

# ARE SOCIAL REPRESENTATIONS OF POSITIVE AGEING REALLY EFFECTIVE? THE AGEING PROCESS THROUGH THE EYES OF ELDERLY

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## ABSTRACT

In this paper we focused on the experiences of ageing from the perspective of elderly people. Our main aims were to explore their perceptions and representations about the ageing experience and to analyse if their conceptions are closer to positive social representations of active ageing or to ageist social assumptions. Thirty-five females (mean age of 80 years) and seven males (mean age of 73 years) participated in this study, recruited in a network of institutions run by the city council of Setubal. Data collection was conducted with structured interviews and the obtained transcriptions were submitted to qualitative thematic analysis. With this analytic approach it was possible to identify dominant themes in participants' discourses. Results show that elderly perceive and represent the process of ageing according to a binary perspective, displaying both positive and negative dimensions. Even if the ageing experience is described according to a positive perspective, it is also anchored on ageist social constructions. Thus the positive social representations of ageing expressed through active ageing discourses are still not fully assimilated and integrated on people's self-perceptions and identities.

Keywords: Ageing, Older People, Social Representations, Ageism

JEL Classification: I31

## 1. INTRODUCTION

Ageing has become a central topic in modern societies, as it is associated to a number of complex challenges that individuals, institutions, politics, science and society in general need to face. In fact, from a global perspective, ageing is understood as a fundamental collective challenge considering the overall reduction in the number of births and the increasing in life expectancy (United Nations, 2001). This socio-demographic pattern is particularly evident in Europe (United Nations, 2007, 2009) and became highly significant in Portugal in the last decades (Canudas-Romo, 2008; Mota-Pinto *et al.*, 2011; Santana, 2000; United Nations, 2009).

Academics and professionals from different disciplines have dedicated much more attention to the rapid growth of the ageing population since the 1990's (Pike, 2013) and ageing emerged as one fundamental concern in the international agenda. In 2002, the World Health Organization presented an approach to successful ageing, which was framed on the

concept of 'active ageing' (WHO, 2002), in order to inform and guide research, practice and policies related to positive ageing (AGE, 2012; European Parliament and the Council of the European Union, 2011; Hutchison, Morrison and Mikhailovich, 2006; Sánchez and Hatton-Yeo, 2012).

After the publication of WHO, international institutions and political agents have emphasized the importance of promoting positive meanings in relation to ageing and discourses are now much more related to ideas of autonomy, activity, health and productivity, than they were before. One recent example of such a narrative is evident through the European Year for Active Ageing and Solidarity between Generations in 2012.

Despite these public and political efforts, the way people experience age and ageing, and their level of well-being, are strictly related to their trajectories of life and to the social, economic and institutional contexts where they participate across their life span (Figueiredo *et al.*, 2007). Knowledge about the ageing experience is still limited (Wachelke and Contarello, 2010). On one hand, because it cannot be restricted to a biological perspective, and on the other hand, there is a lack of consensus on what active or positive ageing actually means (Bowling, 2008; Marques, Batista and Silva, 2012; Sánchez and Hatton-Yeo, 2012).

Much of the early literature on ageing and old age was supported on a biomedical model, which underlined the general notion of decline, illness and disease. For instance, in terms of physical health there is a kind of a 'medical myth' that ageing is a synonymous of disease (Sidell, 1995) and older people view illness and old age as strongly linked (Fee, Cronin, Simmons and Choudry, 1999; Sidell, 1995). A recent cross-cultural study suggests that this biologically based perception is culturally shared and less disposed to cultural variation whilst motivational priorities and societal roles are much more dependent on contextual dimensions (Lockenhoff *et al.*, 2009).

The persistence of the biomedical paradigm and the existence of cultural contrasting dimensions strongly reinforce the assumption that the views of ageing held within a given culture are a form of shared cultural representation (Tam, 2014). Indeed, ageing is an object of social construction, culturally rooted, and therefore it can be transformed and adapted through knowledge (Ferreira *et al.*, 2010; Santos *et al.*, 2013). For instance, in relation to health, research has shown that socially shared representations of health exist, and are constructed and transformed in everyday communication (Flick, 2002). Hence, one central question is whether or not the discourses of active ageing impact on, and change, older adults ageing perceptions. Guided by the approach of social representations, in this paper we addressed the experiences of ageing from the point of view of older adults themselves. It is relevant to understand how the experience of ageing is conceptualized from the perspective of the ageing population and how lay knowledge is related to social definitions, individual conditions, beliefs, norms, values and social roles that are culturally embedded.

