

Positive age stereotypes improve recovery among the elderly

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(Image via Pixabay)

Older people who embrace positive stereotypes about aging are more likely than those who hold negative stereotypes to recover after suffering from disability, a new study by the Yale School of Public Health has found. [The study appears in The Journal of the American Medical Association](https://jamanetwork.com/journals/jama/fullarticle/1392557?resultClick=3) (<https://jamanetwork.com/journals/jama/fullarticle/1392557?resultClick=3>).

Lead researcher [Becca R. Levy](https://publichealth.yale.edu/people/becca_levy.profile) and Yale colleagues showed that, of two groups with differing views of aging, the individuals in the positive age stereotype group were 44 percent more likely to recover from a severe disability. Participants included 598 individuals who were at least 70 years old and free of disability at the start of the study. They were selected from a health plan in greater New Haven, Connecticut.

The association between positive age stereotypes and recovery from disability in older persons has not been previously studied. The findings suggest that interventions to promote positive age stereotypes could extend independent living later in life.

“This result suggests that how the old view their aging process could have an effect on how they experience it,” said Levy, associate professor of epidemiology and psychology and director of the Social and Behavioral Sciences Division at the School of Public Health. “In previous studies, we have found that older individuals with positive age stereotypes tend to show lower cardiovascular response to stress and they tend to engage in healthier activities, which may help to explain our current findings.”

Recovery was based on being able to perform four activities of daily living: bathing, dressing, moving from a chair, and walking. Doing well in these activities is associated with less use of health-care facilities and longer life expectancy. The study adjusted for a number of factors, including participants’ age and education.

The study was co-authored by Martin D. Slade, Terrence E. Murphy, and Thomas M. Gill, all of the Yale School of Medicine. It was funded by the National Institute on Aging (grant numbers R01-AG032284, R37-AG17560, R01-AG023993, K24-AG021507, and P30-AG21342), the National Heart, Lung and Blood Institute (grant number R01-AG032284), and the Patrick and Catherine Weldon Donaghue Medical Foundation.

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MEDIA CONTACT

Michael Greenwood: michael.greenwood@yale.edu, 203-737-5151

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