

Social Representations of the Process of Ageing in Young and Mature Romanian Adults

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The aim of this research was to investigate Romanians' social representations of ageing and positive ageing, as well as the variations of these social representations according to the age and gender of the participants in what regards the centrality of the components and basic cognitive scheme activations. Study 1 was conducted on 80 participants who filled in two associative map tasks (Dafinoiu & Crumpei, 2013) that had as inductors “ageing” and, respectively, “positive ageing”. Results have shown a notable variation between the two social representations, in the sense that the latter was entirely made up of positive associations, whereas the former comprised both positive and negative associations. The second study was conducted on another sample of 80 participants (20 young adult men and 20 young adult women and, respectively, 20 mature adult men and 20 mature adult women) and it found by employing the questioning principle (“mise-en-cause”, Moliner, 1994) that two core elements of the social representation of ageing vary in centrality according to the age of the participants. Moreover, variations across age were also encountered in the overall activation of basic cognitive schemes as well as in the activation of the three dimensions: Description, Praxis and Attribution / Evaluation (Rateau, 1995). Results are discussed in the light of their contribution to the social representations theory.

Keywords: social representations, ageing, positive ageing, basic cognitive schemes, mise-en-cause

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Introduction

The world population is currently faced with both a dramatic increase in the numbers of elderly people and an equally dramatic decline of the world birth rates, the effects of which are augmented by the today's prolonged life expectancy as compared to the past (United Nations, 2001, 2007; World Health Organization, 2002). This significant change in the global demographics translated into a notable increase in the scientific interest devoted to ageing and to the elderly population, as the general consensus nowadays is that the resources of this population segment should no longer be ignored (Schulze, 2011). Therefore, many studies focus on exploring the social representations of the elderly and of ageing, as the Social Representations Theory (SRT) offers the necessary theoretical framework for investigating shared perspectives and beliefs regarding socially relevant topics (Dafinoiu & Crumpei, 2013; Moscovici, 1976; Nagel, Contarello & Wachelke, 2011). In Romania, a series of social phenomena such as transition from communism to

capitalism and the effects of the economic crisis were conducive of elevated rates of emigration and a decline in birth rates (Dafinoiu & Crumpei, 2013). In 2012, the ratio of the Romanians aged over 65 was equal to the ratio of the ones aged 0-14 (National Institute of Statistics, 2012). The issues with which the elderly are confronted in Romania range from poverty to estrangement from their families, leading to a high proportion of them being isolated, abandoned and institutionalized (Dafinoiu & Crumpei, 2013).

The socio-demographic pattern of reduction in the number of births and, respectively, of longer life expectancy (United Nations, 2001) lead international organizations such as the World Health Organization (WHO) to draw attention on the need to increase this population's welfare and well-being; an example was the approach presented by WHO in 2002 on “active ageing”, which essentially promoted a resource-focused reframing of growing old (AGE, 2012; European Parliament and the Council of the European Union, 2011). Despite these institutional efforts, research has shown that age and

ageing are conceptualized, both at an individual and a societal level, according to factors pertaining to past experience, cultural influences and the biomedical paradigm, which states that there is a strong connection between ageing and illness (Soares et al., 2014). Hence, this research aims to contribute to the current corpus of knowledge regarding ageing and positive ageing by taking into account the aforementioned socio-cultural factors in laypeople's representations of the investigated phenomena in the Romanian population. From a practical standpoint, the findings of the current studies may be employed in developing national programs dedicated to promoting positive ageing through a better understanding of people's attitudes (components of social representations) towards ageing.

Social representations of ageing and of the elderly people

Studies employing a social cognition perspective have found that the social evaluations of the elderly is multifaceted and affectively mixed, because the stereotypes related to them are both positive and negative, although a negative bias against the elderly may be discerned (e.g. Fiske, Cuddy, Glick, & Xu, 2002; Kite, Stockdale, Whitley, & Johnson, 2005). Social representations of the elderly in France revealed core ideas of both positive (wisdom, experience) and negative elements (illness, dependency), while in Italy, elderly are socially represented as mature, knowledgeable regarding the past, but also as being lonely and regressing toward a child-like state (Gaymard, 2006; Moliner & Vidal, 2003; Schulze, 2011). The Brazilian people view the elderly as competent, affectionate, but excluded, while the Germans perceive them as wise, reasonable, weak and poor (Schulze, 2011). Flick, Fischer, Neuber, Schwartz & Walter (2003) revealed that health care personnel viewed the elderly as being able to adapt to their physical limitations, to keep their autonomy and their determination.

A very similar line of research centered on exploring the social representations of the process of ageing. Its findings reveal that youngsters associate ageing with illness, while the elderly do not make this association explicitly (Gastaldi & Contarello, 2006), but they do link it to loss of physical activism and to feeling lonely (Ampudia, 2000; Mendoza, 1999). Males in Italy and Brazil were found to associate ageing with mental and physical decay and a loss in work capacities, while Italian and Brazilian women focused more on the serenity and the increased tranquility linked to this process, as well as on losing family bonds and physical beauty (Gastaldi & Contarello, 2006; Guimarães & Veloz, 1997; Veloz, Nascimento-Schulze, & Camargo, 1999).

Positive ageing

The concept of positive ageing is the opposite of the view according to which ageing is equaled to the decline and loss of cognitive, physical and emotional capacities (Schulze, 2011). Gergen and Gergen (2002) have described this concept by emphasizing that mature life is a time of growth and personal enrichment without parallel throughout the individual lifespan. A study conducted by Fernández-Ballesteros (2011) explored various definitions of positive ageing and found that it is a multidimensional concept that includes both subjective and objective indicators pertaining to the domains of "health, cognition,

activity, positive emotions, and physical fitness" (Fernández-Ballesteros, 2011, p. 29). In support of this new approach on ageing, Hertzog, Kramer, Wilson & Lindenberger (2009) showed that the nature of the activities performed by an adult or an elderly individual (e.g. exercising, socializing and solving tasks that require the use of different cognitive operations) along with his / her environmental contexts may increase both cognitive functioning and development (the cognitive enrichment hypothesis).