Research on the topic of ageing needs to acknowledge if older adults perceive themselves and their developmental experiences according to the multidimensionality which is expressed through the discourses of active ageing and well-being or if socially shared negative images of ageing still persist on their self-conceptions. Hence, with this study we aimed to contribute to a deeper knowledge on the impact of active ageing policies and discourses on older people's lives and identities.

### **1.1 Active ageing framed by WHO and the European Union**

The first decade of 2000 was marked by the growing political concern and intervention of international institutions on the topic of ageing and intergenerational solidarity. WHO framework for active ageing was published in 2002 and its main rationale is anchored on the following assumption: "*the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. [...] Maintaining autonomy and independence as one*

*grows older is the key goal for both individuals and policy makers*" (p. 12). In this proposal emphasis is placed on health, participation and security of ageing populations. Additionally, remaining autonomous and independent as long as possible is central to the achievement of active ageing goals. Autonomy refers to the perceived ability of individuals to control and decide in relation to their own lives, based on their preferences, values and beliefs. And independence is much more related to the individual capacity to undertake an independent way of life in community. Therefore, in WHO framework older adults are key agents for active ageing programs and full participation in activities of community life is encouraged.

In 2010, with the preparation of the 2012 European Year for Active Ageing and Solidarity between Generations, the Council of the European Union presented a new conceptual proposal for active ageing, where: *Active ageing means creating opportunities for staying longer on the labour market, for contributing to society through unpaid work in the community as volunteers or passing on their skills to younger people, and in their extended families, and for living autonomously and in dignity for much and as long as possible* (p. 5). In this perspective, the concept of active ageing was expanded to include the idea of productivity. Productive ageing is thus linked to the contributions that older adults give or can give to society (Sánchez and Hatton-Yeo, 2012).

In conclusion, both approaches stress the importance of older populations' independence, autonomy and contributions to society but according to different terms. The former is much more related to ideas of participation, self-dignity and self-fulfilment while the later highlights economic and work related aspects. And still, one central question remains: how effective are these discourses about agency, activity and productivity in older people's self-conceptions, identities and ageing experiences?

## **1.2 Ageing and Social Representations**

The concept of social representation is of particular interest for research focusing on the social construction of social knowledge (Flick, 2002). From a broad perspective social representations form comprehensive and persistent *models* about social reality, which are based on specific images, beliefs and symbolic behaviours (Moscovici, 1998). Consequently, they represent 'versions' of reality that are socially shared and have a double function: to orient people's action and communication in different contexts of daily life (Moscovici, 1976). People use categories of meaning that circulate in their social environments and culture to think, talk about or relate with phenomena of social life such as ageing.

Social representations are created and transformed in social interaction and communication, forming a set of propositions, reactions and evaluations that circulate through public opinion. Moscovici (1976) has called it the 'collective choir', where people are included in a voluntary or involuntary way. Nevertheless, this voice of opinion is not homogenous and its form of organization will vary according to social classes, cultures and groups. This is why different codes or 'universes of opinion' co-exist in public space and there is a vast diversity of meanings associated to objects of social life. Different groups can create representations with different contents, structure and coherence, depending on their access to information, values, ideologies and forms of communication, to give some examples.

Thus, social representations can be compared to *theories*, which organize a set of ideas that permit to classify people, describe their characteristics, explain their feelings and behaviours, and so on (Moscovici, 2000). And these aspects are contextualized in a straightforward relation with specific groups and particular historical and political circumstances.

There is a mutual influence between social representations and the construction of social identities: social representations are present in identity processes and these, in turn, are involved in the creation, maintenance and use of representations (Breakwell, 1993). As members of specific groups, people create their self-definitions and definitions of others

according to a close relation between representational and identity dimensions and these are significant elements in symbolism and concrete social interactions (Jovchelovitch, 1995).

