



## Empirical Articles

# Images of Aging in Institutionalized and Non-Institutionalized Elderly People

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## Abstract

**Aim:** The aim of this study was to assess and compare images and stereotypes of aging in institutionalized and non-institutionalized elderly people. This is a descriptive study using a survey. **Method:** The instruments used were a sociodemographic questionnaire and the ImAges scale. A total of 120 elderly people, aged between 65 and 99 years, participated in this study. **Results:** Statistically significant differences were found, for the scale's three factors, between institutionalized and non-institutionalized older adults. In the factor "dependence, sadness and old-fashioned", the institutionalized participants presented a higher number of negative images and stereotypes ( $M = 51.8$ ;  $DP = 6.01$ ) than the non-institutionalized participants ( $M = 49.0$ ;  $DP = 7.85$ ), these differences were significant ( $t(118) = -2.16$ ;  $p < 0.05$ ). In the "maturity, activity and affectivity" factor, there were also significant differences ( $t(118) = 2.04$ ;  $p < 0.05$ ), the non-institutionalized participants present higher rates of positive images and stereotypes ( $M = 20.2$ ;  $DP = 3.28$ ), when compared to institutionalized participants ( $M = 19.0$ ;  $DP = 3.310$ ). **Conclusion:** The results suggested that institutionalized older adults presented more negative aging images than non-institutionalized.

**Keywords:** images of aging, self-perceptions, institutionalized elderly people, non-institutionalized elderly people

Psychology, Community & Health, 2012, Vol. 1(2), 189–200, doi:10.5964/pch.v1i2.30

Received: 2012-02-10. Accepted: 2012-04-07. Published: 2012-07-25.

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## Introduction

The negative images of aging affect both the social and care treatment given to the elderly population as well as the way individuals live their old age (Levy & Leifheit-Limson, 2009; Ryvicker, 2009; Sousa, Cerqueira, & Galante, 2008). The nature of these images results from the lack of knowledge about the aging process often leading to discrimination and stereotyping attitudes based on age - ageism (Palmore, 1999). This discrimination against older people is due to abusive generalizations that do not take into account individual characteristics (Dobbs et al., 2008; Sousa et al., 2008). There have been numerous cases of ageism, however, it is a phenomenon of difficult detection (Rupp, Vodanovich, & Credé, 2005; van den Heuvel & van Santvoort, 2011), and often individuals do not realize or deny it (Ferreira-Alves & Novo, 2006; McGuire, Klein, & Chen, 2008; Palmore, 2004).

In general, the ideas about aging tend to associate it to physical problems (low physical attractiveness, physical inactivity, dependency, disability, illness and death); to interpersonal changes, such as bad temper, depression, unhappiness and isolation; and to cognitive deterioration (Castelli, Zecchini, Deamicis, & Sherman, 2005; Gázquez et al., 2009; Sánchez Palacios, Trianes Torres, & Blanca Mena, 2009).

Ageism may have individual, social and instrumental implications, including the self-perception that elderly people have of themselves, and of their sense of safety regarding the community they belong to (McGuire et al., 2008). These negative images of old age can be integrated into the very identity of the older adults (Dobbs et al., 2008). Thus, the predominantly negative social images can influence the perception that older adults have of themselves, leading to the acceptance of these beliefs and the adoption of behaviors consistent with them (Macia, Lahmam, Baali, Boëtsch, & Chapuis-Lucciani, 2009; McGuire et al., 2008). This self-acceptance can, in turn, lead to reduced self-esteem, a devaluation of personal skills and a deterioration of physical and mental health (Palmore, 1999). However, positive images are also found in older people. In this way, the idea that the elderly only have negative self-images and images of aging should not be generalized (Cuddy, Norton, & Fiske, 2005).

