote the research to her community friends. Through the chains of recommendations, eighteen participants were recruited and interviewed by one of the authors, who is a self-classified aging consumer (over 65), living in the similar geographic location. Being of similar demographic and geographic affinity, the author was equipped to understand the target community. In total, eighteen interviews were conducted with participants aged from 62 to 90 years old, including fifteen females and four males. They were all white British in terms of ethnicity, having a similar social economical

background of lower-middle class and residents in Northwest London. All the participants apart from one were aged 65 and above, with an average age of 74 years old. This homogenous sampling profile is a result of the chain-referring sampling technique (Kirchherr & Charles, 2018), as participants referred us to others in their social circle, who tend to share similar backgrounds. However, the composition is not far from the UK population census data; for example, there are more females than males in older age groups. For the age groups of 65 and over and 85 and over, the percentages of female vs. male are 54.3% vs. 45.7% and 63.2% vs. 36.8%, respectively (Office for National Statistics, 2021). The 2011 Census data showed that the majority of people (86%) in England and Wales identified themselves with the White ethnic group (Office for National Statistics, 2015), and the percentage can be assumed to be higher in older age groups. Many current retirees in the U.K. were able to join defined benefit pension schemes which provide a relatively certain income (Office for National Statistics, 2018), and thus the retirees overall are likely to be lower-middle class. Table 1 provides a detailed breakdown of the participant profile.

#### 3.3. Data collection

Since the investigation of aging practices is vulnerable to the social desirability bias, great care has been undertaken when collecting data. To reduce social desirability bias, interviews were chosen over focus groups in order to minimize self-presentational concerns (Wooten & Reed II, 2000), and to reduce the pressure on the interviewees to "do and say the right thing" (Bristol & Fern, 2003). Prior to the data collection, the research team obtained the institution's ethical approval. Participant information sheets were provided to support the recruitment through snowball sampling, while participant consent forms were obtained before each interview commenced. The interviews were conducted face-to-face with individuals staying in their homes to make them feel comfortable. The comfortable and familiar atmosphere, as well as the open, yet focused interview style, offered the interviewees a trusted environment, encouraging them to answer openly and honestly.

Eighteen in-depth interviews were conducted and each lasted approximately one to one and half hours. A list of prompting interview questions, concerning personal healthy aging practices and wellbeing were developed and frequently annotated/moderated during the progression of the study (Payne, 2007). With participants consent, all the interviews were voice-recorded and later transcribed verbatim, leading to 74,514 words of text data.

#### 3.4. Data analysis

The data analysis follows a step-by-step procedure to ensure rigor (Gioia et al., 2013). Once transcribed, the analysis interpretations were then independently reviewed by two researchers. Table 2 describes in detail the procedures that we took during data analysis. It starts from data transcription to initial manual analysis, leading to the development of the analytic framework (see Fig. 1 below) that aids further explanation of first order codes and second order themes, as well as exemplar quotes (Fig. 2).

### 4. Findings

Based on the interviews with eighteen participants, the findings show that various healthy aging practices are being adopted by participants willingly and these practices could be divided into three key types, associated with the maintenance of a healthy body, the engagement of mind stimulation, and the caring of the spirit (see Fig. 2). However, their choice of practices is not determined based on rationality; it is random, depending on personal preferences and circumstances, such as work arrangements, hobbies, or family background, reflecting that practices are affected by multiple dimensions (Reckwitz, 2002). Some of the respondents adopted healthy aging practices only



**Table 1**  
Participant profile engagement.

Participants	Gender	Age	Retired	Marital status	Body		Mind		Spirit			Balance score (1, 2 or 3: how many among body, mind and spirit each participant hits)
					Healthy Diet	Active Exercise Sport	Learning new things	Games Playing	Companionship	Family & friends	Religion Spiritual support	
1: Mary	F	70	Semi-retired	Widow	Y	Y	Y	N	Y	Y	N	3
2: Sharon	F	89	Retired	Married	N	N	N	N	N	Y	N	1
3: Stela	F	90	Retired	Widow	Y	N	Y	Y	N	Y	Y	3
4: Gracie	F	78	Retired	Widow	Y	Y	Y	Y	N	Y	Y	3
5: Betty	F	72	Retired	Married	N	N	N	N	Y	Y	N	1
6: Mathew	M	73	Semi-retired	Married	N	Y	Y	N	Y	Y	N	3
7: Ivy	F	76	Retired	Widow	Y	N	Y	N	Y	Y	N	3
8: Jane	F	89	Retired	Widow	N	N	N	Y	N	Y	N	2
9: Janice	F	83	Retired	Married	N	N	N	Y	Y	Y	N	2
10: Bonnie	F	77	Retired	Widow	N	N	N	Y	Y	Y	N	2
11: Iris	F	73	Retired	Widow	N	N	N	Y	N	Y	N	2
12: Anne	F	77	Retired	Widow	Y	N	Y	N	N	Y	Y	3
13: Nick	M	75	Retired	Married	Y	Y	Y	N	Y	Y	Y	3
14: Elsie	F	62	Retired	Married	Y	N	N	N	Y	Y	Y	2
15: Cathy	F	65	Retired	Married	Y	Y	Y	N	Y	Y	N	3
16: Paul	M	73	Retired	Married	Y	Y	Y	N	Y	Y	N	3
17: Violet	F	79	Retired	Widow	N	Y	Y	N	N	Y	Y	3
18: Ricky	M	71	Retired	Divorced	N	Y	Y	Y	Y	Y	Y	3