Approaching the study of ageing through the framework of social representations is relevant and justified in the sense that meanings which are socially attributed to this particular phenomenon are present and take shape in social organization and interaction. The current forms of social thought that circulate in modern societies have direct implications on self-classifications of older adults, on how they relate with others, and on how societies include or marginalize them (Freixas, Luque and Reina, 2012; Pike, 2013; Reed *et al.*, 2003).

Literature review suggests the existence of communalities in social representations about ageing (Wachelke and Contarello, 2010), even if there are some specific dimensions related to age (Wachelke, 2009) and cultural contexts (Liu *et al.*, 2003). In fact, several studies show that those representations are rooted in two major themes: gains and losses in biological and psychological domains (Ferreira *et al.*, 2010; Pike, 2013). The positive field of representation combines a set of meanings that are associated to this specific stage of life: experience, accumulated competencies and knowledge, maturity, tranquillity and wisdom (Gil and Santos, 2012; Santos *et al.*, 2013; Sousa and Cerqueira, 2005; Wachelke, 2009). This appreciated representation of ageing gains is also related to the possibility of undertaking valued activities, such as taking care of the home place and grandchildren (Ferreira *et al.*, 2010), keeping close to the family, social relationships, social belonging, being personally autonomous and having some capacity to work (Santos *et al.*, 2013; São José *et al.*, 2013).

On the negative field, losses associated to ageing are at the centre of the representation: incapacity, depending from others, general vulnerability and illness, lower agility and physical limitations, discomfort, being close to death, and difficulty to manage daily life independently (Ferreira *et al.*, 2010; Gil and Santos, 2012; Santos *et al.*, 2013; Sousa and Cerqueira, 2005; Uchôa, 2003; Wachelke, 2009).

The emergence of these attributes and negative aspects in the representation of ageing are not independent from socio-economic conditions, level of social inclusion, available socio-familial supporting resources (Guerra and Caldas, 2010), and also from individuals' perceptions and representations of active ageing (Bowling, 2008).

According to these findings negative attitudes and representations towards old age seem to be linked to the assumption that there is an age related decline in older adults' mental and physical functioning. However, there is lack of evidence supporting a straightforward connection between increasing age and declining health and capability (Abrams, Vaclair and Swift, 2011). Ageism is a relevant and helpful concept to acknowledge this propensity to a kind of gerontophobia (Bunzel, 1972) that takes place both at the social and individual levels.

### **1.3 The expression of Ageism in the representations of old age**

Ageism can be described as negative attitudes towards individuals or groups simply because of their age (Greenberg, Shimel and Martens, 2002). Like all attitudes, ageism can be expressed according to stereotypes (cognitive expression), prejudice (affective expression) and discrimination (behavioural expression) (Lima, 2000). For older people, prejudice and discrimination are commonly associated to subtle ways of expression, according to benevolent or patronizing stereotypes of higher warmth and lower competence. Research from the field of Social Psychology has shown that this form of 'benevolent' or paternalistic prejudice is related to feelings of pity, which follows from a double pattern of stereotyping – being 'friendly' but incompetent (Abrams, Eilola and Swift, 2009; Cuddy, Norton and Fiske, 2005; Ray, Sharp and Abrams, 2006). The exposure to subtle forms of discrimination may have a negative impact on older people's age identification, self-esteem and identity.

To some extent, age is in the eye of the beholder and people also apply ageist stereotypes to themselves, sometimes without having the awareness that they are doing so (Levy and Banaji, 2002). Socially and psychologically the use of age categorization can be highly problematic because it may cause people to restrict their own activities and roles based on ageist assumptions (Abrams, Vauclair and Swift, 2011).

Because Europe is a very diverse region, people in some countries may show more favourable or unfavourable attitudes towards age, or more positive or negative experiences with age. In fact, recent findings from the European Social Survey 2008-09 (ESS) suggest that ageism differs across cultures and is related to cultural, social and political dimensions. Nevertheless, there is a common pattern among the 28 countries that participated in the fourth round of ESS, Age Attitudes and Experiences of Ageing, showing that ageism is seen as a serious problem across Europe.

Moreover, age discrimination is the most experienced form of discrimination, when compared to sex and race or ethnic background, mainly among young people and with subtle forms of expression. Plus, people aged over 70 are more likely to be seen as stereotypically warm (or friendly) than competent (Abrams *et al.*, 2011). In the Portuguese case however the experiences of discrimination tend to increase with age. That is to say, ageism is more frequent towards older people. Additionally, in accordance with other European countries, Portuguese people perceive elderly as a threat to economy, and social contact with individuals from this age group is low (Lima *et al.*, 2010).

