



EDITORIAL

Toward the construction of an integrative model of psychological triggers of physical, cognitive, and psychological decline related to aging



Hacia la construcción de un modelo integrador de desencadenantes psicológicos del declive físico, cognitivo y psicológico asociado al envejecimiento

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Although most people age well, aging may be associated with frailty and health problems that provoke dependency. But the process that leads to frailty and dependency is not random, with several psychological variables intervening in a relevant way. Some variables that have already shown an important role in the explanation of older adults' physical and mental health are self-perceptions of aging or ageist stereotypes (aging self-stereotypes^{1,2}) and perceived control.³ As the stereotype embodiment model suggests,⁴ children are exposed to stereotypes about aging that become internalized through the life span, and they are directed to oneself in old age, turning into self-perceptions of aging. Negative self-perceptions of aging may have an impact on peoples' emotions through all the life cycle exerting its action through diathesis-stress mechanisms. This way, the occurrence of an important event (e.g., retirement, death of a loved one) may trigger internalized ageist stereotypes,⁵ activating behavioral (e.g., behavioral deactivation and isolation), cognitive (e.g., fulfilled prophecy), and emotional (e.g., loneliness) processes that may initiate dependency (see Fig. 1).

We believe that one of the ways through which the internalized ageist stereotypes initiate the above-mentioned processes is through its association with a decreased perception of control that, at the same time, may activate thoughts of feeling like a burden to other persons, initiating (or increasing) depressive and/or anxiety feelings. In this context, people may begin to have feelings of guilt for perceiving themselves as a burden to others. And, with the aim of not being a bother or disturbing others, they may initiate avoidant behaviors of activities and social contact that, in addition to generate loneliness feelings, they may reduce the opportunities of action (physical function) and stimulation (cognitive function), finally confirming their perceptions of diminishing

control and ageist stereotypes. But, in addition to not bothering other people, losing control may lead to processes of not recognizing or denying problems and frailty because frailty or dependency may place them in a risky situation for their autonomy or independence. Worry or fear about losing autonomy may initiate additional processes of hiding symptoms that, at the same time, may promote the emergence of isolation and loneliness due to the decrease of communicative interactions in their environment.

Even though there are still many open questions related to the role of negative self-perceptions about aging and the perception of being a burden in the explanation of the processes that lead to the behavioral deactivation or disconnection, isolation, and loneliness of older adults, the work by Pedroso-Chaparro and colleagues⁶ included in this volume provides empirical support to the previously described hypothesis. This way, in the work by Pedroso-Chaparro et al. it is found that negative self-perceptions about aging seem to diminish older adults' sense of control and increase their depressive and anxious feelings. This decrease in perceptions of control and increase in negative emotions augment feelings of guilt for perceiving oneself as a burden to other relatives.

Therefore, we believe that the cognitive mechanisms of perceiving oneself as a burden to others, that generate feelings of guilt, play a relevant role in the process through which the internalized ageist stereotypes generate loneliness and dependency, as well as other physical and psychological negative outcomes. We reflect the mentioned processes in Fig. 1. Future studies are needed to confirm the role of these cognitive and emotional processes as a turning point that leads to the psychological, physical, and cognitive pathological decline that is observed in some adults as they age.

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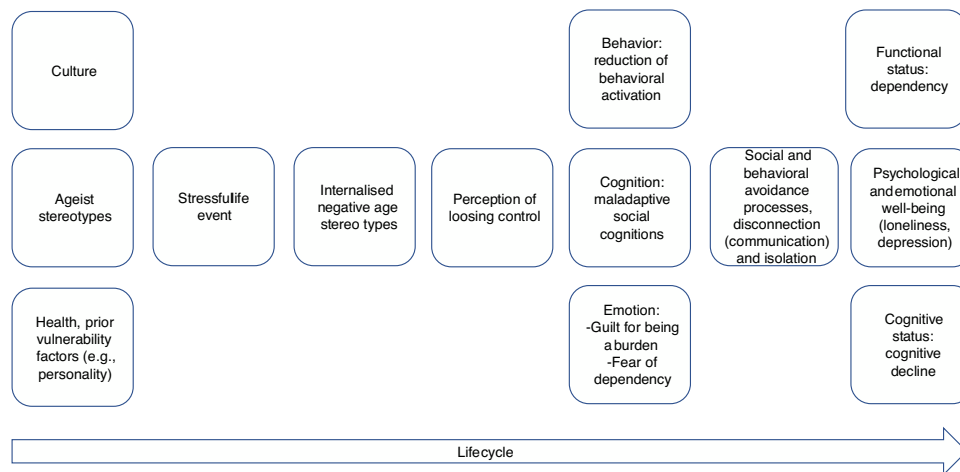


Fig. 1. Integrative model of psychological vulnerability to dependency and psychological distress.

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