**Table 2**  
Data Analysis Process.

Data Analysis Process
1. Interviews were transcribed by the researcher, who conducted the interviews so that they could describe not only the words but also the emotions observed during interviews.
2. Based on the first seven interviews conducted, an initial manual analysis was conducted by two people separately, using an open coding technique, to identify various coping strategies.
3. The two researchers then systematically collated the notes by exploring individual interpretations to reach a consensus, identifying three types of practices associated with body, mind, and spirit. This led to the development of the analytic framework (Fig. 1), which we used as a guide to later data collection and subsequent data analysis.
4. Following the analytic framework (Fig. 1) and through the interpretation of the codes and quotes, we adopted a continuum back and forth between data and literature on Body-Mind-Spirit balance theory, to organize first-order codes into second-order (theory-centric) themes (healthy body, mind stimulation, happy spirit). See coding illustration (Fig. 2)
5. Then the research team discussed the static codes identified to develop and add three-dimensional relational dynamics and intertwined movement, showing how the themes relating to each other needed to be balanced, leading to the origination of our healthy aging framework (see Fig. 3).

after a life transforming event or trauma, like a heart condition or having had cancer. Often, the adoption of healthy aging practices depends on the individual’s resilience and determination. In the following section, we will explain each theme in more detail.

4.1. Healthy body

When asked about what they do to stay healthy and maintain physical fitness, most of the participants acknowledged healthy diets, regular exercises, and sports to keep active. Many participants took a great effort to explain their dietary routines and keenly promote the benefits of having a nutritious and ‘sensible’ diet. Nutritious diet includes consuming a daily supply of fresh fruit and vegetables, and a regulated amount of red meat, vitamin supplements, etc. Nevertheless, dietary plan is not just about nutrition, it is also about being sensible, which means that rather than engaging in self-indulging behavior, some participants also keep an eye on their salt, sugar, alcohol, and processed food intake. For some, having a nutritious and sensible diet is not just about keeping healthy but looking after one’s wellbeing through body care and self-love. For instance, Ivy mentions:

“... I stick to a diet that is nutritious. I’m very conscious of the fact that when I go around the supermarket, I don’t buy processed food at all. I was actually advised, I had cancer seven years ago, and I was advised never to eat processed food... I’m very aware, I take vitamin supplements; I take a vitamin D tablet, I take evening primrose oil because that’s good for the nails and the hair... I have to look after myself because after having treatment, chemotherapy, your hair, the side-effects for your hair, well you lose your hair and when it comes back it’s much weaker, your nails are all peeling, they don’t give you that side of it, you have to look after your own body...I’ve looked after my nails, especially with neuropathy, you have to look after your nails and everything, and I’m not talking about, yes I like it to look nice with a little bit of nail varnish on, but that’s not the prime thing, the prime thing is creaming yourself; as I said we are machines and if you don’t look after yourself it soon withers...” (Ivy, 76)

Ivy’s comment about her diet explains that when she “looks after” herself, she refers not only to her body, but also how she feels. Taking vitamin supplements and evening primrose oil which are good for her nails and hair means that she is making an active effort to look after her body as well as her mental health, demonstrating self-love and care that

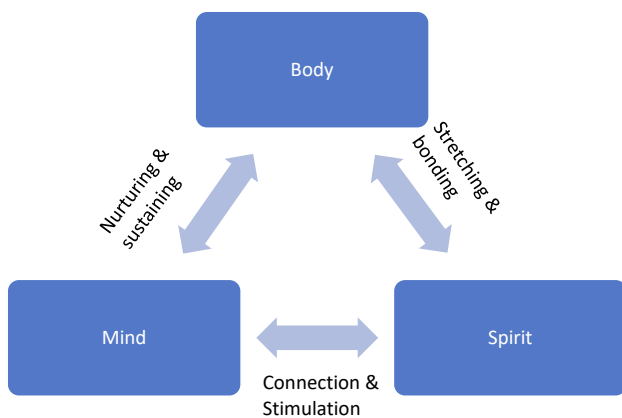


Fig. 1. Analytic framework.