These results enlighten the potential consequences of age-based perceptions and attitudes on how people relate with ageing processes, treat older adults and also on how these see themselves (Abrams, Vauclair and Swift, 2011). Hence, an important determinant of the difficulties associated with ageing is truly the problem of ageism.

#### **1.4 Our research**

Literature and findings from ESS offer an important insight on how representations of age and other relevant socio-demographic dimensions might be connected to people's attitudes and experiences. Even if there is a political and institutional effort to underline the positive dimensions of ageing, through the discourse of active ageing, ageist attitudes seem to be rooted in cultural values and negative social representations associated to old age. One highly significant consequence of this psychosocial phenomenon is the fact that people internalize these negative assumptions in their conceptions about ageing and in their own identities. In this paper we addressed the experiences of ageing from the perspective of older adults themselves. Our main aims were: 1) to explore their perceptions and representations about the experience of ageing; and 2) to analyse if their own conceptions show the internalization of positive social representations of active ageing or the prevalence of ageist social assumptions.

## **2. METHODS**

### **2.1 Participants**

Forty-two older adults participated in this study on a voluntarily basis: thirty-five females (mean age of 80 years, range 57-90 years) and seven males (mean age of 73 years, range 42-91). The sampling strategy adopted for this study was one of convenience and participants were recruited from a network of institutions run by the city council of Setubal - *Rede EnvelheSeres*. This network includes different types of institutions, namely: day-care centres (DCC – 27 participants), residential homes (RH – 6 participants) and mixed institutions that function both as residential homes and day centres (RH/DCC – 9 participants).

This study was integrated in an inter-disciplinary teaching and learning activity, organized and conducted by teachers and students from the School of Health of Polytechnic Institute of Setubal (ESS-IPS). The main goals of this activity were to promote the understanding of specific features and needs of older people regarding their own ageing process, and to contribute to the development of effective communication competences of students with this specific population.

Each participant signed the respective informed consent before the activity. People with communication problems, severe motor impairments or significant cognitive deficits were excluded from the study.

Demographic characterization of participants is presented in Table 1.

**Table 1: Distribution of participants by sex, mean and age range**

Sex	N	Age	
		Mean	Range
M	7	73	42-91
F	35	80	57-95
Total	42	79	42-95

The distribution of participants according to the type of institution is presented in Table 2.

**Table 2: Distribution of participants according to type of institution**

Institution	N
DCC	27
RH	6
RH/DCC	9
Total	42

## 2.2 Procedures

Data collection was conducted with structured interviews, which focused on the perceptions and representations about the experience of ageing. Multi-professional groups of three/four students (Nursing, Physiotherapy, Speech and Language Therapy) conducted the interviews with each participant. Students had previous preparation with the aims of the interview and the questions to be used. Roles were assigned prior to the interview situation – main interviewer, secondary interviewer, observer and note keeper. The forty-two groups of interview were divided into different rooms in order to minimize external disturbances.

All interviews were conducted and fully transcribed into Portuguese. The authors of this paper were responsible for the translation process into English.

## 2.3 Analytical methodology

The corpus of interviews was submitted to qualitative thematic analysis (Braun and Clarke, 2006). This analytical approach highlights both the communalities and differences in discourses expressed by participants on dominant themes (Breakwell, 2008) without quantifying the incidence of key words (Flick, 2006). Through coding procedures and analysis of semantic patterns in data it was possible to identify central themes emerging from the discourses of participants. Such a procedure was fully checked and reviewed by four members of the research team in order to guarantee the quality of analysis.

### 3. RESULTS

Literature on social representations of ageing experience suggests a consistent thematic pattern based on two main dimensions, positive and negative, primarily related to biological and psychological issues (Wachelke and Contarello, 2010).

The themes highlighted by our analysis are also anchored in a binary perspective – potentials and constraints of ageing, however our subjects went beyond the biological and psychological point of view, addressing the significance of meanings in different dimensions of the human personhood and experience.

Regarding the theme of ageing potentials, we identified five subthemes: (1) autonomy; (2) activity and leisure; (3) acceptance of ageing; (4) family relationships and network of social support; (5) experience, learning and knowledge.