In Romania, social representations of the elderly held by people aged 65 to 90 were predominantly negative, as they were associated to disability, diseases, feeling alone and lacking in both a purposeful life and in much needed social support (Crăciun, 2011). The same population believed that the elderly may increase their levels of happiness by constantly learning new things, making plans regarding future events and coming to terms with both their past and their present. Another study revealed that successful ageing for Romanians depended on their optimally employing internal control coping strategies (Crăciun, Zaharia, Radu, & Rusan, 2012) while highlighting "the dynamic social shaping of ageing perceptions and the great potential of intervening before retirement" (Crăciun et al., 2012, p. 495).

Upon investigating such evidence, Schulze (2011) concluded that a shift from the traditionally negative social representation of ageing toward a positive one that stresses the importance of highlighting the resources of this population segment would go a long way in improving both the mental and the physical functioning of the elderly, along with their well-being and quality of life. Building on this conclusion, Schulze (2011) sought to find whether the social representations of ageing and positive ageing would differ when investigated on the same population. Her results show that there were indeed significant differences between the two representations; thus, ageing was represented as a period of life when individuals have already acquired both experience and wisdom, but also as a time when people develop many needs and experience an overall decline which eventually leads to death. The peripheral contents referred to a life maimed by fatigue, sadness, diseases and losses. On the other hand, the core of the social representation of positive ageing contained wisdom, life experience and health, conviviality, richer social experiences and more relationships. Some of the peripheral elements of positive ageing were related to health, activity and food intake, which shows that this representation still reflects the issue of health care. The other peripheral constituents were a perceived stability of older people, safety, autonomy and fulfillment. These results add some support to the author's perspective according to which attempts at a societal reframing of the ageing process may perpetuate a positive attitudinal change among the population, which, along with other factors to support this shift, may optimally penetrate and eventually modify the current social representation of ageing.

Study 1

The aim of our first study was to investigate Romanians' social representations of ageing and positive ageing by employing the procedure used by Schulze (2011). Thus, we set out to explore whether there will be

any differences between the social representations of Romanians regarding the process of ageing and, respectively, between their social representations of positive ageing. Based on the results of Schulze (2011), we expected that the introduction of the inductor phrase “positive ageing” would reveal a different structure of the social representation of ageing.

Participants

Our participants were 40 Romanian males and 40 Romanian females aged 21 to 61 (M = 35.54, SD = 9.23). Women’s ages ranged from 21 to 59 (M = 34.7, SD = 9.17), while men’s ages ranged from 22 to 61 (M = 36.38, SD = 9.33).

Instruments

In order to explore participants' social representations on “ageing” and “positive ageing”, we employed the associative map (Abric, 1994a), which first presented participants with the task of freely associating the first five words that came to their mind when reading the stimulus word “ageing”. They were then asked to produce another set of three words of which they could think upon reading the stimulus word “ageing” paired with the first, second, third, fourth, and respectively, fifth word that they wrote down in the first phase. Afterwards, according to the method used by Schulze (2011), we presented the

participants with a text that described the concept of positive ageing. The version used by Schulze offered an extensive description of the positive qualities associated to old people (“The advantages of being old are that people are wiser, that they have much to teach the next generations, that they now more about life because they lived longer [...]”), which we considered the participants could have copied verbatim when writing down their own terms associated with “positive ageing”. Therefore, we chose to use only the first two sentences from Schultze's text, which explained the concept of positive ageing without offering explicit descriptors: The idea of positive ageing takes into account the fact that not enough importance has been given to the positive resources of people who are older than 65 years. Medical doctors specialized in gerontology (a branch of biology which studies problems associated to old age) focus their attention mainly on illnesses and little is said about the positive possibilities of ageing. After being presented with this text, participants were asked to fill in an associative map identical to the one used for the inductor “ageing” around the concept of “positive ageing”.

Procedure

All participants were asked to first write down their age and their gender, after which they were presented with the two free association tasks.

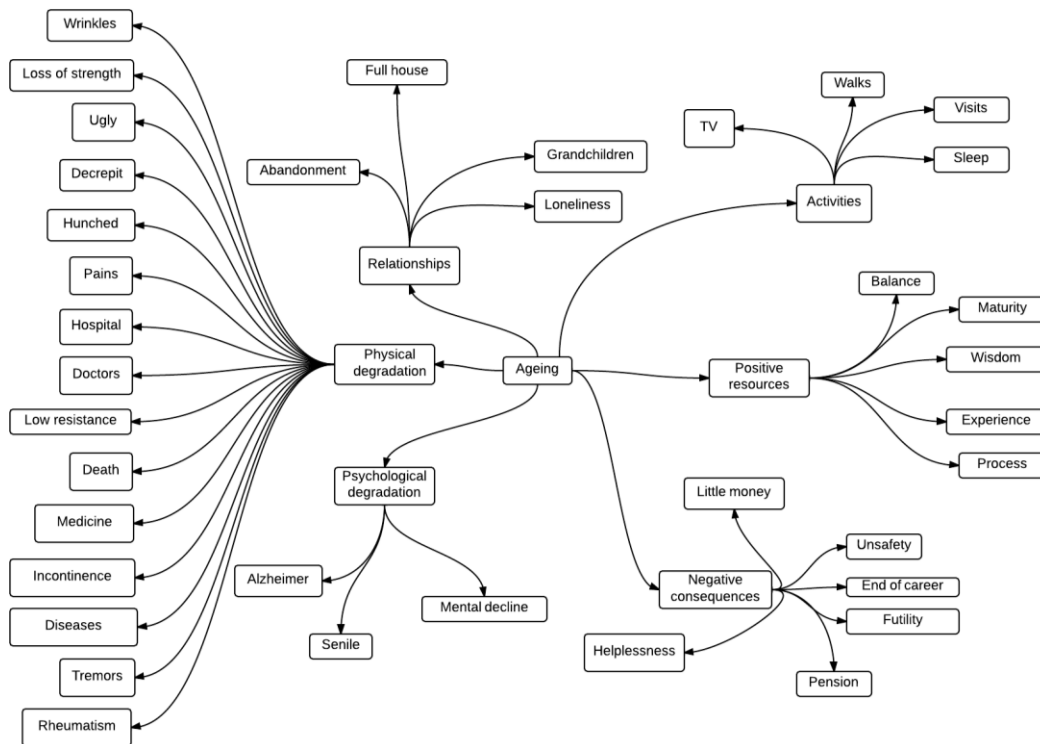


Figure 1: Social representation of the process of ageing

Results

The Verbal Associative Test (Figure 1) engendered both positive and negative associations for the inductor phrase “ageing”. The first order associations were, in order