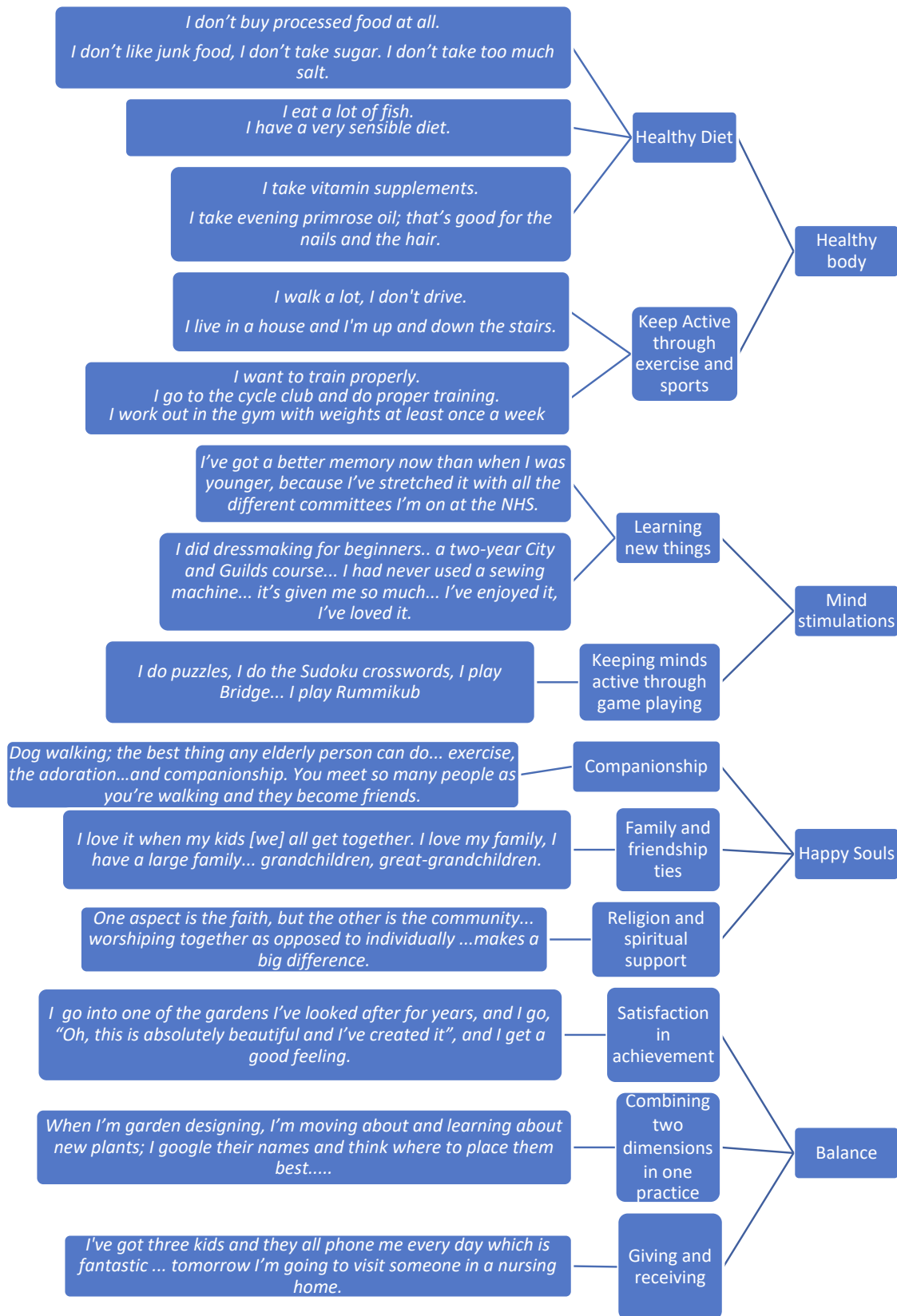


Fig. 2. Exemplar quotes, first order concepts, and second order themes.

she dedicates to herself. This is in line with the work of Wall et al., (2014) advocating the importance of engaging in a dietary plan with supplements to promote healthy aging.