The development of aging self-perceptions begins during childhood, although at that point they have no impact on one's self-perception since they are directed to individuals outside the group (exogroup). In old age those stereotypes become self-stereotypes, as the individual begins to belong to the group (ingroup) (Levy, 2003; Macia et al., 2009). This process explains the fact that older people have a tendency to express attitudes toward their group, often as or more negative than those expressed by the younger people (Levy, 2003). Moreover, the decline observed in old age is more related to the psychological effects of self-stereotyping, than with the actual biological aspects of aging (Eibach, Mock, & Courtney, 2010; Levy, 2003). In fact, older people exposed to negative age stereotypes tend to have worse performance in memory tasks, a lower self-efficacy, and more negative judgments about other elderly people (Hess, Hinson, & Statham, 2004; Levy, 2003). On the other hand, older people exposed to more positive stereotypes show a greater will to live and more active attitudes in seeking treatment in case of disease. Positive perceptions about aging are also related to better health and longer life (Levy, 2003). Thus, the negative self-stereotypes tend to affect the older people's quality of life, including its duration and caring for one's health. Therefore, one factor that seems to contribute to the acceptance of attitudes and stereotypes regarding aging and old age is the intergenerational contact (Abrams et al., 2008; Grefe, 2011).

Furthermore, differences have been found between institutionalized and non-institutionalized elderly. Institutionalized elderly seem to experience the aging process more negatively and as 'waiting for death', becoming more socially and emotionally isolated (Anderson & Dabelko-Schoeny, 2010; Araújo, Coutinho, & Saldanha, 2005). On the other hand, for non-institutionalized people, old age seems to be more associated with activity, freedom, autonomy, independence, and socialization phase as a time to make new friends (Araújo, Coutinho, & Santos, 2006). However, there are tendencies to associate the older adults to the disease in both groups (Araújo et al., 2005; Araújo et al., 2006).

The objective of this study was to contribute to the knowledge on the images of old age, among older adults, which are known to influence the way they experience this phase in life. Since institutionalized and non-institutionalized elderly people have different characteristics on how they experience old age, we explored the existence differences between these two groups regarding the images of aging and old age. In this sense, the objectives of this study were to: 1) identify and compare images and stereotypes of aging and old age in institutionalized and non-institutionalized people; 2) compare images of aging and old age between people from different gender, marital status, educational level and area of residence; 3) examine images of aging and old age among older people with different perceptions of their health; 4) study images of aging and old age among older people with different assessments of their aging process; 5) analyze the relation between images of aging and old age and assess the frequency of contact with children and adolescents.

## Method

### Participants

A total of 120 elderly people, aged between 65 and 99 years, with an average age of 78 years ( $SD = 7.55$ ;  $Median = 79$ ;  $Mode = 73$ ) participated in this study. Overall, 60 participants were in institutions (nursing homes) and 60 were not institutionalized. The socio-demographic characteristics of participants are summarized in Table 1.

**Table 1**

*Sociodemographic characteristics (n=120)*

	Institutionalized elderly people	Non-institutionalized elderly people	Total
<b>Gender</b>			
Male	17 (14.2%)	30 (25.0%)	47 (39.2%)
Female	43 (35.8%)	30 (25.0%)	73 (60.8%)
<b>Marital Status</b>			
Single	5 (4.2%)	0 (0.0%)	5 (4.2%)
Married	5 (4.2%)	36 (30.0%)	41 (34.2%)
Cohabiting	0 (0.0%)	1 (0.8%)	1 (0.8%)
Divorced	0 (0.0%)	1 (0.8%)	1 (0.8%)
Widowed	50 (41.7%)	22 (18.3%)	72 (70.0%)
<b>Schooling</b>			
Cannot read/write	15 (12.5%)	9 (7.5%)	24 (20.0%)
Can read and write	6 (5.5%)	5 (4.2%)	11 (9.2%)
Elementary school	33 (27.5%)	32 (26.7%)	65 (54.2%)
Middle/high school	5 (4.2%)	9 (7.5%)	14 (11.7%)
University level	1 (0.8%)	5 (4.2%)	6 (5.0%)
<b>Residency</b>			
Rural	17 (14.2%)	32 (26.7%)	49 (40.8%)
Urban	43 (35.8%)	28 (23.3%)	71 (59.2%)

### Material

**Sociodemographic Questionnaire** — The sociodemographic questionnaire was composed by six questions regarding: age, gender, marital status, schooling, and residence (urban or rural). The questionnaire contained three Likert-type questions (0 to 5) in which the participants were asked to assess their health condition, how they were aging, and their level of contact with children and young people.