of their frequency: physical degradation (102), psychological degradation (68), negative consequences (49), relationships (32), positive resources (28), and activities (23). Besides these, other first category

associations were: diligent (4), lucky (4), good footwear (2), asylum (2), medical prescriptions (2), expense (1), boredom (1), unlimited vacation (1), luminosity (1), elasticity (1), novelty (1), incredulous (1) etc. Second order associations connected to physical degradation were: wrinkles, loss of strength, ugly, decrepit, hunched, pains, hospital, doctors, low resistance, death, medicine, incontinence, diseases, tremors, rheumatism. The ones connected to psychological degradation were senile, Alzheimer, mental decline, while the ones connected to negative consequences were little money, unsafety, end of career, pension, futility, helplessness. The second order associations for relationships were abandonment, full house, grandchildren and loneliness, while for activities, our participants listed TV, walks, visits and sleep. Finally, the positive resources identified by our participants were balance, maturity, wisdom, experience, process.

The Verbal Associative Test (Figure 2) engendered only positive associations for the inductor phrase “positive

ageing”. The first order associations were, in order of their frequency: positive resources (116), relationships (102), activities (62), good mood (34), self care (31) and descriptors (27). Besides these, other first category associations were: involvement (4), books (4), lucid (3), beautiful (2), green (1), air (1), massage (1), park (1), seaside (1) etc. Second order associations connected to positive resources were: independence, balance, wisdom, experience, maturity. The ones connected to relationships were togetherness, grandchildren, full house, children, while the ones connected to activities were socializing, walks, visits, trips, resorts. The second order associations for good mood were fulfillment, satisfaction, optimism, contentment, serenity, ease, while for self care, our participants listed balanced diet, rest, relaxation and physical activity. Finally, the descriptors identified by our participants were normality, decency, seriousness, moderation, and prudence. In our associative map, we only considered evocations with a minimum frequency of 5.

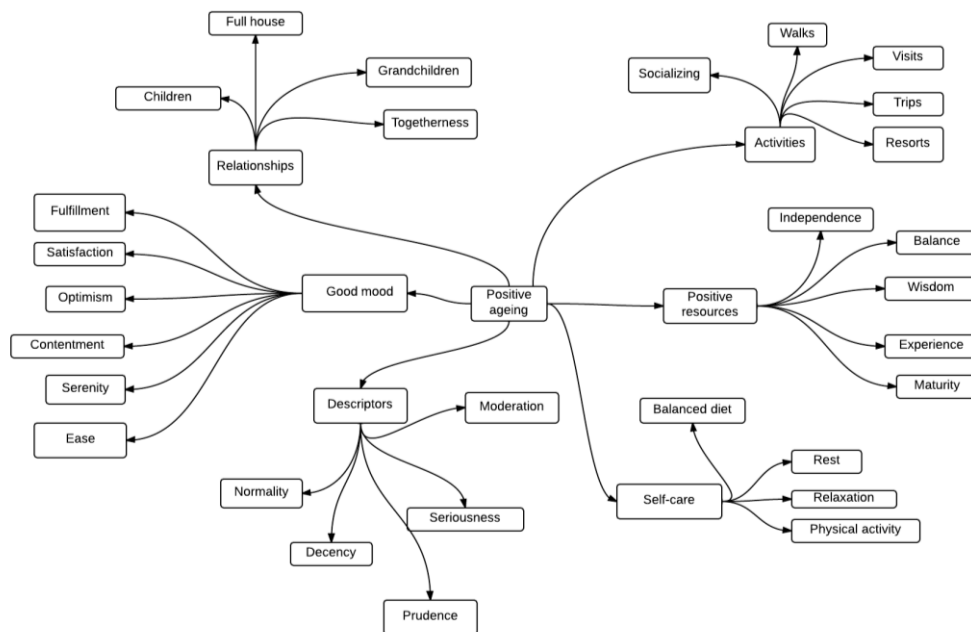


Figure 2: Social representation of positive ageing

Discussion

Our findings revealed that both negative and positive associations were produced for the inductor word “ageing”, with predominantly negative ones. First order associations were: physical degradation, relationships, negative consequences, positive resources, psychological degradation and activities. The most diverse associations were elicited in relation to physical degradation, which seems to be the most salient aspect of ageing. Second order associations connected to it were: wrinkles, loss of strength, ugly, decrepit, hunched, pains, hospital, doctors, low resistance, death, medicine, incontinence, diseases, tremors, rheumatism. Ageing is perceived primarily as a loss of control over the body, as the decline of energy and health, and as bringing about various illnesses. The progressive decline of one's physical aspect with age seems to be very well represented, which shows a strong

association between old age and the fading away of physical agreeableness, as illustrated by second order associations such as wrinkles, ugly and hunched. Also, getting older is associated to the weakening of the body - low resistance, loss of strength, and a time for pain and diseases – pain, hospital, doctors. Ultimately, ageing is equated to approaching the end of one's life, the term “death” being one of the second order associations in relation to physical degradation. Another first order association in relation to ageing was psychological degradation, which shows that Romanians view this stage of life as related to losing their mental capacities, as second order associations were: senile, Alzheimer, mental decline. Relationships was also a first order association, but it touched upon both negative and positive aspects. Negative ones were loneliness and abandonment, which suggests the estrangement from one's family members is seen as an

inherent part of growing old. This was found to be a theme in relation to the elderly by Dafinoiu and Crumpei (2013) on the Romanian population as well. Positive aspects were related to being together with one's extended family, as reflected by the second order associations "grandchildren" and "full house". One of the first order associations which focused exclusively on the positive aspects were the resources associated to old age, such as wisdom, maturity, balance, experience. Beyond the negative associations ageing generates, there was also acknowledgement of the benefits of growing old, which was also found to be true of social representations of ageing in other populations. For instance, in Italy, people's social representations of older people is that they are mature, they have knowledge about the past, but they are also lonely and in mental decline (Gaymard, 2006; Moliner & Vidal, 2003; Schulze, 2011), which makes Romanians share similar social representations of the elderly as Italians. Further negative consequences were generated by our sample in relation to ageing, such as little money, unsafety, end of career, futility, and pension. Our findings are similar to those of Dafinoiu and Crumpei (2013), who also found "pensioner" to be among their first order associations, with second order associations like: "poverty" and "debt". People show a high degree of preoccupation in relation to retirement; this part of growing old is associated by the general population with becoming futile and not contributing to society any longer, which may be conducive of feeling excluded and dispensable to society. In relation to quitting work and having free time, another first order association was activities, where sleep, visits, walks, and TV were regarded as typical for how older people spend their free time.

