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Sitting as a moral practice: Older adults' accounts from qualitative interviews on sedentary behaviours

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Abstract

Amidst public health campaigns urging people to sit less as well as being more physically active, this paper investigates how older adults make sense of their sedentary behaviour. Using an accounts framework focusing on how people rationalise their sitting practices, we analysed data from 44 qualitative interviews with older adults. All interviewees had received information about sedentary behaviour and health, visual feedback on their own objectively measured sitting over a week and guidance on sitting less. Participants used accounts to position sitting as a moral practice, distinguishing between 'good' (active/'busy') and 'bad' (passive/'not busy') sitting. This allowed them to align themselves with acceptable (worthwhile) forms of sitting and

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distance themselves from other people whose sitting they viewed as less worthwhile. However, some participants also described needing to sit more as they got older. The findings suggest that some public health messaging may lead to stigmatisation around sitting. Future sedentary behaviour guidelines and public health campaigns should consider more relatable guidelines that consider the lived realities of ageing, and the individual and social factors that shape them. They should advocate finding a balance between sitting and moving that is appropriate for each person.

KEYWORDS

accounts framework, moral practice, older adults, sedentary behaviour, sitting

INTRODUCTION

Sedentary behaviour (sitting, lying or reclining during waking hours) has become a prominent public health issue in the last twenty years. Until the mid-1990s, most research and public health messaging had focussed on increasing physical activity for health benefit. However, from that point, evidence began to accumulate that being sedentary produces a specific physiological response that can adversely impact disease risk (Dietz, 1996; Hamilton et al., 2004; Hu et al., 2001). A body of research has subsequently demonstrated that sedentary behaviour is a risk factor for poor health independent of physical activity (Owen et al., 2010). As a result, sedentary behaviour has emerged as a focus for research and public health messaging its own right.

Older people have been the focus of much of the recent research around sedentary behaviour, largely because they are one of the most sedentary age groups in society. Studies have shown that older people sit for around 60%–80% of their waking day (Harvey et al., 2013, 2015). Higher levels of sedentary behaviour in older adults are clearly associated with increased risk of all-cause mortality, poor cardio-metabolic health, musculoskeletal disorders, poor mental health, reduced health-related quality of life, impaired physical function and frailty (Copeland et al., 2017; Mañas et al., 2017).

In the context of this increased risk, previous research examining older adults' sedentary behaviour has sought to identify factors that influence their sitting practices in order to inform public health campaigns to encourage them to sit less. Studies have shown that older adults' sedentary behaviour is motivated by a wide range of individual factors (such as physical health, energy levels, TV viewing, doing hobbies and eating/drinking), social factors (such as lack of companionship and expectations that older people should rest) and environmental factors (such as lack of facilities to help them pace their activity [e.g. benches to sit on], perceptions of safety [e.g. crime] and weather) (Chastin et al., 2014; Dontje et al., 2018; McEwan et al., 2017; Palmer et al., 2018a; Shaw et al., 2017a, 2017b; Tam-Seto et al., 2016).

Some authors have also explored how older adults make sense of their sitting as part of their everyday life. Chastin et al. (2014) reported that older women felt sitting too much was undesirable and were concerned about being viewed as lazy or not useful if they sat a lot. Similarly, McEwan et al. (2017) found that older people associated sedentary behaviour with negative terms such as 'vegetating' or 'going stagnant'. However, using a social practice perspective (i.e. exploring how sitting practices emerge in relation to materials [such as perceived access to facilities], competence [how people make understand their experiences of sitting] and symbolic meanings [including embodied and symbolic understandings of sitting and past experiences]) (Shove et al., 2012), our own work has suggested that older people do not distinguish between being sedentary or not, but rather conceptualise their daily sedentary and non-sedentary activities as being busy or not busy (Palmer et al., 2018a). This distinction provides an insight into the processes older adults use to place value on their sitting practices. It indicates that older people may be moralising sedentary behaviours by distinguishing between desirable and undesirable forms of sitting and do not view all sitting negatively.

In the current paper, we aim to further explore this moralising tendency, and how older adults use it to make sense of their own sedentary behaviour, in order to inform future public health messaging. Using an accounts framework (Scott & Lyman, 1968) that examines the cultural scripts people draw on to rationalise or make sense of their behaviour, we present an in-depth exploration to unpack the distinction between desirable ('busy') and undesirable ('not busy' or passive) forms of sitting. We do not argue against the physiological evidence demonstrating that sedentary behaviour is associated with poor health. We note, however, that the nature of this evidence and how it is used places it within a wider public health discourse in which, as Nye (2003) pointed out, individuals are expected to assume responsibility for their own health, and everyday behaviours (like sitting) become medicalised. We use data from semi-structured interviews with a diverse sample of older adults from two large study cohorts, the Lothian Birth Cohort 1936 (Deary et al., 2012) and Twenty-07 Study (Benzeval et al., 2009). Before describing the methods used to address the paper's aim, we first consider the medicalisation of sitting and the use of 'accounts' in health research.