Besides having a nutritious and sensible diet, physical exercise and activeness is also highlighted by participants as part of their routines to maintain best physical abilities. In accordance with existing works (Daskalopoulou et al., 2017), our participants explained how they engage in various types of exercises and activities to keep themselves physically active. A variety of exercises were mentioned, ranging from mild walking to the shop and back, gardening, going out to shows, and swimming, to the more physically demanding ones such as horse riding, playing sports, and the participation in triathlons for the over 70 s. The selection of activities echoes previous literature that suggests that physical exercise at low and moderate-high intensity are particularly suitable for older adults (Hawkins et al., 2015; Scott et al., 2015). Nevertheless, not all aging consumers are satisfied with low and moderate-high intensity exercise; some participants actually have gone out of their way to train their body and took great pride in their activeness. For instance:

*“I did the triathlon...because I want to train properly... it’s no big deal. I learnt to swim properly...I got back on a bike, which I hadn’t been on for donkey’s years! I’d go to a cycle class in the city twice a week... that’s for proper cyclists; they have cycle programs which are pretty tough... So, I would say, I was exercising most days.” (Nick, 75)*  
*“...having done the triathlons and then having done this hundred-mile bike ride, bear in mind I did a relay triathlon with my two sons, which was a really, really memorable feat because I ran a half marathon for the first time in thirty years, ... doing something with my two sons. And then capping that off with a hundred-mile bike ride with my younger son in terrible, terrible conditions two years ago, there really wasn’t anything else that I really wanted to [do], ... there wasn’t a challenge that was outstanding.” (Nick, 75)*

When asked about why Nick kept such a strict routine and pushed so hard to stay on top of his physical fitness, he mentioned how he enjoyed being challenged both physically and mentally by participating in such events. His achievement brought him pride and joy, helping him prove his worthiness, not only to himself but also to his family. The fact he did several of these events with his sons highlights the importance of family bonds in his choice of practices, echoing previous works that discuss the role of social life with family and offspring in promoting wellbeing of the elderly (Glenn & McLanahan, 1981). Nick’s engagement with his extreme physical exercise is a self-directed practice that he performs. By pushing and challenging himself physically and in company with his two sons, he obtains a sense of satisfaction with life, while celebrating it with family (Li & Zhang, 2015; Litwin & Shiovitz-Ezra, 2011).

#### 4.2. Mind stimulation

Aging is typically accompanied by cognitive function decline and this was confirmed in our findings, reflected in memory deficits and other relevant cognitive tasks (Fraundorf et al., 2019). However, this does not stop participants from engaging in various activities such as reading, painting, game playing, and continuous learning, to keep their minds active and to learn new things. Nevertheless, keeping an active mind does not suggest sitting still and passively taking in the message; all participants keenly shared their practices in terms of how they could keep their minds active whilst also having fun, keeping physically active, and enjoying the social company.

*“I read a lot; I read every day. When I’m garden designing I’m constantly looking up plants, learning their names, Latin names only... when I’m designing, I’m thinking, well, I wonder how big this plant grows. So, let’s just Google it and see how high that’s going to get, especially if it’s new things I don’t know, new varieties of something. So, yes, I am learning all the time.” (Mary, 70).*

*“I love to do ballroom dancing; you have to learn a new dance nearly every time. I love it because it’s new moves, it’s different routines, and it was all the classes, you know, you’re using your brain all the time, maybe that’s something, another thing that keeps me young, because you are continually being stimulated” (Cathy, 65)*

*“I’ve always enjoyed puzzles, games, ... mental challenges, and learning in a social environment, ... I’ve enjoyed the [U3A] math groups but most of the things, again it’s a bit like the sport, I wouldn’t be doing them ... I’ve got to enjoy the social aspect of it as well as the learning aspect of it.” (Ricky, 71)*

*“I did what was described as dressmaking for beginners... I had never used a sewing machine, I was totally, I wasn’t even at zero, I was below zero. And I did, it was a two-year course... There were only three of us who finished the course, twenty-two started. It was wonderful, I loved the course ...I had no idea what I was doing, I have to tell you, every time I came home and had to sew, I had to get my instructions book out and look at how you thread up a sewing machine. The first buttonhole I did, I did seventeen times, but I have a lot of patience. So that was learning, and I’ve never, I don’t make things because I’m very slow, but it’s given me so much; I do alterations for myself and all that sort of thing. So, it’s really helped, put me in good stead. I’ve enjoyed it, I’ve loved it” (Anne, 77)*

Keeping minds active and stimulated comes across as a healthy aging choice that is actively practiced by our participants. Their choices of practices are different; for example, Mary engages her brain whilst doing her gardening, Cathy and Anne through learning new ballroom dancing moves and doing a sewing course, whilst Ricky through participating in maths and game clubs. Although Mary and Cathy did not choose to do gardening or ballroom dancing for the sake of learning new plants or moves to keep their mind active, they were very much aware of the multiple benefits that they received by engaging with these practices. Gardening and ballroom dancing not only promote their physical fitness but also stimulate their learning of new things, keeping their minds active. The findings complement the existing works of de Araujo & da Rocha (2019) and Kaufmann et al. (2018), showing that creative arts and activities increase aging adults’ engagement with life. The findings also reinforce the interconnectedness amongst different aspects of wellbeing, where gardening not only helps to promote physical activeness that is good for the physical wellbeing, but is also good for mental stimulation and one’s cognitive wellbeing (Doumit and Nasser, 2010), whilst math club promotes friendship while also providing mental stimulation.