All in all, our results are consistent to those of other studies, as ageing was first of all perceived as being associated with disease, pain and physical decline. Dafinoiu and Crumpei (2013) obtained similar results in that they also found illness to be a first order association. Their participants also generated terms like hospital, pain, medicine, which allude to the physical degradation entailed by getting older. Studies conducted on Italian and Brazilian participants showed that, for men, ageing is associated with physical and mental decline, and loss of the ability to work, while for women, it is associated with aspects such as estrangement from family members and loss of attractiveness (Gastaldi & Contarello, 2006; Guimarães & Veloz, 1997; Veloz, Nascimento-Schulze, & Camargo, 1999). On the Romanian population, Dafinoiu and Crumpei (2013) found poverty to be associated with older age, which we also found to be an association, as expressed through "little money". The financial situation of retired persons in Romania is a unanimously recognized negative aspect of growing older, as poverty is recognized as being one of the most pressing issues older people face as they retire from working.

As compared to the associations generated for the inductor word "ageing", the ones our participants had in relation to "positive ageing" were visibly more positive. First order associations were: good mood, relationships, self care, positive resources, descriptors, activities. People's social representations of ageing shifted significantly toward the positive aspects to growing older: they perceived it as coming with a number of advantages (Positive resources), such as wisdom, balance, experience,

maturity, and independence. Attributes such as wisdom and balance seem to be intricately associated with this age category, as they are the perceived result of the accumulation of experience and knowledge. It can easily be noticed that wisdom appeared as an important category in both the case of ageing and positive ageing. However, it was equally evident that, while ageing was associated with both positive and negative aspects, positive ageing only engendered positive aspects in our participants, which is in line with the results obtained by Schulze (2011).

A series of descriptors associated to positive ageing also emerged and indicated that older people are perceived as having various highly desirable and agreeable qualities: seriousness, prudence, decency, moderation. Another category which appeared was self-care: rest, relaxation, physical activity, balanced diet. Romanian people see old age as a time to take care of themselves; self-care is perceived as a usually neglected aspect by younger people due to the stress they deal with as a result of an active lifestyle and regular work schedule. Although people see retirement as sometimes sad and associate it with a feeling of futility, they also recognize it as the only time to enjoy their time as they wish due to a lack of a hectic schedule. Therefore, old age and retirement is regarded as the only period in a person's life where they get to cater to their own needs more than they had in the past. Strongly related to the free time pensioners have are the first order association activities: socializing, walks, visits, trips, resorts.

The activities people look forward to upon retiring are mainly trips and spending time with others. Relationships was a first order association all on its own – people regard growing old as a time for togetherness- closer relationships between family members, time spent with grandchildren and children, and having a full house. Schulze (2001) also found in association with ageing an acknowledgment of the importance of interpersonal relationships, which shows that people understand that as time passes, priorities shift toward relationships and family. Finally, people associated positive ageing with a good mood and general feelings of fulfillment, satisfaction, optimism, contentment, serenity, and ease. Due to the workload disappearing, people see this period in their lives as one of tranquility, of time for oneself and, as such, a general improvement in mood and general state.

Study 2

The first goal of our study is to assess the types of relationships that are connected with "ageing" in terms of basic cognitive schemes, according to the procedure employed by Wachelke and Contarello (2010). Thus, we set out to describe the structure of the social representations of ageing in the theoretical framework of basic cognitive schemes (Rateau, 1995) and to assess the effects of gender and age on the activation of basic cognitive schemes on ageing in a Romanian population. Secondly, we aimed to further explore the structure of social representations of ageing in Romania by verifying the centrality of the elements found in our first study in males, females, young adults and, respectively, mature adults.

Participants

Our study was conducted on 80 Romanian participants, 40 of whom were male aged 20 to 73 ($M = 44.8$, $SD = 21.49$) and 40 - females aged 20 to 73 ($M = 45.6$, $SD = 21.96$). 20 men and 20 women were labeled as young adults, as their ages ranged from 20 to 29 ($M = 24$, $SD = 2.81$), while the other 20 men and 20 women were labeled as mature adults, as their ages ranged from 61 to 73 ($M = 66.4$, $SD = 3.84$).

Instrument

In order to assess the effects of gender and age on the activation of basic cognitive schemes on ageing, we used a questionnaire in Romanian, which presented them with a basic cognitive schemes task (cf. Guimelli & Rouquette, 1992). The task required them to write down the first three words of which they thought when seeing the inductor "ageing" and to justify each of the terms written ("I answered ... because..."). This stage contributes to clarifying for the participant his / her perceived relationship between the inductor and the evocation, making the following stage easier; given that we consider the participant to be the expert of his / her own evocation, the way he / she justifies the answer did not make the object of any analysis (Rateau, 1995). The next step of the basic cognitive schemes task was to indicate for each of the three evocations whether a series of 28 logical operators which linked "ageing" to their associations were activated (Wachelke & Contarello, 2010). These 28 logical operators were grouped on the criterion of the kind of relationship they explained, thus forming the following meta-schemes: Description – 9 operators (e.g. "Ageing may be defined as ..."), Praxis – 12 operators (e.g. "Ageing is used by ..."), Attribution / Evaluation – 7 operators (e.g. "Ageing must have the quality of...") (Rateau, 1995). For each evocation, they answered the 28 items with "Yes" or "No". Answering "yes" to one of the logical operators showed that the participant identified a relationship between "ageing" and his / her own evocation; thus, a "yes" answer reveals the activation of the logical operator (Rateau, 1995). Hence, the higher the frequency of "yes" answers", the more active an operator is in a population; this observation is assessed by an indicator of valence (Guimelli, 1993; Rouquette, 1994), which is computed by dividing the total number of "yes" answers that one participant provides for his / her three evocations to the total number of answers offered by all subjects: $28 \text{ operators} \times 3 \text{ answers} \times N$ (Rateau, 1995). The same logic applies when assessing the partial valences of the participants on the three dimensions: Description, Praxis and Attribution / Evaluation. Their valence is computed by dividing the number of "yes" answers on the dimension to the total number of answers on the respective dimension (e.g. $9 \text{ Description operators} \times 3 \text{ answers} \times N$) (Rateau, 1995). The indicators of valence allow us to identify the central elements of a social representation, as the theory of the central nucleus argues that the central cognemes have a high associative power and Guimelli (1993, 1994) and Guimelli and Rouquette (1992) have shown that the central elements have a global valence significantly higher as compared to the peripheral ones. Moreover, this technique allows us to describe the types of relationships between the inductor and the evocations qualitatively, in the sense that it permits us to identify whether the majority of the

relationships between the elements of the social representations are descriptive, practical or evaluative (Rateau, 1995).