Medicalisation of sitting

Sitting, once only thought of as a normal part of daily routine, is now about health and has become situated within the 'risk society' first identified in the early 1990s (Beck, 1992; Giddens, 1991) where individuals must assess, insure against and prevent socially constructed risks that appear prevalent in everyday life. Thus, in the risk society, individuals are required to become aware of the health risks associated with sedentary (and other) behaviours in order to manage and reduce them. The medicalisation of sitting is produced and reinforced through public health guidance and messaging. In 2011, the UK Chief Medical Officers included the reduction of sedentary behaviour in their national physical activity guidelines for the first time (Department of Health, 2011) and have retained it in their recent updated guidance (Department of Health and Social Care, 2019). Mass media campaigns have also been widely used to raise awareness of public health messaging to sit less (Knox et al., 2015). However, as some commentators have pointed out, advice on sedentary behaviour may be problematic if it creates a 'moral panic' around sitting (Pike, 2011; Vallance et al., 2018) and messages are understood as demonising sitting (Knox et al., 2015).

In addition, sedentary behaviour is often conceptualised as being at one end of a continuum of physical (in)activity (van der Ploeg & Hillsdon, 2017). Scholars have therefore criticised active living policies for 'creating a problem of sedentarianism' (Bercovitz, 2000, p. 24). That is, by placing physical activity and sedentary behaviours in opposition, they become moralised, with physical activity viewed as positive and sedentary behaviour as negative (Dallaire et al., 2012). The positioning of sedentary behaviour as a public health concern with detrimental effects on health, which some authors have compared to the detrimental effects of smoking, further pathologises sitting (Tulle, 2015). Thus, the active citizen is constructed as a moral citizen and sedentary behaviours become problematic (Bercovitz, 2000; Dallaire et al., 2012; Tulle, 2015).

For older adults, the risk discourse is further reinforced by their identification as a high-risk group due to their high levels of sedentary behaviour (Copeland et al., 2017; Mañas et al., 2017). Considering this perception alongside an increasing focus on 'active' or 'successful' ageing in which physical activity plays an important role (Pike, 2011) may further moralise sitting for older adults. However, quite apart from the public health discourse, which is largely based on individual-level research (Chastin et al., 2015), wider societal expectations of ageing shape people's expectations of physical activity and sedentary behaviour in later life. Associations between negative ageing stereotypes and physical inactivity are well-documented and have been demonstrated to influence older adults to behave in what they believe are 'age-appropriate' ways (Massie & Meisner, 2019). For example, a survey of US older adults reported those with negative expectations of ageing were significantly more likely to report low levels of physical activity than those with more positive ageing beliefs (Sarkisian et al., 2005). In qualitative work, older adults report feeling unsupported and marginalised in relation to being physically active, believing that society has essentially 'written them off' (Jancey et al., 2009). Others complain about well-meaning, (over-)concerned family members placing limitations and restrictions on their activities and encouraging them instead to 'take it easy' (Schmidt et al., 2016). How these discourses shape older people's understandings of sedentary behaviour and the ways in which they make sense of sitting in their everyday lives is therefore of great interest.

Accounts

One way to extend our understandings of how older adults make sense of their sedentary behaviour is to focus on what older people say about their sitting using an accounts approach (Scott & Lyman, 1968). Accounts can be thought of as socially approved explanations that reflect subjective meanings of human behaviour (Monaghan, 2006; Orbuch, 1997). The concept of accounts was first developed by Scott and Lyman (1968) to understand how people attempt to rationalise the so-called deviant behaviour. However, more recent conceptualisations suggest that accounts can be extended to make sense of any behaviour or practice in people's daily lives (Orbuch, 1997).

The focus on people's accounts of their health behaviour has been criticised for failing to provide an accurate representation of what people actually do, by overlooking the importance of people's subjective lived experiences of their bodies in action (Williams, 2003). However, as Archer (2000) notes, human self-consciousness is lodged within our embodied practice, and our behaviours are intrinsically related to our understandings of selfhood and how we view ourselves in the world. Thus, there is no reason to place more value on either accounts or embodied practice. Both should be explored, as not all accounts will be voiced and experiences of embodied practice will not be the same for everyone (Monaghan, 2006).

Health behaviours, such as risky sexual behaviour, smoking and diet, and associated health conditions, such as obesity, have been examined using an accounts approach (Heikkinen et al., 2010; Monaghan, 2006; Ven & Beck, 2009). Some authors have described ways in which people use culturally drawn scripts to neutralise or normalise risky behaviours (e.g. appealing to alcohol use as an excuse for questionable sexual behaviour (Ven & Beck, 2009)) or to present themselves as risk-aware individuals who moderate the potential harms of their behaviour (e.g. smokers presenting themselves as leading otherwise healthy lifestyles; Heikkinen et al., 2010). Others have shown how people use accounts to align personal or cultural expectations with their own embodied experiences (e.g. social norms around eating leading to weight gain (Monaghan, 2006)).

