

## Negative Perceptions of Ageing Predicts Greater Dysfunctional Sleep Related Cognition Among Adults Aged 60+

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**Abstract :** Ageistic stereotypes and practices have become a normal and therefore pervasive phenomenon in various aspects of everyday life. Over the past years, renewed awareness towards self-directed age stereotyping in older adults has given rise to a line of research focused on the potential role of attitudes towards ageing on seniors' health and functioning. This set of studies has showed how a negative internalisation of ageistic stereotypes would discourage older adults in seeking medical advice, in addition to be associated to negative subjective health evaluation. An important dimension of mental health that is often affected in older adults is represented by sleep quality. Self-reported sleep quality among older adults has shown to be often unreliable when compared to their objective sleep measures. Investigations focused on self-reported sleep quality among older adults have suggested how this portion of the population would tend to accept disrupted sleep if believed to be up to standard for their age. On the other hand, unrealistic expectations, and dysfunctional beliefs towards sleep in ageing, might prompt older adults to report sleep disruption even in the absence of objective disrupted sleep. Objective of this study is to examine an association between personal attitudes towards ageing in adults aged 60+ and dysfunctional sleep related cognition. More in detail, this study aims to investigate a potential association between personal attitudes towards ageing, sleep locus of control and dysfunctional beliefs towards sleep among this portion of the population. Data in this study were statistically analysed in SPSS software. Participants were recruited through the online participants recruitment system Prolific. Inclusion of attention check questions throughout the questionnaire and consistency of responses were looked at. Prior to the commencement of this study, Ethical Approval was granted (ref. 39396). Descriptive statistics were used to determine the frequency, mean, and SDs of the variables. Pearson coefficient was used for interval variables, independent T-test for comparing means between two independent groups, analysis of variance (ANOVA) test for comparing the means in several independent groups, and hierarchical linear regression models for predicting criterion variables based on predictor variables. In this study self-perceptions of ageing were assessed using APQ-B's subscales, while dysfunctional sleep related cognition was operationalised using the SLOC and the DBAS16 scales. Of the final subscales taken in consideration in the brief version of the APQ questionnaire, Emotional Representations (ER), Control Positive (PC) and Control and Consequences Negative (NC) have shown to be of particularly relevance for the remits of this study. Regression analysis show how an increase in the APQ-B subscale Emotional Representations (ER) predicts an increase in dysfunctional beliefs and attitudes towards sleep in this sample, after controlling for subjective sleep quality, level of depression and chronological age. A second regression analysis showed that APQ-B subscales Control Positive (PC) and Control and Consequences Negative (NC) were significant predictors in the change of variance of SLOC, after controlling for subjective sleep quality, level of depression and dysfunctional beliefs about sleep.

**Keywords :** sleep-related cognition, perceptions of aging, older adults, sleep quality

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