In order to verify the centrality of the components of Romanians' social representations of ageing found in Study 1, we asked our participants to fill in an instrument created according to the questioning principle ("mise-en-cause", Moliner, 1994), following the procedure used by Wachelke and Contarello, 2010. We first gave our participants the same instruction as Wachelke and Contarello (2010), "According to you, you can say that a person is ageing if...", followed by seven items which contradicted each one of the core elements found in Study 1 (positive resources, negative consequences, physical degradation, psychological degradation, relationships, and activities). In what regards "relationships", due to the fact that this evocation referred both to negative and positive aspects of ageing, we derived two items from it: social exclusion - "He/she is not cast aside by other people" and family - "He/she is not together with his/her family". All seven items were constructed in a negative form; for instance, the "activities" core element was transformed into the item: "He/she is not taking part in new activities". Thus, all items were sentences describing the core elements: physical degradation - "He/she is not losing physical capacities", mental degradation - "He/she is not losing mental capacities", positive resources - "He/she is not gaining positive resources", negative consequences - "He/she is not faced with negative consequences". Participants were asked to respond to every item on a 4 point Likert type scale ranging from 1- certainly yes to 4 – certainly not. The principle underlying this classical procedure for structural characterization is that if participants strongly reject an aspect as being central to the social representation of an object, then the identity of the object is preserved in the absence of the aspect, which is, according to this logic, not a central one of the investigated social representation (Wachelke, 2012).

Procedure

Participants filled in their age and gender, upon which they completed the two questionnaires presented in the previous section.

Results

In order to investigate the centrality of the elements found in Study 1 among males, females, young adults and, respectively, mature adults, we conducted a series of Mann-Whitney tests on each of the seven elements belonging to the core of the social representation of ageing found in Study 1 (see Table 1). Results showed that the only significant differences between young adults and mature ones appeared when assessing "family" and "social exclusion". Thus, younger participants were less likely to consider social exclusion as a core element of the social representation of ageing as compared to mature adults, who were more likely to believe this item to be representative of ageing. Moreover, young adults were also more likely to believe that family was a central element for ageing as compared to mature adults, who believed it to be less representative. No significant differences were found between men and women regarding the centrality of the seven elements presented.

Table 1: Mann-Whitney Tests for group differences in centrality of elements

	Mdn young	Mdn mature	Mdn male	Mdn female
New activities	3	3	3	3
	$U = 776$		$U = 766$	
Social exclusion	1	3	2	3
	$U = 165^{**}$		$U = 701$	
Family	4	1	2.5	3
	$U = 153.5^{**}$		$U = 688.5$	
Physical degradation	3	2	2	3
	$U = 703$		$U = 780$	
Mental degradation	2	3	2.5	2.5
	$U = 766.5$		$U = 790$	
Positive resources	3	3	3	3
	$U = 747$		$U = 782$	
Negative consequences	3	3	3	3
	$U = 750.5$		$U = 755.5$	

** $p < .001$

We investigated the normality of the distributions of the valences of the total scores that participants obtained for Activation (Description + Praxis + Attribution), Description, Praxis and Attribution by performing four Shapiro-Wilk tests, which showed that only the valence of the total score for activations was significantly normally distributed ($W = .98, p > .05$), while the four partial valences of the scores on dimensions were all significantly not-normally distributed (Description: $W = .86, p < .05$; Praxis: $W = .81, p < .05$; Attribution: $W = .89, p < .05$). Hence, we employed robust methods to compare our participants' independent means for the partial valences of Description, Praxis and Attribution in R 3.0.2 and we conducted two Independent Samples T-Tests in SPSS 17.0 in order to examine the effects of gender and, respectively, age on the valence of the global activation. On average, young adults ($M = 9.67; SD = 2.82$) had less activations as compared to mature adults ($M = 15.33; SD = 3.09$). This difference was statistically significant ($t(78) = -8.55, p < .001$) and it represented a medium-sized effect ($r = .48$). On average, males ($M = 12.24; SD = 4.66$) had less activations as compared to females ($M = 12.76; SD = 3.47$). This difference was not statistically significant ($t(78) = 0.57, p > .05$) and it represented a small-sized effect ($r = .004$). A series of tests with independent means based on 20% trimming revealed no significant differences between males and females regarding Activation, Description, Praxis and Attribution (see Table 2). On the other hand, young adults activated less relationships overall as compared to mature adults, having lower Praxis and Description partial valences than mature ones, but higher Attribution partial valences as compared to the mature adults (see Table 2).

Table 2: Tests of independent means based on 20% trimming

	Young	Mature	Male	Female
Description	$M = 8.22$	$M = 15.74$	$M = 14.17$	$M = 9.49$
	$\sigma = 10.4$	$\sigma = 13.62$	$\sigma = 13.99$	$\sigma = 10.69$
	$T_1(36.80) = 2.71^* r = .17$		$T_1(43.90) = 1.54 r = .05$	
Praxis	$M = 3.39$	$M = 18.14$	$M = 9.38$	$M = 12.15$
	$\sigma = 4.94$	$\sigma = 14.49$	$\sigma = 12.24$	$\sigma = 13.87$
	$T_1(26.77) = 5.11^* r = .49$		$T_1(44.37) = .94 r = .02$	
Attribution/Evaluation	$M = 22.32$	$M = 9.97$	$M = 16.37$	$M = 15.92$
	$\sigma = 16.1$	$\sigma = 10.30$	$\sigma = 13.66$	$\sigma = 16.03$
	$T_1(36.92) = 3.76^* r = .28$		$T_1(44.97) = .69 r = .01$	

* $p < .05$

In order to investigate potential differences between the valences of the scores that members of a group obtained on the three dimensions activated (Description, Praxis and Attribution), we conducted four One-Way Repeated Measures ANOVAs on 20% trimmed means of the weighted scores for Description, Praxis and Attribution/Evaluation in R 3.0.2 (see Table 3). Results have shown significant differences between the partial valences of the three dimensions for young adults and no significant differences for males, females and mature adults (Table 3). Post hoc tests revealed that young adults activated significantly more evaluative relationships as compared to both practical and descriptive relationships and a similar number of descriptive and practical relationships between ageing and their evocations. Moreover, post hoc tests for mature adults revealed that they activated significantly more practical relationships as compared to evaluative ones (see Table 3).