People's accounts of their sedentary behaviour may therefore be a result of them both making sense of daily life and attempting to rationalise a behaviour that has been subjected to what Scott and Lyman (1968) describe as 'valuative inquiry' (p. 46) where it is in some way questioned or perceived as deviant. They suggest that two types of account, justifications and excuses, may emerge when an individual's behaviour is called into question. Justifications are accounts in which the individual accepts responsibility for the behaviour but denies (at least partially) that it is in some way deviant or immoral. Justifications are used to explain the behaviour using socially approved scripts that highlight the way(s) in which the behaviour is acceptable. Types of justification include 'techniques of neutralisation' (Scott & Lyman, 1968: 51), which serve to normalise the behaviour in question or demonstrate that there are others whose behaviour is worse. Excuses are accounts in which the individual admits the behaviour in question is 'wrong' but uses socially approved scripts to lessen or dismiss their responsibility by suggesting the behaviour was accidental, caused by something they could not control (e.g. biological or environmental factors), or by shifting blame to others.

METHODS

This qualitative interview study was conducted as part of a larger interdisciplinary project using a range of objective and self-report methods to examine sedentary patterns in older adults (Seniors USP [Understanding Sedentary Patterns], http://www.gcu.ac.uk/seniorsusp). Participants in the Seniors USP project (n = 773) were recruited from two Scottish cohort studies: the Lothian Birth Cohort 1936 (N = 304, aged 79 years) and the West of Scotland Twenty-07 Study. The Twenty-07 Study comprises three age cohorts: two (1930s [N = 129 aged around 83 years] and 1950s [N = 340, aged around 64 years]) were included in the Seniors USP project.

Throughout Seniors USP, all participants received information about sedentary behaviour reflecting the public discourse surrounding sedentary behaviour at that time (Department of Health, 2011). At the start of the project, participants received study information sheets introducing the idea that long periods of sitting were associated with poor health. Participants then answered a battery of eighteen self-report measures of sedentary time, based on the TAxonomy of Self-report SB Tools (TASST) framework (Dall et al., 2017) and wore an activPAL™ accelerometer to provide an objective measurement of their sedentary behaviour. Finally, all were sent visual feedback on their personal objectively measured daily sedentary behaviour over a one-week period (Figure 1). This was accompanied by a letter reinforcing the message that sedentary behaviour is associated with poor health and stating that on average older people sit for 9–10 h/day. They also received a 'Top Tips' information sheet with suggestions on ways to sit less and become more active (https://www.gcu.ac.uk/seniorsusp/resources/).

We report the findings from face-to-face semi-structured interviews with a purposive subsample of 44 older men and women. Sampling was designed to include equal numbers of participants from three age groups (mid-60s—Twenty-07 1950s, N = 16; late-70s—Lothian Birth Cohort 1936, N = 16; mid-80s—Twenty-07 1930s, N = 12), with both men (N = 23) and women (N = 21) who sat more (N = N = 22) or less (N = 20)[1] than the average for their age group (as derived from

