

Canadian Audiologist

The Official Publication of the Canadian Academy of Audiology

Views of Aging: Positive Beliefs and Attitudes Matter for Hearing and Other Health Issues

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Published May 10, 2023



“Older people with more-positive perceptions of aging performed better physically and

cognitively than those with more-negative perceptions; they were more likely to recover from severe disability, they remembered better, they walked faster, and they even lived longer.”

Levy (2022, p. 5).

One of the most perplexing epidemiological statistics for audiologists is that only about 1 in 5 people with audiometric hearing loss who might benefit from amplification use hearing aids (e.g., Chen & Lin, 2012). Help-seeking for hearing problems can be delayed by a decade or more after the onset of hearing problems (e.g., Simpson et al., 2019). Not all individuals seek help; those who obtain a hearing aid recommendation may not try a device; some who try one return it; and those who do purchase a hearing aid can vary in the extent to which they use, benefit from, and are satisfied with their devices (e.g., Humes, 2021). How could audiologists improve hearing care for older adults?

Many studies have explored facilitators and barriers to hearing healthcare in the hopes of finding new ways to meet the needs of the 4 out of 5 people who could potentially benefit from earlier identification and better interventions for hearing problems. For example, self-perceptions and attitudinal beliefs about hearing abilities (e.g., Palmer et al., 2009) and benefits from hearing aids (e.g., Meyer et al., 2014) are leading facilitators for help-seeking and hearing aid adoption. Conversely, stigma is one of the leading barriers to help-seeking for hearing problems. Notably, these social psychological factors may be more important than auditory factors. Therefore, addressing stigma will be critical to future hearing healthcare reforms across countries if we are to meet the needs of older adults (McMahon et al., 2021).

In older adults, the social psychological factors influencing hearing care can intersect with ageism and other anticipated or actual age-related health issues. In general, prejudicial negative views about one's own stigmatizing trait(s) is known as internalized or self-stigma; self-stigma serves as a threat to one's own identity, can be detrimental to health, and may present a barrier to healthcare, including for those with hearing loss (see Gagné et al., 2009). Indeed, stereotype threat has been linked to accelerated hearing declines (Barber & Lee, 2015; Levy et al., 2006). In addition, multiple stigmas may intersect in older adults with hearing loss. For example, in a recent commentary, Bluestein et al. (2023) note how ageism and stigma to actual or anticipated dementia may intersect with and exacerbate the stigma of hearing loss and stigma to using hearing aids. Furthermore, negative views of aging may contribute to the inter-connections between self-perceptions of auditory and memory abilities and performance, such that older adults with more negative views of aging have poorer self-perceived abilities and poorer performance on both hearing and memory tests than older adults with more positive views of aging (Chasteen et al., 2015).

Fortunately, it may be possible to alter the course of biological and psychological aging (Diehl et al., 2020). Gains can offset losses as adults age, and rehabilitation to promote healthy aging is about optimizing functioning so that older people can do and be what they value despite age-related declines in one or more health domains (WHO, 2020). It is encouraging that older adults who hold positive views of their own aging live longer and better (Levy, 2022). Strikingly, positive views of aging can slow the onset of dementia, even in those genetically predisposed to Alzheimer's disease (Levy et al., 2018). Preliminary findings from a training program indicate that it is possible to shift older adults' views of aging to become more positive, with associated increases in physical activity (Brothers & Diehl, 2017). Changing self-perceptions of aging to be more positive may benefit many physical and mental health conditions (Brothers et al., 2021). Ongoing research examines the possible benefits of such training for hearing and brain health (Pereira et al., 2022). Following the World Health Organization guidance on integrated person-centred care for older adults (ICOPE; WHO, 2019), audiologic rehabilitation must evolve to promote healthy aging for those who may have multiple health issues, including sensory (hearing and/or vision) and psychological (cognitive and/or mental) health issues. As audiologists, making our own narrative about aging more positive is pre-requisite to promoting more positive views of aging and healthy aging in older people living with hearing loss, possibly in combination with cognitive and other age-related physical and psychological issues.

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