Older adult breast cancer survivors are a rapidly growing segment of the cancer survivor population. Women older than age 75 years have the highest incidence rates for breast cancer, with an overall survival rate of 85% (National Cancer Institute, 2009). Therefore, given the aging population, breast cancer will become one of the most prevalent chronic illnesses in older adult women (Ceber, Soyer, Ciceklioglu, & Cimat, 2006).

Effective management of symptoms is a critical component of the quality of life of older adult cancer survivors (Deimling, Bowman, & Wagner, 2007; Heidrich, Egan, Hengudomsub, & Randolph, 2006; Heidrich et al., 2009). Experiencing and managing symptoms in older adult cancer survivors is challenging because symptoms can be caused by late effects of cancer and cancer treatment (Deimling et al., 2007) as well as the physiologic declines associated with normal aging and age-related health problems (Heidrich et al., 2009). However, little attention has been paid to identifying or explaining the specific symptom management issues faced by older adult breast cancer survivors.

Beliefs about health problems, such as symptoms, play a role as “a filter and interpretive schema” that drives behaviors in response to the problems (Hagger & Orbell, 2003, p. 145). Beliefs are affected by sociocultural context (Leventhal, Brissette, & Leventhal, 2003) and, therefore, beliefs about aging, particularly age-related stereotypes, also may serve as an interpretive schema through which symptom management of older adults is filtered. Ageist stereotypes are defined as negative beliefs, discriminatory attitudes, and norms about older individuals or groups because of their age (Nelson, 2002). Empirical evidence indicates that older adults also share ageist stereotypes (Morgan, Pendleton, Clague, & Horan, 1997; Nussbaum, Baringer, & Kundrat, 2003). For example, older adult...