#### 3.1 Autonomy

Autonomy is essential to healthy ageing and quality of life and has often been associated with the concept of independence. The ability to carry out activities independently is one of the positive aspects that participants associate with ageing, unlike some social discourses, which underline elderly's dependence or incapacity.

Some of our participants live and make their decisions by themselves, without requiring the intervention of family, friends or health professionals:

*“Although I am tired, I keep doing my normal life”;*

*“I manage my daily activities by myself and in an independent way”;*

*“Ageing did not change my autonomy, I manage my money”.*

Autonomy is also valued and developed according to a proactive attitude and is reflected in a sense of worth and wellness:

*“I am an independent person because I want to”;*

*“I am active and autonomous and I really enjoy it”;*

*“I feel good in my everyday life; I live alone, I take my medication and clean my house”.*

#### 3.2 Activity and leisure

Results show that autonomy is identified, partly, as a consequence of participation on leisure activities. Participants expressed that staying involved in meaningful activities contributes for their well-being and health:

*“I am very active and happy”;*

*“I am good at painting, still do some restoration jobs and paint”;*

*“I feel very useful because I still do sewing”;*

*“I like to keep my house pretty and always buy fresh flowers and talk to them every morning”.*

At this stage of life, some of them referred the importance of having more time and freedom for projects and dreams that they were not able to perform before, such as gardening, travelling and dancing:

*“I have more time for myself”;*

*“Now I have a vegetable garden, it's like a therapy”;*

*“Since I retired I made a few trips”;*

*“I have time to do what I like, going out, playing, going to dance”;*

*“I have more freedom and time to do things”.*

#### 3.3 Acceptance of ageing

Acceptance of ageing corresponds to the third subtheme. This perspective is reinforced by ideas that accentuate ageing as a “natural” process, which must be accepted, despite the possible occurrence of diseases:

*“It has been a natural process; it is a phase like many others”;*

*"I see it naturally and with peace, living one day at time";  
"It's been a good experience, a good phase of my life";  
"I feel good with myself and with getting older";  
"Illness is not a problem; the process of ageing is a positive aspect".*

Acceptance of ageing also involves learning and finding strategies that permit adaptation to different changes/transitions at physical, psychological and social levels:

*"It's a natural process with which one has to learn to cope and live with";  
"I am getting aged with joy, with good acceptance of the process and great motivation to live".*

### **3.4 Family relationships and network of social support**

During old age, mainly because of increased vulnerability, informal (family/friends/neighbors) and formal support networks (social and health institutions) become crucial. Participants stress the importance of being close to and supported by their relatives, with whom they can share quality and joyful moments:

*"My brother takes me for walks on weekends, on festive days";  
"My family supports me a lot";  
"I see my grandchildren very often, they like me very much".*

Being included in a network of social support – comprised of friends and neighbors – seems to contribute positively to the acceptance of the ageing process and to the enrichment of older adults' lives:

*"I like to be with friends, I am happier";  
"I have many friends, friends that are as gold; they help me at my worst days and do not let me stop";  
"I keep in touch with a friend for 50 years";  
"I get along well with the neighbors".*

Formal support networks, such as day centers and residential homes, are also a key resource for health and safety. All participants are included in a formal network of social support, with different institutions from the municipality of Setubal, which allows them to undertake different leisure activities and being socially connected:

*"I love being in day care, it's a support";  
"I like being in a residential home because I have the company of my colleagues and it's a way to get distracted";  
"The experience at the residential home has helped a lot".*

### **3.5 Experience, learning and knowledge**

In the words of participants, old age also emerges as a stage of life with advantages arising from the experience, learning and knowledge which they accumulated during their lives. Previous experiences help to perceive life in a different way and to develop new interests and connections, particularly with younger people:

*"[Ageing] Brings new experiences and learning with others, especially with young people";  
"Being older is very positive; it allows you more life experiences, age allow us to be like encyclopedias";  
"[Ageing gives] All the experiences that I gained across life".*

For some, age has permitted psychological growth and change, wisdom and helped them to improve personal skills and social relationships:

*"Now I have more patience and calmness";  
"Old age has brought me an improvement in judgment";  
"I began to understand and see people as they are, I realized that we need to speak and understand people to like them";  
"I find it easier to relate with other people".*



Regarding the theme of ageing constraints, we identified four subthemes: (1) physical limitations and disease; (2) dependence; (3) financial constraints and (4) loss and loneliness.