Table 3: One-Way Repeated Measures ANOVAs on 20% trimmed means of the weighted scores for Description, Praxis and Attribution/Evaluation

ANOVA Males		$F(2, 46) = 2.86$		
Post Hoc Tests Males	Description	Praxis	$\Psi = 4.68$	
	$M = 14.17$	$M = 9.38$	$(-4.19, 13.54)$	
	$SD = 13.99$	$SD = 12.24$		
	Description	Attribution	$\Psi = -2.34$	
	$M = 14.17$	$M = 16.37$	$(-12.11, 7.42)$	
	$SD = 13.99$	$SD = 13.66$		
Post Hoc Tests Females	Praxis	Attribution	$\Psi = -7.75$	
	$M = 9.38$	$M = 16.37$	$(-17.20, 1.70)$	
	$SD = 12.24$	$SD = 13.66$		
	ANOVA Females		$F(1.66, 38.09) = 0.83$	
	Description	Praxis	$\Psi = -1.59$	
	$M = 9.49$	$M = 12.15$	$(-6.99, 3.82)$	
$SD = 10.69$	$SD = 13.87$			
Post Hoc Tests Females	Description	Attribution	$\Psi = -4.13$	
	$M = 9.49$	$M = 15.92$	$(-14.20, 5.94)$	
	$SD = 10.69$	$SD = 16.03$		
	Praxis	Attribution	$\Psi = -1.69$	
	$M = 12.15$	$M = 15.92$	$(-12.79, 9.4)$	
	$SD = 13.87$	$SD = 16.03$		
ANOVA Young		$F(1.42, 32.55) = 20.66^*$		
Post Hoc Tests Young	Description	Praxis	$\Psi = 2.89$	
	$M = 8.22$	$M = 3.39$	$(-1.94, 7.72)$	
	$SD = 10.4$	$SD = 4.94$		
	Description	Attribution	$\Psi = -14.36$	
	$M = 8.22$	$M = 22.32$	$(-25.02, -3.69)^*$	
	$SD = 10.4$	$SD = 16.1$		
Post Hoc Tests Mature	Praxis	Attribution	$\Psi = -18.97$	
	$M = 3.39$	$M = 22.32$	$(-28.38, -9.57)^*$	
	$SD = 4.94$	$SD = 16.1$		
	ANOVA Mature		$F(1.69, 38.88) = 2.37$	
	Description	Praxis	$\Psi = -2.56$	
	$M = 15.74$	$M = 18.14$	$(-14.39, 9.28)$	
$SD = 13.62$	$SD = 14.49$			
Post Hoc Tests Mature	Description	Attribution	$\Psi = 5.57$	
	$M = 15.74$	$M = 9.97$	$(-2.13, 13.26)$	
	$SD = 13.62$	$SD = 10.30$		
	Praxis	Attribution	$\Psi = 9.11 (0.55, 17.68)^*$	
	$M = 18.14$	$M = 9.97$		
	$SD = 14.49$	$SD = 10.30$		

* $p < .05$

Discussion

The findings of Study 2 open the path for comprehending Romanians' schematic social representations of ageing and how they vary across age groups and gender. Thus, both young and mature adults in Romania define ageing as a process of mental and physical decline during which a person benefits from positive resources and gets the chance to be involved in more activities, while also suffering a series of negative consequences. The differences between young adults and mature adults lie in the fact that for the former, family is more central, while social exclusion is more peripheral when it comes to ageing as compared to the latter. Given that these two items were derived from what we considered to be a unified cognem in Study 1 ("relationships"), this finding offers support for our initial conceptualization. A potential explanation for these effects is that mature adults experienced a higher number of deaths in their social circles (parents, relatives, friends, acquaintances, colleagues etc.) and, given that their own deaths are more salient to them due to their older ages, they are likely to be more motivated to pay attention to the older people's experiences that precede and include their end of life, such as being rejected and cast aside by their families (Wachelke & Contarello, 2010). Feeling that their own deaths are closer, mature adults probably tend to focus on the negative aspects of ageing, as these elements elicit fear in them. On the other hand, young people perceive ageing as being a far-away reality, which probably makes them less motivated to pay attention to more subtle nuances of the dynamics of interaction between the elderly and their social circles, thus not including social exclusion in the core of their social representations of ageing.

The centrality of the core elements of our participants' social representations of ageing did not vary according to gender on any of the seven proposed elements. This is probably due to the fact that gender does not generate significant differences between the daily life activities of the elderly (Horgas, Wilms, & Baltes, 1998), while also accounting for less than 1% of the variance in well-being and self-concept (Pinquart & Sorensen, 2000). Such previous findings suggest that both the life-style and the psychological states of the elderly are not gender-specific due to the similar effects ageing has for both males and females. Thus, people's social representations of ageing are more likely to be the same for both genders. Our findings are in partial agreement with previous research on this topic conducted by Wachelke and Contarello (2010). Similarly to our results, these authors found no gender differences among the Italian regarding their social representations of ageing. For mature Italian adults, social exclusion was more central in the structure of their social representations for ageing as compared to young adults, a difference we encountered as well; family, however, was equally central for these two groups for Italians.