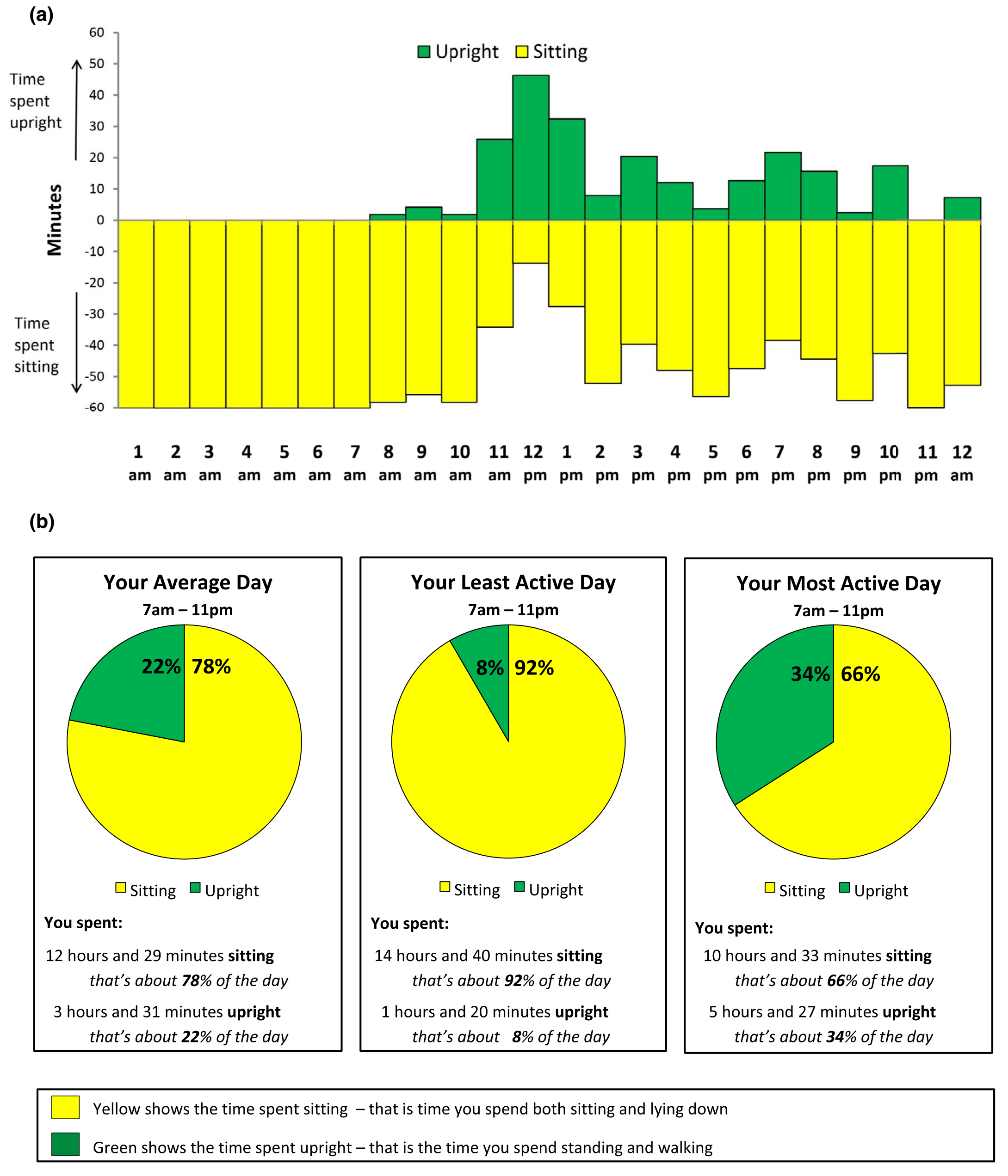

FIGURE 1 1 (a) Visual 24-h activPAL™ feedback participants received on their daily sitting and non-sitting time. (b) Visual 24-h activPAL™ feedback participants received on their weekly sitting and non-sitting time [Colour figure can be viewed at wileyonlinelibrary.com]

the objective sedentary behaviour measurements from Seniors USP). See Palmer et al. (2018a) for full details of the sampling frame.

Interviews were conducted by VJP, an experienced qualitative researcher in her late twenties, in participants' homes ($N = 39$) or at a clinical research facility ($N = 5$) (as chosen by the participants) between May 2015 and June 2016. They lasted between 16 min and 1 h 55 min (mean interview length = 41 min). A topic guide was developed to elicit discussion of older adults' daily sitting and non-sitting activities, including the value they placed on these activities and what was good and less good about sitting. Participants' personal visual feedback on their objectively measured daily sitting over a week (Figure 1) was used as a prompt to generate rich insights and reflections around what they did while sitting or not sitting throughout the day. Interviews were recorded digitally and transcribed verbatim.

Anonymised transcripts were analysed using a thematic framework approach (Ritchie et al., 2003) in NVivo10 software. Data analysis was led by VJP with input from CMG, CF, NM and SW at each stage of the analysis process (for full details of the analysis undertaken, see Palmer et al. (2018a)). The data presented here emerged from one of the broad themes: Perceptions of Sitting and Non-Sitting, which included what participants said about things they did while sitting and not-sitting. Within this theme, a sub-theme, Sitting as a Moral Practice, was identified where participants appeared to make moral judgements about sitting. This sub-theme was analysed using an accounts approach (Scott & Lyman, 1968) to identify excuses and justifications in participants' reflections on their own and other people's sitting. Systematic comparison identified differences and similarities between participants who sat more (Higher Sedentary Behaviour) and less (Lower Sedentary Behaviour) than average, and between men and women.

Extracts chosen to illustrate the analyses are labelled to indicate participant ID (P1-P44), gender (man, woman), age group (mid-60s, late-70s, mid-80s) and level of sedentary behaviour (higherSB, lowerSB, otherSB[2]).

FINDINGS

Sitting as a moral practice: contextualising accounts

Since accounts are culturally embedded, people will rationalise their experiences in ways that are coherent with their current social context (Orbuch, 1997). Accounts emerged as interviewees reflected on their own sitting practices. For most, it was through this reflection that sitting began to be moralised as they attempted to make sense of their own sitting practices.

Participants' reactions to their visual feedback highlight the importance of identity, particularly in relation to whether they viewed themselves as an active person, in their construction of accounts of sitting. The most common reaction amongst both Higher and Lower Sedentary Behaviour participants was surprise or shock at the amount of time they spent sitting throughout the day. This reaction was often related to their perception of themselves as someone who did not sit a lot:

> "Absolutely shocked, because I'm a walker..."
>
> [P3, woman, late-70s, lowerSB]

> "I was surprised that I didn't stand more, because in my head I'm standing more. And my friends all think of me as somebody that's always on the go doing stuff, so I was quite surprised that I didn't have more standing in there, you know."
>
> [P21, woman, mid-60s, higherSB]

However, some Lower Sedentary Behaviour participants agreed their feedback reflected their normal practice and confirmed their perception of themselves as an active person who did not sit too much: '*it was about what I thought I did [...] you know, followed it fairly accurately, yeah, and I don't really sit an awful lot.*' [P4, woman, late-70s, lowerSB].

A few Higher Sedentary Behaviour participants also felt their feedback was accurate in reflecting the high levels of sitting in their daily lives. However, unlike Lower Sedentary Behaviour participants, they did not necessarily accept that this defined who they were. Some reacted defensively saying they '*can't do much about it*' [P39, woman, mid-80s, higher SB]. Therefore, whether their feedback conformed to, or conflicted with, their self-identification as an (in)active person shaped how participants formed accounts about their sitting practices.

It is also important to recognise that because the information they received during the Seniors USP project reflected the dominant discourse around sedentary behaviour at that time (Department of Health, 2011), participants in this study likely had a heightened awareness of sedentary behaviour and its possible health consequences. They may therefore have felt an even stronger need to use accounts to rationalise their own sitting practices than other people of the same age.