#### 4.3. Happy spirit

As discussed by existing literature, staying socially connected with multiple dimensions can contribute to emotional wellbeing (Douma et al., 2017); our findings also identified three dimensions that participants refer to in order to stay happy, connected, and fulfilled. These include companionship, friendship, and family ties, as well as religion and spiritual support. For example, Mary secures her companion in life by having a dog, which made her “never lonely”.

*“The best thing any elderly person can do is get themselves a dog because not only are you getting the exercise, you’ve got the adoration...and companionship...I never feel lonely because the dog’s always there. I got him when I was er... 69, and I was thinking, well, the dog might live eleven, twelve years, am I still going to be able to do everything at 82? And I thought, yes, I will be able to. In fact, I’ll go out [even] when the dog doesn’t want to. If it’s raining and he doesn’t want to go out, I say, “Come on, we’ve got to go for a walk, I need my walk”. (Mary, 70)*

In addition to promoting physical exercise in the outdoors and building a sense of community with fellow dog walkers (Toohey et al., 2013), the findings show that Mary’s dog clearly offers her the companionship and emotional support which she appreciates and considers as part of her healthy aging practices. Not having a pet and living

alone, Stela, who is 90, also enjoyed a fruitful social life by keeping in touch with her kids through telephone calls every day and visited her friends at nursing homes to stay socially engaged, echoing the importance of social life as an important aspect of aging participants' well-being (Bruggencate et al., 2017).

Despite her age, Stela is a proud driver, who drives to visit her friends on a daily basis. Driving brings her independence and mobility, which meant that she could pay a visit and provide companionship and emotional support to her friends, who were unable to move or travel as freely as she does. Her mobility supports her daily friend-visiting routine and supports her to stay happy, connected, and fulfilled.

*"...I keep in touch, my kids are wonderful. I've got three kids and they all phone me every day which is fantastic and I have one or two friends whose health is not very good and, for example, tomorrow I'm going to visit someone in a nursing home... [She is a] widow, is not very well, and she's in a home in Bushey. In fact, I've got three people in three different homes in Bushey so instead of a pub crawl I can do a nursing home crawl! ...I make a joke of it but it's not really funny (laughing)" (Stela, 90)*

Ricky mentioned his religion and appreciated the church-going practice when worshipping together as part of the collective community:

*"I go to church regularly... one aspect is the faith, but the other aspect is the community of it, which is obviously important, and I mean worshipping together as opposed to individually, it makes a big difference..." (Ricky, 71)*

Previous literatures suggest that church/service attendance is positive for one's health (Powell et al., 2003). However, for Ricky, worshipping on his own is clearly not the same as doing it together with others. This difference highlights the important aspect of a happy spirit, which requires connections and companionship that offer emotional bonds and ties to aging consumers.

#### 4.4. Striking a balance

When looking at the practices, one additional theme emerged beyond the initial concepts regarding body, mind, and spirit. Rather than focusing on achieving one dimension at a time, the findings show that practices that tap into more than one dimension are more keenly engaged in or exercised than the others. For example, Violet explains why she enjoys going to the singing group on a weekly basis:

*"I've always felt that if you are crying inside, if you are unhappy, you can't sing. But if you have a moderate level of stability, mental stability, it just raises you sky high. I mean I come out of any singing group humming to myself or singing to myself. It has a marvellous effect mentally and of course physically because you're using your breathing apparatus... I like songs and we do a whole variety of songs from Tudor times up to Abba and beyond, and languages, we sing in ... seven, eight, nine languages, some more difficult than others. Given that my parents were born in Wales and I lived for part of the war in Wales in Cardiff, I should have found Welsh singing easy. It's the hardest language for me of any! But it's good fun. I enjoy." (Violet, 79)*

Singing not only elevates her spirit; Violet's experience shows that as she has to pick up new songs, sometimes using different languages, singing also provides her with mind stimulation and brings her a sense of achievement when she manages to learn and sing a song in a different language. For her, going to the singing group also counts as a gentle exercise, since she has to engage with her breathing technique and stand up to sing at times. From Violet's perspective, singing is an excellent healthy aging practice because it ticks several boxes.