Concerning basic cognitive scheme activation, we have found that mature participants have more overall activations regarding ageing as compared to young adults, which is probably because of the fact that ageing is more salient to their daily life. Mature adults also had more Praxis partial valences as compared to young adults, which may be a consequence of the fact that basic schemes activation was shown to be influenced by the amount of

practical experience individuals have with a particular object (Guimelli, 1994); thus, since mature adults have more practical experience with ageing, they activated more Praxis schemes than young adults, who were more likely to have had less functional experience related to ageing, and hence emphasize normative elements more (Abric & Tafani, 1995), which also explains why our younger participants activated more Attribution schemes as compared to the mature ones. On their Italian sample, Wachelke and Contarello (2010) found the same differences; unlike them, however, we also found that our Romanian young adult participants activated less Description schemes as compared to the mature ones. This can be also subsumed to the fact that younger people are less motivated to incorporate information regarding ageing from their environments because they perceive ageing to be farther away from their lives. Similarly to Wachelke and Contarello (2010), we did not find any gender differences in basic cognitive schemes activations on our Romanian population. Flament and Rouquette (2003) have anticipated this when theorizing that the effects of gender on the structure of social representations bears a more significant influence on the peripheral zone, as they admitted the cross-sectional relevance of gender in this domain, while predicting small effect sizes.

Young adults' social representation of ageing is formed by more evaluative associations as compared to descriptive and practical ones, while mature adults' social representations of ageing contain more practical associations as compared to evaluative ones. Young people were shown to feel anxiety and fear toward getting old and to have negative representations of the elderly (Power, 1992), which could lead them to make more evaluative associations to ageing, given that emotions are defined by a propensity to perceive their objects in manners which are consonant with the cognitive-appraisal facets of the emotion (Lerner & Keltner, 2000). Consistent with our findings, a meta-analysis in 2005 showed that young adults see more differences between the young and the old as compared to older adults, and explained this in the framework of the Social Identity Theory (Tajfel & Turner, 1979; Turner & Oakes, 1989), arguing that older people constitute an outgroup for the younger ones, for whom evaluating the former more negatively may be a mechanism employed to preserve their positive social identity (Kite, Stockdale, Whitley & Johnson, 2005). Thus, the social representations of ageing held by our young adult participants may be comprising more evaluative associations due to the fact that ageing is a process located in an indefinite future which hence describes other people, who may very well represent an outgroup. These results we found on our Romanian sample are in agreement with the ones found by Wachelke and Contarello (2010) on their Italian population of young adults, for whom the activation trend was evaluative as well. However, their mature adult participants mainly described descriptive associations as compared to evaluative ones, while our mature adult participants significantly described more practical associations as compared to evaluative relationships. This may be because the Romanian social economic context makes transition from maturity to old age very financially steep (Dafinoiu & Crumpei, 2013; Romanian National Institute of Statistics, 2012), which may influence mature

Romanian adults to focus more on the practical issues of ageing.

Conclusion

Currently, there is a dramatic shift in world demographics in that the numbers of elderly people continue to rise, while those of the younger population segments seem to plummet (World Health Organization, 2002). This phenomenon has various underlying causes, among which the fact that the average lifespan has increased while birth rates have declined (Dafinoiu & Crumpei, 2013). Previous research has already shown that, in Romania, people aged 65 to 90 have predominantly negative social representations of the elderly, associating them to illness, incapacity, loneliness (Crăciun, 2012). Since this population segment is currently growing and since older people in this country face a series of psychosocial issues, we sought to explore Romanian people's social representations of ageing. Moreover, we aimed to investigate whether we would find any differences between their social representations of ageing and the ones they have of positive ageing. Schulze (2011) employed the inductor phrase "positive ageing" and found that this engendered differences in people's social representations on ageing, so we expected to obtain similar results. Indeed, the findings of Study 1 revealed that the associations induced by positive ageing were more resource and benefit-oriented, whereas those induced by ageing were mainly related to disease and physical and psychological limitations.

These results seem to suggest that the population investigated may have the necessary knowledge and openness to be made aware of the more positive aspects of ageing. This is of particular significance for future reflection on both the direction and the specific aspects upon which one may tackle when designing campaigns dedicated to raising awareness of positive ageing among the Romanian population. Moreover, it has also been emphasized by previous research (e.g. Soares et al., 2014) that the deconstruction of the negative connotations of ageing is an important goal in promoting successful ageing. The results of the first study may constitute, from this point of view, a contribution to the current corpus of knowledge regarding how Romanians perceive this phenomenon.

The results of the second study provide a structural characterization of the social representation of ageing meant to reveal the effects of social segmentation (according to age and gender) on laypeople's conceptualizations of the topic investigated. While differences were found among participants belonging to distinct age groups, participants' social representations of ageing did not seem to vary significantly according to their gender. These results could constitute an incentive for future studies focused on a comparison between the Romanian population and other populations regarding social representations of ageing, because we found both differences and similarities in this respect, as detailed in the Discussion section of Study 2. From a practical point of view, these findings may be used in order to further refine the present knowledge of health professionals, policy makers and social institutions regarding the current status of laypeople's conceptualizations of ageing.

All in all, our studies have a series of limitations. To begin with, the reliability of our findings has to be interpreted with caution due to the small number of participants, who belonged to a convenience sample, which limits the generalization of our results. Thus, our analyses of variance should be taken into account with a certain amount of prudence. Future studies should replicate our findings on larger and representative samples.

References

- Abric, J. C. (1994a). Les représentations sociales: aspects théorétiques. In J. C. Abric (Ed.) *Pratiques sociales et représentations*. Paris: Presses Universitaires de France, pp. 11-35.
- Abric, J. C., & Tafani, E. (1995). Nature et fonctionnement du noyau central d'une représentation sociale: la représentation de l'entreprise. *Cahiers internationaux de psychologie sociale*, 28, 22-311.
- AGE. (2012). European Year for Active Ageing and Solidarity between Generations. 2012 Everyone has a role to play! Retrieved January 18th, 2015 from: http://www.age-platform.eu/images/stories/EN/ey2012_joint_leaflet-en.pdf
- Ampudia, C. (2000). *Sentimiento de soledad en un grupo de adultos mayores*. Tesis de Grado. UNAM.
- Crăciun, C. (2012). Successful Ageing-Utopia or the Result of Lifelong Learning? Meaning and Representations of Ageing in Romanian Elderly. *Ageing International*, 37(4), 373-385.
- Crăciun, C., Zaharia, C., Radu, S., & Rusan, A. (2012). Being old: What you see in the mirror? How middle-aged Romanians understand successful ageing and how to achieve it. *Cognitie, Creier, Comportament / Cognition, Brain, Behavior*, 16(4).
- Dafinoiu, I., & Crumpei, I. (2013). Social representations of the elderly—an exploratory study. *Psihologia socială*, (32), 185-195.
- European Parliament and the Council of the European Union. (2011, September 23). Decision No 940/2011/EU of the European Parliament and of the council of 14 September 2011 on the European Year for Active Ageing and Solidarity between Generations 2012. *Official Journal of The European Union L*, 246: 5-10.
- Fernández-Ballesteros, R. (2011). Quality of life in old age: Problematic issues. *Applied Research in Quality of Life*, 6(1), 21-40.
- Fiske, S. T., Cuddy, A. J. C., Glick, P., & Xu, J. (2002). A model of (often mixed) stereotype content: Competence and warmth respectively follow from perceived status and competition. *Journal of Personality and Social Psychology*, 82, 878-902. doi:10.1037/0022-3514.82.6.878.
- Flament, C., & Rouquette, M.-L. (2003). *Anatomie des idées ordinaires. Comment étudier les représentations sociales*. Paris: Armand Colin.
- Flick, U., Fischer, C., Neuber, A., Schwartz, F. W., & Walter, U. (2003). Health in the context of growing old: Social representations of health. *Journal of Health Psychology*, 8(5), 539-556.
- Gastaldi, A., & Contarello, A. (2006). Una questione di età: rappresentazioni sociali dell'invecchiamento in giovani e anziani. *Ricerche di Psicologia*, 20(4), 7-22.