Rationalising sitting in relation to health

As participants rationalised their own sitting practices, they presented accounts of their own and other people's sitting in the form of both justifications and excuses, and drew on particular cultural scripts to do so. These related to '*acceptable sitting*', '*distancing from the sedentary other*', '*ageing*' and '*people like me*'. However, a few interviews also appeared to show some '*resistance*' towards the dominant 'sitting is bad for you' narrative. The following sections deal with each of these accounts in turn.

Acceptable sitting

The most prevalent account was one in which participants justified their sitting by drawing on narratives of what types of, or how much, sitting was acceptable. Participants were keen to highlight that they '*don't sit for the joy* [of it]' [P4, woman, late-70s, lowerSB] and do not sit around when there is something else they should be doing: '*If I've got nothing to do, I'll sit down and watch the television. If I've got something to do, I'll do it, you know.*' [P8, man, late-70s, higherSB].

The justification of doing something worthwhile was also expressed by other interviewees who stressed the value of the activities they did while sitting:

> "When I got the [model village] that I made to a certain stage, I found I was more interested in adding bits and pieces to it that made me sit down, and I'll show you why...just to show you how...though I was sitting, I wasn't twiddling my thumbs."
>
> [P42, man, mid-80s, lowerSB]

Filling time with worthwhile activities reflects our previous finding that older adults do not distinguish between sitting or not sitting, instead they describe being busy or not busy, regardless of whether they sit more or less than average (Palmer et al., 2018a). Being busy appeared to relate to what participants perceived as good use of their time. They spoke of filling their days with a wide range of 'busy' activities (many of which were done sitting down):

> "I try to keep busy since retiring, joined art classes, pottery and what have you still going on. I just like to keep busy – don't stagnate."
>
> [P15, woman, late-70s, lower SB]

> "I keep myself busy, I go to meetings at the church, although they're not on during the summer months. I have six pupils I teach piano to, which takes up quite a bit of time sorting out music and stuff, apart from the lessons."
>
> [P40, woman, mid-80s, higher SB]

The emphasis on being busy creates a moral distinction, with participants highlighting that being busy is better than having nothing to do. This suggests that the moralisation of sitting emerged within the distinction between being busy or not busy, rather than (as has previously been suggested) between being active or not active (Bercovitz, 2000; Dallaire et al., 2012). As the following extract illustrates, the censure of passive ('not busy') sitting was reflected in the language that participants used to describe sitting. They often used negative terms (e.g. lazy and idle) to describe 'sitting doing nothing', associating passive sitting with not trying or laziness, and were keen to stress that this did not apply to them: '*No, I'm no lazy. I'll not…I'm saying I am sitting but I'm not lazy.*' [P41, woman, mid-80s, lowerSB].

Another example of negative language was the 'couch potato' idiom, which reflects the demonisation of sitting present in mass media accounts of sedentary behaviour (Knox et al., 2015). Participants often used 'couch potato' to distinguish their own from more passive types of sitting:

> "I'm not a couch potato in the sense that I don't sit on the sofa all day and watch the television."
>
> [P1, man, late-70s, lowerSB]

To further differentiate (their) 'good' from 'bad' types of sitting, many participants used positive language (e.g. enjoyment and pleasure) when describing the things they did during 'busy' sitting:

> "Well, I just feel that reading, sometimes I get autobiographies from the library and then maybe other times it's a – it's fiction right enough – but good stories, you know, and I really get into it and enjoy it. And my sewing, I love sewing and if I start something, I have to get on with it. So that's about it."
>
> [P36, woman, Mid-80s, LowerSB]

Participants' emphasis on enjoyment points to a type of justification that Scott and Lyman (1968) describe as 'self-fulfilment'. In this case, participants use the importance of the activities they do as justification for sitting.

As well as focussing on the personal importance of some of their sedentary activities, some participants were keen to reinforce that they rarely sat for long spells. Men, in particular, claimed the amount of sitting in their visual feedback was unusual. Some argued that the activPAL^{TM} monitor (from which the feedback was derived) was inaccurate:

> "Well I says, oh, there's something wrong there [with the feedback] because I do move about; there should be more green [upright time], so these gaps [...] Now that reason may be... I don't know if that recorder was operating in a way that doesn't count for me to go across there and go through and get a glass of water and sit down again."
>
> [P9, man, late-70s, higherSB]

This type of excuse is an example of what Scott and Lyman (1968) describe as an 'appeal to accident' (p. 47). The men used it to shift responsibility from themselves to the technology, which they claim did not provide a full record of the non-sitting activities they did throughout the day.

Distancing from the sedentary other

Another way that participants (both Higher and Lower Sedentary Behaviour) rationalised (or neutralised) their own sitting was by distancing themselves from the sedentary other (i.e. people they perceived to sit more and/or to do things that were less worthwhile than their own sitting activities). The shift in attention from themselves to the sedentary other is indicative of another form of justification: 'condemnation of condemners' (Scott & Lyman, 1968: 51). Here, individuals accept that they engage with the 'deviant' behaviour, but shift the focus from their own behaviour to that of others (Monaghan, 2006). Participants often used extreme examples of ('bad') sitting to emphasise that there were other people who were 'worse' than they were: '[...] *there's a lot of folk just sit down, and that's it, they're not even going to try.*' [P3, woman, late-70s, lowerSB].