### **3.6 Physical limitations and disease**

Even if ageing is not a synonym of disease, participants have underlined the association between ageing, illness and physical losses and stressed its impact in their quality of life:

*“My old age is a sign of illness and I have some of it”;*

*“Ageing has not been very good because of health problems”;*

*“With ageing it seems that we lack everything: vision, hearing, difficulty in walking”;*

*“After my stroke the experience of ageing has begun, more diseases appeared and I became less active”.*

### **3.7 Dependence**

The feeling of being old is often related with an increasing awareness of no longer being able to do things in the same way as before. Some of the participants report their dependence on others and the need to leave their homes:

*“I am dependent for many things, I no longer can live in my house”;*

*“It is hard to depend on others; because I have health problems, it is not possible to be alone”;*

*“I depend on my son. I cannot be alone so he had to move to my house”.*

Dependence is mainly physical and it constrains individuals' capacity and competence for undertaking the routines of daily life and even to enjoy free time:

*“I feel physical difficulties and became dependent for the activities of daily living”;*

*“I cannot travel, I have pain in the joints, lack of balance, lack of strength and lost my autonomy”.*

### **3.8 Financial constraints**

Financial constraints reflect a relevant negative aspect of old age and unveil another form of dependence from others. Participants stress their difficulties to manage different sources of expenses, namely with medication and costs related to residential homes, since their pensions are low:

*“I have big financial constraints because I don't work anymore and live from my pension”;*

*“I have financial problems; they took away my exemption from illness and now I have to pay the medical appointments and exams for full price”;*

*“It has been one of my brothers who is paying the residential home because my pension is not enough and I have no social support from services”.*

Despite personal interests, leisure activities are restricted for financial reasons:

*“Today there are things that I cannot have. Before I could travel and now I cannot do it anymore”.*

### **3.9 Loss and loneliness**

Death and loss of relatives and friends are also present in the discourses of our participants. Interpersonal and emotional loss emerged as a significant aspect of ageing constrains. In fact, dealing with the death of close family members and friends seems to be one of the most difficult transitions in old age:

*“The loss of people is the worst in ageing; I lost my son and my husband”;*

*“The worst thing about ageing is the loss of people who are close to us”;*

*“Widowing was the hardest”;*

*“We lose people who are dear to us, people who have been with us all our lives”.*

On another hand, living alone has implications in older peoples' well-being and safety:

*“I'm afraid to be alone, to need something and not having anyone to help me”;*

*“I am alone at home; if something happens, no one will notice”.*

Being alone is also a relevant factor for increasing vulnerability in terms of emotional suffering:

*“After the death of my wife I have no pleasure in life”;  
“I feel alone in this world”.*

In some cases, pets are one possible opportunity to maintain a close relationship:  
*“I live alone with my cat and he is an important company to me”.*

#### 4. DISCUSSION

These results are discussed based on the social sciences literature, namely through the paradigm of social representations, focusing on the psychosocial aspects of ageing.

The participants in our study had a mean age of 79 years, although men's mean age was considerably lower when compared to women (73 *vs* 80). As we recruited the sample at institutions for older people (day care centres and residential homes) this age range was expected, as people themselves and families only seek support when the risk of being at home alone is higher. Somehow we look at this group as belonging to a more fragile slice of the older population, as they have already felt the need to seek social help. The distribution between sexes was equally expected taking into account that life expectancy of men is lower than women in Portugal.

As suggested by Ferreira *et al.* (2010) and Pike (2013) we have identified two main themes (potentials and constrains of ageing) in the representations of the ageing process, which were based on the gains and losses in biological, psychological and psychosocial domains.

The dimensions identified in the positive domain are very much related with the ability to take care and maintain the previous lifestyle. These dimensions of meaning have been previously identified in other studies, such as the ability to care (Ferreira *et al* 2010), keeping a close social and emotional network of support, as well as being personally autonomous (Santos *et al.*, 2013; São José *et al.*, 2013). Another positive aspect suggested by different authors (Gil and Santos, 2012; Santos *et al.*, 2013; Sousa and Cerqueira, 2005; Wachelke, 2009) is related to accumulated knowledge, wisdom and maturity.