**ImAges Scale** — The ImAges scale was developed by Sousa et al. (2008) for the Portuguese population, in order to characterize the images of aging and old age in different age groups (youngsters, adults, "young-old" and "very old"). This scale had 32 items, grouped into four factors: (1) "dependence, sadness and old-fashioned", which was related to disease, loss of physical abilities, dependence, sadness, loneliness and living 'of memories'; (2) "relational and cognitive incompetence" that referred to decreased cognitive performance, and social maladapted behaviours; (3) "maturity, activity and affectivity", which described old age as a maturity phase, and the old person as active and affectionate; and (4) "uselessness", that described old age and the old person as no longer having a contribution to make.

Regarding internal consistency the ImAges scale we produced an alpha of 0.80. Concerning the subscales, of this scale's four factors, the Cronbach's alpha ( $\alpha$ ) for Factor 1 was  $\alpha = 0.80$ , for Factor 2  $\alpha = 0.63$ , for Factor 3 and  $\alpha = 0.66$ . However, for Factor 4  $\alpha = 0.38$ , which is considered an unacceptable (DeVellis, 1991), therefore this factor was not analyzed.

### Procedure

After obtaining the authorization to use the ImAges scale (Sousa et al., 2008), the questionnaires' response structure was adapted. The institutions where the data collection would take place were then contacted.

The questionnaires were conducted individually, always after informed consent was given by the participants. Of the 124 questionnaires done, 12 were self-completed by the participants, and 112 were read aloud and completed by the researcher according to the participant's responses. During the application, four questionnaires were cancelled due to incomplete answers.

### Data analysis

The data analysis was performed using software SPSS (Statistical Package for Social Sciences, version 17.0). After the construction of the database, we calculated descriptive statistics of all data, the scale, and its factors, and its internal consistency using Cronbach's alpha ( $\alpha$ ).

Then, to test the normality of the sample, we utilized Kolmogorov-Smirnov (K-S) statistics. Given the normality of the sample, we utilized Student's t-test and the analysis of variance (ANOVA). We also calculated the Pearson's correlation coefficient to analyze the relation between variables. A level of significance  $p \leq 0.05$  was established.

## Results

Comparing our results with those of Sousa et al. (2008), also performed in a Portuguese sample, we found that our results regarding the factors "dependence, sadness and old-fashioned" and "relational and cognitive incompetence" were higher than those from the original study. However, concerning the factor "maturity, activity and affectivity", our results were lower than the results obtained by Sousa et al. (2008), as it can be seen on Table 2.

**Table 2**

*Mean values obtained in Sousa, Cerqueira, and Galante's (2008) study and in the present study (n=120)*

Factor	Sousa, Cerqueira and Galante's (2008) study Sample 73-87 years old (n = 42)		Results from the present study. Total Sample (n = 120)	
	M	SD	M	SD
Dependency, Sadness and Old-Fashioned	48.0	9.66	50.5	7.10
Relational and Cognitive Incompetence	19.9	6.0	22.0	4.18
Maturity, Activity and Affectivity	21.06	3.9	19.7	3.34

When comparing the images and stereotypes of aging and old age among institutionalized and non-institutionalized participants, the results indicated differences in two factors. For the factor "dependence, sadness and old-fashioned",

the institutionalized elderly people showed a mean of 51.9 ( $SD = 6.02$ ), higher than the one obtained in the non-institutionalized group ( $M = 49.1$ ;  $SD = 7.85$ ). These differences were statistically significant ( $t(118) = -2.166$ ;  $p < 0.05$ ). As for the factor “maturity, activity and affectivity”, there were also statistically significant differences ( $t(118) = 2.048$ ;  $p < 0.05$ ) between the group of non-institutionalized ( $M = 20.3$ ;  $SD = 3.28$ ), and institutionalized participants ( $M = 19.1$ ;  $SD = 3.31$ ), as it can be seen on [Table 3](#).