Some participants drew on people they knew to illustrate how their sitting practices were different from (better than) others like them. In these cases, many again used extreme examples to position their own sedentary behaviour in a positive light:

> "I hear them down [at the social club], guys my age, 'I lay on the settee all day'. I don't lie on the settee, I sit here [gestures to chair]. [...] I hear them talking and they never cross the door, they're couch potatoes from morning to night."
>
> [P35, man, mid-80s, higherSB]

Traditional narratives of ageing were also used by some participants as a mechanism of distancing themselves from the sedentary other. In particular, they described how disease and dysfunction meant that some older people had no alternative but to sit for long periods of the day:

> "I think I sit less than a lot of people. Aye, well an awful lot of people I sit less [than]. Some, especially older ones, they've got something wrong with them where they have to sit."
>
> [P9, man, late-70s, higherSB]

A few participants also used young people to exemplify the sedentary other. These accounts reflect narratives of increased technology use that are often blamed for sedentary lifestyles (Griffiths, 2010). This type of excuse shifted the problem of sitting away from older adults towards the younger generations:

> "A lot of people are couch potatoes nowadays, especially the kids. They can't get off their behinds; they'd rather sit and play games, you never see them. [...] They're just in their house doing this. They'll pay for it [in terms of their future health]; I'll tell you they'll pay for it."
>
> [P9, man, late-70s, higherSB]

As these examples show, many participants used negative terms (including 'couch potato') to describe the sedentary other, which further differentiates their own sitting practices as 'good'. Distancing from the sedentary other therefore further highlights the moralisation of sitting, with those who sit a lot or doing nothing worthwhile positioned as 'bad' examples of sedentary behaviour.

People like me

A few participants, all from the Higher Sedentary Behaviour group, rationalised their own sitting by emphasising that other people of their age sit just as much as them.

> "I don't do as much as I used to do. But, I mean, there again, I'm maybe just the same as everybody else, you know, because a lot of women think they aren't doing so much themselves. I don't know what it is. I never seem to see many people doing anything, you know."
>
> [P6, woman, Late-70s, HigherSB]

This justification could be described as 'contrition' (Monaghan, 2006: 150), where individuals accept responsibility for their behaviour. Here, they accept that they sit for long periods of time but rationalise it by drawing on narratives that others like them act in the same way. This rationalisation allows them to lessen any sense of guilt they may feel through (self-) reassurance that their sitting is normal and thus acceptable, both to themselves and to other people.

Ageing

References to age and ageing were common as participants tried to make sense of the sitting in their visual feedback. The way participants described sitting activities in their daily lives reflected their own (changing) perceptions of what is acceptable for someone of their age:

> "I'm surprised that I spend so much time sitting, because I tend to think I'm more actively upright than the average person my age"
>
> [P1, man, late-70s, lowerSB]

Many participants (both Higher and Lower Sedentary Behaviour) had noticed an age-related decline in their physical activity and cited a number of reasons for this, including retirement, health issues or limitations in their physical functioning. However, they distanced themselves from traditional narratives of ageing (as illustrated above) and some participants also used these narratives to justify their own sedentary behaviour, noting that at their age they were more likely to sit: '*I think at this time you do tend to relax more than when you were younger, you know.*' [P15, woman, late-70s, lowerSB].

A few participants went further, reporting that they needed to sit more as they got older and that there was nothing they could do about it:

> "I think, oh, I'll have to sit down, or I'll have to shut my eyes, because it's your second childhood. [...] It's just old age, really. [...] You just have to accept it, do what you can, and that's it."
>
> [P3, woman, late-70s, lowerSB]

By using ageing as an excuse that appeals to biological drives in this way, participants were drawing on the idea that there are particular 'fatalistic' forces, in this case biological ageing, that to some degree control our actions (Scott & Lyman, 1968).

Resistance

While all participants provided justifications or excuses for their sitting, a few (mostly men) also contested the dominant discourse around sedentary behaviour and health. Some felt they were entitled to sit at certain times because they had been busy or active previously:

> "maybe a Sunday, maybe, no I'm always...I feel that I could sit, because I've done...I've burst my ass for maybe two and a half to three hours, I think you've got to sit a wee bit and read Sunday papers and things like that, I think I deserve that."
>
> [P24, man, mid-60s, lowerSB]

Accounts like this reflect what Monaghan (2006) describes as 'repudiation' (p. 155), where a 'deviant' behaviour is questioned or challenged. Participants presented 'good reasons' for sitting, and whilst not entirely rejecting responsibility for their actions, used the perceived benefits of sitting (i.e. rest and relaxation) to counterbalance some of the negative views. However, it could be argued that such accounts reinforce the moral distinction between being active and sitting, with sitting being seen as a reward for being active.

