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Developmental Review

journal homepage: www.elsevier.com/locate/dr

How do views on aging affect health outcomes in adulthood and late life? Explanations for an established connection

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ARTICLE INFO

Article history:

Received 26 October 2016

Revised 14 July 2017

Available online xxxx

Keywords:

Age stereotype

Subjective age

Self-perceptions of aging

Views on aging

Health

Pathways

ABSTRACT

Personal views on aging, such as age stereotypes and subjective aging, can affect various health outcomes in later life. For the past 20 years or so, a large body of experimental and longitudinal work has provided ample evidence for this connection. Thus, it seems timely to better understand the pathways of this linkage. The majority of existing studies has either focused on age stereotypes or subjective aging. This theoretical paper provides a systematic comparison of major theoretical approaches that offer explanations through which different views on aging may affect health. After a short review of findings on the short- and long-term effects of different views on aging, we describe theoretical approaches that provide explanations of underlying mechanisms for the effect of both uni- and multidimensional views on aging on health outcomes. We compare the specific characteristics of these approaches, provide a heuristic framework and outline recommendations for future research routes. A better understanding of the impact of different views on aging on health outcomes is not only relevant for basic research in life-span developmental psychology, geropsychology and health psychology, it has also implications for intervention research and public health practices.

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Introduction

Whenever individuals think about their own aging, about being old, or old people as a group, they are more likely to think of decline and losses than of gains and growth (Heckhausen, Dixon, & Baltes, 1989; Hummert, 2011). These losses can refer to physical or psychological changes (e.g., having wrinkles, having chronic diseases or disabilities, becoming forgetful), personality traits (e.g., being or becoming more rigid), social losses (e.g., death of a spouse or close friends), or behavioral tendencies (e.g., being or becoming dependent on others). In comparison, gains and growth can, for example, refer to increase in freedom, patience, dignity, sense of maturity or wisdom associated with aging (Heckhausen et al., 1989). Do such gain- and loss-related views on aging and old age contribute to the understanding of the great interindividual differences in

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<http://dx.doi.org/10.1016/j.dr.2017.08.002>

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how individuals age? For the past 20 years or so, a large body of experimental and longitudinal work has shown that individuals' views on aging make a significant difference for how healthy and long they live (for meta-analyses see Lamont, Swift, & Abrams, 2015; Meisner, 2012; Westerhof et al., 2014).

In light of these well-replicated findings, researchers now face the task of understanding the pathways and mechanisms of how views on aging affect health and longevity. Existing meta-analyses and reviews have either focused on age stereotypes or subjective aging (i.e., self-perceptions of aging or subjective age). Now, as many studies have examined the connection between views on aging and health, it seems reasonable to undertake a joint reflection and systematic comparison of different conceptual approaches that refer to uni- or multidimensional measures of age stereotypes, self-perceptions of aging or subjective age. As the impact of views on aging on health is empirically well established, we now need to better understand the possible pathways and mechanisms by which different views on aging affect different health outcomes. The paper addresses and integrates what is currently known about possible pathways and what we still need to learn from future research.

Gaining a better understanding of the connection between views on aging and health outcomes is not only relevant for basic research in life-span developmental psychology, geropsychology and health psychology, but it also has implications for intervention research and public health practices. For example, promoting positive views on aging may facilitate the implementation of preventive health-promotion programs as recent studies suggest (e.g., Brothers & Diehl, 2017; Wolff, Schüz, Ziegelmann, Warner, & Wurm, 2015). Such approaches must be based on well-proven and robust conceptual frameworks regarding the mechanisms underlying the linkage between views on aging and health outcomes (Miche, Brothers, Diehl, & Wahl, 2015).

When we speak of health-related outcomes, we intentionally use a broad conceptualization of health, including physical, functional, cognitive, psychological as well as subjective health. Most studies investigating the connection between views on aging and health have only considered a single health outcome, but some studies have shown consistent findings for different health outcomes, such as physical and mental health (Wurm & Benyamini, 2014). Using a broad conceptualization of health might thus be beneficial in illuminating the processes and conditions under which views on aging exert their influence and to get a more comprehensive view on these processes.

For the sake of consistency and clarity, we will use the term *age stereotypes* when we speak of socially shared beliefs about the process of aging and about older people as a group. Whereas cultural age stereotypes refer to how older people are perceived and valued in a society, individuals also have personal age stereotypes; that is, they endorse certain but not all cultural stereotypes. If people apply these stereotypes to themselves they become self-stereotypes, and through this process of self-stereotyping cultural age stereotypes often exert their negative effects on individuals' behavior. In comparison, *subjective aging* refers to individuals' experiences with their own aging process and the state of being old, including self-perceptions of aging, and feelings of subjective age. Thus, whereas age stereotypes that people apply to themselves are strongly influenced by societal views on aging, self-perceptions of aging are more based on own behavioral experiences as well as on a person's biography and personality. Subjective age may have an intermediate position: Older individuals may feel younger to protect themselves from environmental and social cues on aging, but subjective age also seems to be based on personal experiences with aging. Because age stereotypes and subjective aging are inseparably linked at the individual level, we treat them as a family of constructs for which we use the umbrella term *views on aging (VoA)*. The comparison of different VoA on health outcomes, however, can provide evidence about similarities and differences of their pathways to health-related outcomes.

In the following, we start our analysis with a brief overview of studies that have shown the impact of VoA on a variety of health outcomes. Second, we describe theoretical approaches that address the connection between different VoA and health outcomes, and systematically compare their strengths and limitations. Finally, we provide a heuristic framework and directions for further research routes.

Overview of research on views on aging and health-related outcomes

A considerable number of studies have examined the impact of age stereotypes or subjective aging on health-related outcomes. Experimental studies investigated the transient impact of a short-term activation of age stereotypes or subjective age on health-related outcomes, whereas longitudinal observational studies showed the long-term impact of VoA. In addition, a number of cross-sectional studies exist on the relation of VoA and health-related outcomes. However, the following sections focus on experimental and longitudinal observational studies, because they are better suited to speak to the causality and directionality of effects.

The impact of age stereotypes on health-related outcomes

Short-term activation of age stereotypes

Experimental studies, by definition and design, focus on the short-term activation of age stereotypes. Age stereotypes can be activated either implicitly by presenting primes with age stereotypic content (e.g., words, pictures, stories, quizzes) outside of participants' conscious awareness, or explicitly by presenting the primes openly and at the level of conscious awareness.

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