- Gaymard, S. (2006). The representation of old people: comparison between the professionals and students. *International Review of Social Psychology*, 19(3-4), 69-91.
- Gergen M. M., & Gergen K. J. (2002). Positive Ageing: New Images for a New Age. In J. F. Gubrium & J. A. Holstein (Eds.), *Ways of ageing*. Blackwell, Oxford.
- Guimarães, M. C. T. Veloz (1997). *Velhice: perda ou ganho*. Dissertação de mestrado, Programa de pós-graduação, Universidade Federal de Santa Catarina, Florianópolis.
- Guimelli, C. (1993). Concerning the structure of social representations. *Papers on social representations*, 2(2), 85-92.
- Guimelli, C. (1993). Locating the central core of social representations: towards a method. *European Journal of Social Psychology*, 23, 555-559.
- Guimelli, C. (1994). Transformation des représentations sociales, pratiques nouvelles et schèmes cognitifs de base. In Ch. Guimelli (Ed.), *Structures et transformations des représentations sociales*. Neuchâtel: Delachaux et Niestlé.
- Guimelli, C., & Rouquette, M. L. (1992). Contribution du modèle associatif des schèmes cognitifs de base à l'analyse structurale des représentations sociales. *Bulletin de psychologie*, 45(405), 196-202.
- Hertzog, C., Kramer, A. F., Wilson, R. S., & Lindenberger, U. (2009). Fit Body, Fit Mind?. *Scientific American Mind*, 20(4), 24-31.
- Horgas, A. L., Wilms, H. U., & Baltes, M. M. (1998). Daily life in very old age: Everyday activities as expression of successful living. *The Gerontologist*, 38(5), 556-568.
- Institutul Național de Statistică (2012). Raport – Structura populației.
- Kite, M. E., Stockdale, G. D., Whitley, B. E., & Johnson, B. T. (2005). Attitudes toward younger and older adults: An updated meta-analytic review. *Journal of Social Issues*, 61, 241-266. doi:10.1111/j.1540-4560.2005.00404.x.
- Lerner, J. S., & Keltner, D. (2000). Beyond valence: Toward a model of emotion-specific influences on judgement and choice. *Cognition & Emotion*, 14(4), 473-493.
- Mendoza, L. (1999). *La representación Social de la Vejez*. Tesis de Grado. UNAM.
- Moliner, P. & Vidal, J. (2003). Stéréotype de la catégorie et noyau de la représentation sociale. *International Review of Social Psychology*, 1, 157-175.
- Moscovici, S. (1976). *Social Influence and Social Change*. European Monographs in Social Psychology. London: Academic Press.
- Nagel, M. M., Contarello, A. & Wackelke, J. (2011). Social representations and stakes across borders: studying ageing in times of change. *Temas em Psicologia*, 19(1), pp. 59-73.
- Pinquart, M., & Sörensen, S. (2000). Influences of socioeconomic status, social network, and competence on subjective well-being in later life: a meta-analysis. *Psychology and ageing*, 15(2), 187.
- Power, B. (1992). Attitudes of young people to ageing and the elderly. National council for the elderly. Report no. 16. Dublin: Corrigan House.
- Rateau, P. (1995). Dimensions descriptives, fonctionnelle et évaluative des représentations sociales – une étude exploratoire. *Papers on Social Representations*, 4(2), 133-146.
- Rouquette, M. L. (1994). *Sur la connaissance des masses. Essai de psychologie politique*, Grenoble, P.U.G.
- Schulze, C. M. N. (2011). Social representations of ageing shared by different age groups. *Temas em Psicologia*, 19(1), pp. 43-57.
- Soares, C., Marques, A. M., Silva, M. G. D., Cerqueira, A., Bonança, Í., & Arguello, P. (2014). Are social representations of positive ageing really effective? The ageing process through the eyes of elderly. *Journal of Spatial and Organizational Dynamics*, 2(2), 41-54.
- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. *The social psychology of intergroup relations*, 33, 47.
- Turner, J. C., & Oakes, P. J. (1989). Self-categorization theory and social influence. In P. B. Paulus (Ed.), *The psychology of group influence* (2nd ed., pp. 233-275). Hillsdale, NJ: Lawrence Erlbaum.
- United Nations. (2001). *World population ageing: 1950-2050*. New York: United Nations.
- United Nations. (2007). *World population ageing*. New York: United Nations.
- Veloz, M. C. T., Nascimento-Schulze, C. M., & Camargo, B. V. (1999). Representações Sociais do envelhecimento. *Psicologia Reflexão e Crítica*, 12(2), 479-501.
- Wachelke, J., & Contarello, A. (2010). Social representations on ageing: Structural differences concerning age group and cultural context. *Revista Latinoamericana de Psicología*, 42(3), 367.
- Wachelke, J. (2012). Representations and social knowledge: an integrative effort through a normative structural perspective. *New Ideas in Psychology*, 30(2), 259-269.
- World Health Organization (2002). Active Ageing. A Policy Framework: http://whqlibdoc.who.int/hq/WHO_NMH_NPH_02.8.pdf