Singing is not the only practice that taps into different aspects of the BMS framework. Stela also mentioned that she enjoyed visiting her friends in the nursing home because visiting them kept her physically active and brought smiles to her friends, brightened up their days, and

made her feel-good inside. Her example highlights the interconnection of body, mind, and spirit, where some practices could be performed to activate and satisfy all three elements at the same time (Steptoe and Fancourt, 2019). In addition, Mary commented on the rewarding experience that her gardening work brought to her. Whilst keeping her body active and mind engaged, gardening also brought her the sense of achievement, as she commented:

*"I go into one of the gardens I've looked after for years, and I go, "Oh, this is absolutely beautiful and I've created it," and I get a good feeling." (Mary, 70)*

Nevertheless, not all participants have managed to strike the balance and engage in practices that tap into all the three areas (see Table 1). While some participants clearly engaged in practices that tap into all three areas and thrive with healthy wellbeing, some participants did not engage in practices that activate body, mind, and spirit concurrently and have a less balanced approach in their practices.

For example, Sharon described how she gave up some of the previous practices such as walking and cooking healthy food. She said:

*"I used to sort of walk around the block, but I don't do that anymore. I don't know, I just gave up three years ago; perhaps I should make more of an effort. I don't know why... I don't cook anymore. I buy ready-made meals and put them in the oven... [My daughter] gets quite upset ... she's always saying, well you used to make this, beautiful this and that ... but I can't do it now and she gets upset that I don't do it. I buy ready-made things... I've got to have a scan in the hospital. On my head. And that's because my memory is going." (Sharon, 89)*

Sharon could not really articulate why she chose to give up her healthy aging practice. She mentioned that maybe she should not have given up such practice and acknowledged her daughter's disapproval; however, this does not stop her from giving in. She does not seem to be aware of the benefits of walking around and keeping active to her physical wellbeing (body) and this ignorance has made it easier for her to give up her practice, which has started a gradual declining of her health, especially her mental and physical capabilities. Iris described a different experience, where she was forced to give up a lot of her previous practices as a result of her fractured vertebrae that significantly reduced her mobility.

*"I got two fractured vertebrae and then they put me on medication. I'm now on medication, for five years, every six months... I couldn't move and I was frightened of cracking something... I went to a function, and I stood there and everybody's dancing. Normally, I'd be the first one up, always the first one up. And I thought, I can't, I can't do it, my body won't move like that anymore." (Iris, 73)*

In contrast to Sharon, Iris was very aware of the consequences of losing her physical fitness and how this has affected her mentally, from body to spirit. She verbalized how her decreasing physical fitness made it harder for her to sustain her practices and her overall outlook of life.

*"I should do more, but I find everything is an effort. To get ready [in the] morning, I'm panicking... I panic all the time... the anxiousness... [when I was ill and in lot of pain] I was suicidal... [Loneliness and anxiety go] hand-in-hand, yeah... I need more in my life, but, I mean, I don't want to be overrun... I'm up and down, when I do my hour [volunteering at hospital] I'm up and down and chatting. But it is the getting back, after you've done that, to the bus stop. Ridiculous, because it's not that far. I often think, oh, I'd like to do that. Oh my God, but I don't think I'm going to be able to, my legs go like lumps of lead." (Iris, 73)*

While Violet, Mary, and Stela showed how they strategically engage in some practices such as singing, gardening, and visiting friends to satisfy all three dimensions of body, mind, and spirit, thus maximizing their wellbeing, Sharon and Iris demonstrated how the three elements are mutually affecting and affected by each other and neglecting or



losing any one of the dimensions has a negative effect on the other dimensions and the overall wellbeing.

### 5. Discussions

As illustrated in the findings, our aging participants engaged in different practices that activate the three wellbeing areas, including maintaining physical health (body), the stimulation of (mind) and the caring of the (spirit). Nevertheless, as shown in Table 1, not all participants engage in all three aspects of wellbeing. Our findings show that those who manage to engage in practices that tap into all three dimensions generally have a better wellbeing because the balanced states of BMS complement each other and together offer a more holistic pathway to happiness, ensuring healthy aging. Those who scored with only one aspect were showing signs of health decline, yet those who scored two out of three are still able to achieve a balanced BMS state by identifying and engaging with alternative practices, taking account of their current constraints and limitations. The findings also reflect the principle of a balanced theory of health (Lipworth et al., 2011), consistent with the balanced Body-Mind-Spirit framework of wellbeing (Albrecht & Devlieger, 1999). A balanced state refers to a situation where the relations among the entities fit together harmoniously (Woodside and Chebat, 2001). As such, rather than focusing on and discussing how each of the body, mind, and spirit is nurtured through separate practices for better wellbeing, the findings reverted the view of the individual as a unity including body, mind, and spirit (Fahlgren et al., 2015).