However, the application of such knowledge and experience and the usefulness that it may bring to society at large, requires a society free of ageist conceptions and attitudes, which, we are aware is not the case, since experiences of discrimination towards older people, tend to increase with age in Portugal (Lima *et al.*, 2010). These attitudes are mainly based on a vision that older people are friendly but incompetent (Abrams, Eilola and Swift, 2009; Cuddy, Norton and Fiske, 2005; Ray, Sharp and Abrams, 2006).

The constraint dimensions identified by our analysis are also similar to those of other studies, being strictly linked with the loss of ability (physical or emotional). In addition, loss and loneliness seems to have a strong impact in older adults' lives. Various authors (e.g.: Reed, Satanley, and Clarke, 2004; Petrella, 2012) have emphasised that the change of lifestyle in modern society, as well as the changes in demography, have an impact on the ability to provide support, as requested by a more vulnerable group of the population as older people in this age range appear to be.

Loneliness is one of the aspects that have been identified as a trigger to greater vulnerability, which can affect safety and health of older people. The expectations that each person has with regards to the type, frequency and number of social contacts influence their feelings of loneliness. This is a subjective feeling, associated with the quality of social interaction and not with the quantity of contacts (Freitas, 2011).

However, this loss appears to be related with other factors such as socio-economic conditions, level of social inclusion, and availability of socio-familiar supporting resources (Guerra and Caldas, 2010). This inter-connection of factors becomes very relevant in the understanding of perceptions and representations people have of their own process of ageing,

and our results reinforce this assumption. Cook (2004) has stressed that a stable financial support is important in determining the quality of older people's lives. It becomes relevant to highlight that our study was carried during the financial crisis in Portugal, and older people's financial resources have been heavily penalized between 2011 and the present.

An initial analysis of our data suggests that participants perceive their ageing process through the bio-medical model with a strong connection between illness and old age (Fee, Cronin, Simmons and Choudry, 1999; Sidell, 1995). However, social representations are created and transformed in social interaction and communication and therefore one can look at this as a potential modifiable representation.

The framework of Active Ageing proposed by WHO (2002) and that of the European Union (2012) present clear different focuses, being that the latter introduces economic and productivity related aspects. Looking at our results, this dimension is not present. Clearly the discourses about activity and productivity are not yet integrated in older people's self-conceptions and representations of ageing. On the other hand, different aspects such as opportunities for health, participation and security appear through the dimensions of potentials' theme, such as autonomy, or leisure activities and quality of life. This result suggest that these aspects of WHO discourse on active ageing is much more integrated in older adults ageing representations.

Nevertheless, the negative dimensions of the ageing process seem to be a relevant part of the discourses (financial constraints, dependency, loneliness) of participants in our study, suggesting that policies putting forward already 12 years ago (WHO, 2002) are still not fully assimilated and integrated in older people's identities.

In order to achieve the goals proposed by international policies, which is socially desirable, it is required a translation into law and a deeper transformation in people's attitudes. Ageism is characterized by negative attitudes towards people because of their age (Greenberg, Shimel and Martens, 2002). For older people, prejudice and discrimination are commonly associated to subtle ways of expression, according to benevolent or patronizing stereotypes of higher warmth and lower competence. This may be one important reason for the absence of meanings related to productivity in our results. Following from Abrams, Vauclair and Swift (2011), the risk that older people themselves assume these attitudes can increase the impact of ageist stereotypes in the quality of life of older people. That is to say, the use of age categorization may cause people to restrict their own activities and roles based on ageist assumptions.

## **5. CONCLUSION**

This study enabled the collection of data related to older people's perceptions and representations of ageing and old age. It allowed an analytical approach towards the ways they cope with the ageing process and how they see themselves and other seniors.

Based on our results is possible to understand that elderly's conceptions and the embedded negative representations about ageing require a deeper intervention near this population, but also in society at large as it plays a key role in deconstructing the negative conceptions about ageing.

The main findings of our study also pave the way for future reflection on strategies that could raise awareness about the experience of ageing and to further develop social networks related to this phenomenon or strengthening the existing ones. Thus, one fundamental goal of health professionals, policy makers and social institutions should be focused on the promotion of positive attitudes and representations about the ageing process.

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