Other repudiation accounts were also evident. For example, one man felt the information he had received about sedentary behaviour and health during Seniors USP simply '*wasn't for me*' [P8, man, late-70s, higherSB]. Two others actively challenged the idea that sitting is inherently bad for you, with one, in particular, questioning the scientific evidence underpinning current public health messaging:

> "Well I have to say, I don't really believe your studies. [...] Because the studies are reductionist science, they look at one variable at a time, and not the context. And yeah, so I feel like kind of, you know, the sitting thing, it's not likely to be particularly, in the end of the day, particularly an absolutely overriding thing to worry about."
>
> [P2, man, late-70s, higherSB]

These repudiation accounts contrast the other accounts that seek to rationalise, normalise or excuse sitting in daily life and offer a counter-narrative to the moral position of sitting within a public health context.

DISCUSSION

Sedentary behaviour has become a clear focus of public health messaging and, like other public health information, is framed within a discourse that encourages individuals to take responsibility for their own health. Using an accounts approach, we unpacked the ways in which older adults made sense of their own sedentary behaviour within the context of sitting as a moral practice. We found that many older adults used accounts as a way of aligning their own sitting practices with 'good' (active/'busy'/worthwhile) sitting, thus demonstrating their position as moral citizens.

Similar to accounts of other health behaviours, such as smoking, risky sexual behaviour and diet (Harris, 2017; Heikkinen et al., 2010; Ven & Beck, 2009), participants in the current study sought to rationalise their sedentary behaviour by distinguishing between different (active/'busy'/worthwhile vs. passive/'not busy') types of sitting. Accounting for sitting in this way suggests that they viewed some types of sitting as deviant or risky, reflecting the medicalised view of sedentary behaviour. The creation of the 'sedentary other' was another way that highlighted the moralisation of sitting, with participants distancing themselves from extreme examples of ('bad') sitting (i.e. sitting for long periods of time and/or doing sitting activities that were not worthwhile). This kind of distancing from an 'unhealthy' other has also been observed in accounts of diet (Harris, 2017) and obesity (Gray et al., 2011), and in response to diet and physical activity health promotion campaigns (Thompson & Kumar, 2011).

As Thompson and Kumar (2011) also suggest, by distancing themselves from others whose behaviour they viewed as deviant, the older adults in our study were seeking to highlight their own competence in making decisions about their health and to show that they were largely in control of their own sitting. Asserting control in this way is reflective of the wider public health discourse whereby individuals are expected to manage their own health risk (Petersen & Lupton, 1996). It has been demonstrated that such public health messaging can create stigma around health behaviours and practices (Thompson & Kumar, 2011; Williams & Annandale, 2018) and does not encourage positive change (Adler & Stewart, 2009). Moreover, as others have previously noted, focussing on individual responsibility for health, masks wider social, cultural and policy factors that shape behaviour (Cairney et al., 2018; Tulle, 2015).

Accounts of sitting emerged as participants reflected on their own sitting practices and how these related to their perception of self and health. They also highlight how wider social and cultural expectations (particularly around age) shape how older people make sense of their sitting, as their accounts were embedded in experiences and perceptions of ageing. In general, people viewed traditional ageing (decline, disease and dysfunction) negatively; however, although they were keen to distance themselves from ageing in this way, they did associate sitting more with ageing. Older adults therefore may find themselves in a bind between appearing to be moral citizens (i.e. being active) and their own bodily capabilities.

Negative views of ageing also echo previous qualitative research, which reported that older adults felt that there was stigma associated with sitting in later life (Chastin et al., 2014; McEwan et al., 2017). To offset these negative views, participants in the current study sought to legitimise their sitting practices by emphasising worthwhile sitting, and their presentation of 'good' and 'bad' ways of sitting reflects the active ageing narrative that there are 'good' and 'bad' ways of ageing (Pike, 2011). Their accounts therefore highlight how the framing of sitting within an active ageing narrative can reproduce cultural understandings of ageing and perpetuate stereotypes around ageing. There is therefore a need to frame sitting more positively by acknowledging that it is part of everyday life and to avoid stigmatising those who choose to do sitting activities, or who cannot be physically active.

We also observed some differences between men and women's accounts of sitting. Men were more resistant to accepting their own levels of sitting and to the current sedentary behaviour public health narratives (e.g. sitting too much is bad for your health). To some extent resistance may reflect the relationship between traditional masculinities and health, which means that men may be more resistant to health messages than women (Crossley, 2002). However, Robertson and Williams (2010) also note that statements of resistance may form part of a wider narrative around health, where men prioritise particular health behaviours over others (e.g. smoking for stress relief). Thus, considering the broader narratives around ageing presented in their accounts, resistance may be one way in which men weigh up the costs and benefits of sitting in later life.

There is a need for sedentary behaviour researchers and policymakers to reconsider public health messaging around older adults' sedentary behaviour. Current messaging has been criticised for adopting a one-size-fits-all approach, overlooking the ability (and willingness) of people to 'move more' (Cairney et al., 2018; Phoenix & Bell, 2018; Tulle, 2015). In addition, messages around sedentary behaviour are often vague (e.g. break up prolonged periods of being sedentary with light physical activity or standing [Department of Health and Social Care, 2019]) and rarely accompanied by consideration of what appropriate and sustainable levels of activity may be for different people living in different social, cultural and physical contexts (Cairney et al., 2018). This is of particular importance for older adults, whose sitting practices are negotiated in relation to both their perceptions and lived experiences of ageing, including any (perceived) physical restrictions that ageing may bring.