Fig. 3 presents our healthy aging practice framework, which clusters participants' self-directed healthy aging practices based on their relevance to body, mind, or spirit. For example, learning new crafts at home is considered as a practice that activates the mind, cooking a healthy meal falls into the category of body, whilst praying alone is a practice to ensure spiritual wellbeing. Nevertheless, the framework also reveals that some practices are relevant to more than one of the BMS dimensions. For instance, working, volunteering, singing in a group and ballroom dancing are mentioned by participants as practices that tap into all three BMS dimensions simultaneously because they create positive and compounding effects ensuring the three areas of BMS wellbeing

spontaneously. Nevertheless, these are only examples; aging consumers could engage in several different practices that together satisfy the BMS dimensions. For example, the less physically-abled aging consumers can maintain their physical health (body) by having a healthy diet or taking small trips to the local shops on wheelchairs, whilst playing Bridge or online quizzes with friends to engage their mind and support their spirit as part of their daily routines.

#### 5.1. Theoretical contributions

The theoretical contributions of this study are threefold. Firstly, we developed the healthy aging practice framework based on our findings, while drawing from the balanced Body-Mind-Spirit theory of health (Albrecht & Devlieger, 1999; Lipworth et al., 2011). It extends previous understanding of healthy aging by providing an in-depth and nuanced understanding of how different practices could be engaged by aging consumers to facilitate their wellbeing. The healthy aging practice framework highlights the importance of embracing body, mind, and spirit holistically through a variety of practices. By holistic, we mean that aging consumers need to take up practices that facilitate the wellbeing of their body, mind, and spirit concurrently because when failing to activate any one of the three dimensions, the individual is at risk of experiencing imbalance.

Secondly, we contribute to the healthy aging literature by adding a new lens to this stream of research, traditionally based on gerontology (Jopp et al., 2015). The lay consumers are the best informants given the subjectivity of the notion of a fulfilling and meaningful old age and the idiosyncrasy of consumption practices to achieve such a goal (Bowling & Dieppe, 2005; Bowling & Gabriel, 2007). Adopting a lay consumer-centric approach to understanding elderly consumers and focusing on their self-engaged practices, this paper generates an enhanced understanding of how various consumption practices can enable aging consumers to lead satisfying and fulfilling lives.

Thirdly, we also contribute to the grey consumer behavior literature by bringing insights from the health literature into the consumption practices of the elderly. The grey marketing literature is fragmented, typically focusing on one type of aging consumers' needs only. Most research in the field of the grey consumer behavior literature focuses on

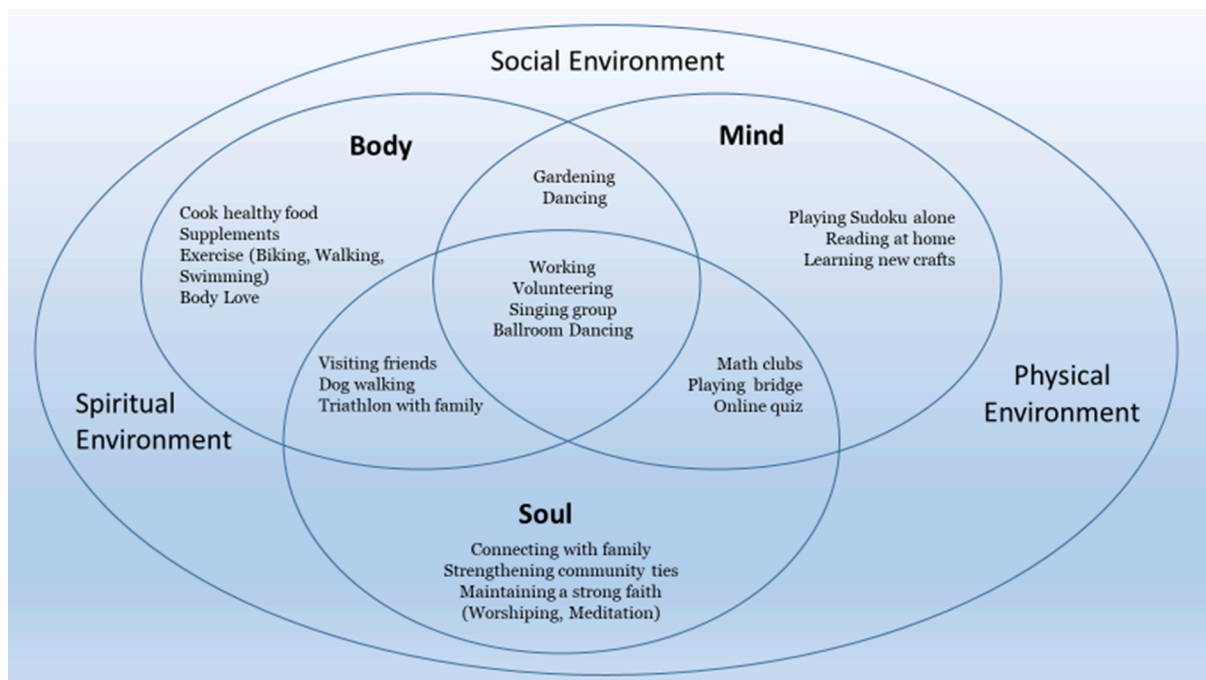


Fig. 3. Healthy aging framework.

the physical health/body as a key motivator behind grey consumption choices (Andersen et al., 1990; Moschis et al., 2004; Omar et al., 2014). Few other studies (e.g., Carrigan, 1998) have focused on the social interaction benefits (conversations, empathic listening, sharing humor) when grey consumers interact with service providers during their shopping experience. This study exemplifies how some aging consumption practices could be performed to satisfy multiple needs – healthy body, mind stimulation, and happy spirit.

### 5.2. Managerial and policy implications

The findings have the potential to inform marketers in designing effective campaigns to their older consumers. Marketing communications should focus on communicating key benefits that their brands offer to satisfy the three wellbeing needs of aging consumers as identified in this study. In their communication, marketers can also include an emotional appeal emphasizing the importance of body love but also that their brand does care about grey consumers through building brand communities specific to this target market. An understanding of the consumption rituals and activities that facilitate aging consumers' social interaction could enable more effective communication (with a togetherness/social tone) with the community at large about the benefits of spending time with older family members and friends. Marketing communication could also encourage aging consumers to arrange meetings around eating, exercising, learning, and other leisure activities.

The most important policy makers and influencers focusing on the aging population in the UK are Age UK and the NHS. Age UK, in their Health and Wellbeing webpages, provide information on age-related health conditions, tips and advice on staying fit and healthy, as well as information on dealing with health services and leaving hospital. The NHS as the UK's health emergency service is mostly concerned in preventing frailty in the older population as this puts an enormous burden on the system. NHS England, in partnership with Age UK, Public Health England, and the Chief Fire Officer's Association, has published a Practical Guide to Healthy Ageing, providing hints and tips on how to keep fit and independent. The advice is provided to the aging individuals who are advised to consider making changes to their daily lives so that they can better manage or reduce their frailty.

Both organizations give comprehensive advice and guidance on their websites and through healthy aging campaigns independently and with partners, but these actions are focusing on individual practices whose adoption is left at the discretion of users to pick and choose. There is no emphasis on a holistic approach to healthy aging. Similarly, u3a is one of the few successful post-retirement movements in the UK that is offering a framework for learning and interaction within circles of interest. Its drawbacks lie in the one-directional, limited reach of its website and its aim limited by members' preferences and abilities.

The study is insightful for policy makers that focus on promoting healthy aging. Policy makers can focus on designing programs to facilitate collective healthy aging practices that are beneficial to older consumers. Collective practices can easily satisfy at least two of the BMS dimensions, as they facilitate community support and connectedness. Strategies include facilitating reading groups, exercising clubs, and communal gardening activities through the provision of venues and access to aging consumers. For example, local councils or GP practices can encourage community building through organizing opportunities for excursions or interest groups, where seniors can meet other seniors, learn about them, and enjoy participating in these activities and turning them into part of their daily healthy aging practices. In short, rather than focusing on improving a single dimension, be it mobility, or social support, a more holistic view with a multidimensional approach (Scharlach, 2017) should be proposed, when supporting projects that facilitate the elderly's wellbeing.

## 6. Limitations and future research

As the world's population is aging and people are living longer, it is becoming more important to ensure that older people enjoy a quality of life and experience wellbeing. This points to the need for more qualitative studies to investigate wellbeing as a consumption experience. Further research should focus on a holistic client-centric view of wellbeing to explain how the three aspects of wellbeing interact among each other to lead to an overall wellbeing.

Our sample was limited to a London urban residential area and was fairly homogenous due to our seedling strategy, e.g., starting the snowballing from one participant (Kirchherr & Charles, 2018). Further research is needed in other settings (e.g., care homes, other societies, old people who live alone versus old couples) to acknowledge different aging consumer segments to further elaborate and validate our proposed conceptual framework. Longitudinal research can also be an avenue for further research to gauge the effect of healthy aging practices (or lack thereof) on the wellbeing of older people over time.

### CRedit authorship contribution statement

**Dorothy Yen:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. **Geraldine Cohen:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. **Liyuan Wei:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. **Yousra Asaad:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

### Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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