One way to address this issue might be through the development of more 'relatable guidelines' that go beyond understanding sitting simply in relation to epidemiological evidence and recognise the lived realities and experiential expertise of older people (Phoenix & Bell, 2018). Guidelines should move away from placing sedentary behaviour in opposition to physical activity and acknowledge that it may be challenging to build more activity into people's lives (Palmer et al., 2018b, 2019; Phoenix & Bell, 2018). It may be more beneficial to understand how sitting forms part of wider patterns of movement throughout the day (Phoenix & Bell, 2018), and what shapes these patterns (e.g. energy levels, enjoyment of sitting, social structures and cultural expectations [Palmer et al., 2018a]). Guidance would therefore emphasise the positive aspects of sitting (e.g. restorative, pleasure and cognitive) as well as movement, and advocate finding a balance between sitting and non-sitting activities that are appropriate for each individual, and can be integrated within people's daily lives (Rawlings et al. 2019).

This study has several strengths. Being part of the larger Seniors USP project enabled us to access a range of views by recruiting a sample of men and women ($N = 44$) with varying levels of objectively measured sedentary behaviour, who we were then able to group according to whether they sat more or less than the average for their age. Examining participants' visual feedback during the interview provided a mechanism to elicit rich qualitative data on their sitting practices by evoking memories that allow for deeper reflection (Kwasnicka et al., 2015). Such an approach is particularly useful for sedentary behaviour research as some sitting activities are deeply embedded in the routines of everyday life (e.g. sitting to eat and drink) and may therefore be difficult to recall as individual behaviours (Dontje et al., 2018).

One important limitation is that involvement in the Seniors USP project with its focus on sedentary behaviour and health may have led to the interviewees feeling they had to justify their own sitting practices. However, the information participants received during Seniors USP was based on public health messaging at the time, and therefore, their accounts of sedentary behaviour are likely to reflect the accounts other older adults would also draw on after exposure to the messages elsewhere.

CONCLUSION

As older adults made sense of their sitting practices within the context of public health messaging around sedentary behaviour, many used accounts to morally position their own sitting as ‘good’ sitting. Some did this by placing passive sitting in opposition to more busy (sitting and non-sitting) activities; others by demonstrating how they themselves practiced more acceptable, and what they perceived to be more worthwhile, forms of sitting. Such moralisation of sitting also allowed many to set themselves apart from negative societal perceptions of ageing. However, this setting apart was often at odds with older adults’ own experiences of ageing where many reported sitting more because they were unable to do as much as they used to. Our findings suggest that public health messages around sedentary behaviour should move towards more relatable guidelines for older adults that consider the lived realities and challenges of later life and the individual experiences, values and social structures that shape them. Such guidelines which also promote positive sedentary practices, such as relaxing, socialising and mental stimulation, could then be used to support older adults to find a balance between sitting and non-sitting activities that are appropriate for them, and can be integrated in their daily lives.

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CONFLICT OF INTEREST

The authors declare that they have no competing interests.

AUTHOR CONTRIBUTION

Victoria Jane Palmer: Data curation (lead); Formal analysis (lead); Investigation (lead); Methodology (equal); Project administration (lead); Writing-original draft (lead); Writing-review & editing (lead). **Cindy M. Gray:** Conceptualization (lead); Formal analysis (lead); Funding acquisition (equal); Methodology (lead); Supervision (lead); Writing-original draft (lead); Writing-review & editing (equal). **Claire Fitzsimons:** Conceptualization (lead); Formal analysis (equal); Funding acquisition (equal); Methodology (lead); Supervision (lead); Writing-original draft (supporting); Writing-review & editing (equal). **Nanette Mutrie:** Conceptualization (supporting); Formal analysis (supporting); Funding acquisition (supporting); Methodology (supporting); Supervision (equal); Writing-original draft (supporting); Writing-review & editing (equal). **Sally Wyke:** Conceptualization (supporting); Formal analysis (supporting); Funding acquisition (supporting); Methodology (supporting); Supervision (equal); Writing-original draft (equal); Writing-review & editing (equal). **Geoff Der:** Conceptualization (supporting); Funding acquisition (equal); Resources (lead); Writing-review & editing (supporting). **Sebastien F. M. Chastin:** Conceptualization (supporting); Data curation (equal); Funding acquisition (lead); Writing-review & editing (equal). **Dawn A. Skelton:** Conceptualization (lead); Funding acquisition (lead); Supervision (supporting); Writing-review & editing (equal).

ETHICAL APPROVAL

The study was approved by the University of Glasgow College of Social Sciences Ethics Committee (Ref: 400130247) for Twenty-07 participants and the NHS Scotland A Research Ethics Committee (Ref: 07/MRE00/58) for Lothian Birth Cohort participants. All participants provided written informed consent.

REPRODUCTION OF MATERIAL

Not applicable.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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ENDNOTES

[1] Two participants did not meet the high/low sedentary behaviour criteria (Other SB). They are included in the analysis but not in between-group comparisons.

[2] Sedentary Behaviour (SB) groups were based on sedentary time thresholds from activPAL™ data. For more details of how the thresholds were calculated, see Palmer et al. (2018a).

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