**Table 3**

*Results for the comparison of images and stereotypes between institutionalized and non-institutionalized subjects (n=120)*

	<i>Mean</i>	<i>SD</i>	<i>df</i>	<i>t</i>
<b>Dependency, Sadness and Old-Fashioned</b>				
Non-institutionalized elderly people	49.1	7.85	118	-2.166*
Institutionalized elderly people	51.9	6.02		
<b>Relational and Cognitive Incompetence</b>				
Non-institutionalized elderly people	22.3	4.17	118	-1.874
Institutionalized elderly people	23.7	4.10		
<b>Maturity, Activity and Affectivity</b>				
Non-institutionalized elderly people	20.3	3.28	118	2.048*
Institutionalized elderly people	19.1	3.31		

Note: \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

Regarding the comparison of images of aging and old age between people from different genders, marital statuses, educational levels and areas of residence, the results suggested some differences.

Thus, participants with a lower schooling level indicated higher results in the factor “dependence, sadness and old-fashioned”, being that elderly people who cannot read or write presented an average of 54.5 ( $SD = 3.86$ ), and the participants who had completed the 6<sup>th</sup> or the 9<sup>th</sup> grade a mean of 41.71 ( $SD = 9.62$ ). These differences were statistically significant ( $F(4;115) = 11.623$ ;  $p < 0.05$ ).

As for the factor “relational and cognitive incompetence”, there were also significant differences ( $F(4, 115) = 4.729$ ;  $p < 0.05$ ); older people who can read and write showed more images and stereotypes associated with incompetence, ( $M = 24.6$ ;  $SD = 4.50$ ), while the participants with lower schooling levels (completed the 6<sup>th</sup> or 9<sup>th</sup> grade) presented the lowest mean values ( $M = 19.4$ ;  $SD = 5.52$ ). Finally, for the factor “activity and affective maturity”, the results suggested no significant differences ( $F(4;115) = 1.114$ ;  $p = 0.353$ ) between groups with different schooling levels.

Furthermore, the group of elderly people who lived in rural areas presented higher results ( $M = 53.0$ ;  $SD = 5.44$ ) than those who lived in urban areas ( $M = 48.7$ ;  $SD = 60$ ), for the factor “dependence, sadness and old-fashioned”, being these differences statistically significant ( $t(118) = 3.385$ ;  $p < 0.05$ ). Regarding the other two factors, there were no statistically significant differences.

Concerning gender and marital status no statistically significant differences were found in any of the three factors, as it can be seen on [Table 4](#).

Differences between the groups of institutionalized and non-institutionalized participants, and with different self-assessments of health status, were asserted. In the factor “dependence, sadness and old-fashioned”, elderly people who assessed their health as “very poor” presented a mean value of 53.4 ( $SD = 3.26$ ), followed by those who assessed their health as “poor” ( $M = 52.8$ ;  $SD = 5.03$ ), being the participants who assessed their health as

**Table 4**

Results for the comparison of images and stereotypes between subjects of different gender, marital status, education and residence ( $n=120$ )

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>
<b>Dependency, Sadness and Old-Fashioned</b>					
Female	73	50.1	7.84	118	-0.606
Male	47	50.0	5.83		
Married	41	50.2	6.25	111	-0.462
Widowed	72	50.9	7.36		
Cannot read/write	24	54.5	3.86	4;115	11.623*
Can read and write	11	52.5	5.45		
Elementary school	65	51.0	5.98		
Middle/high school	14	41.7	9.63		
University level	6	44.8	5.34		
Rural context	49	53.0	5.44	118	3.385*
Urban context	71	48.7	7.60		
<b>Relational and Cognitive Incompetence</b>					
Female	73	22.9	4.44	118	-0.052
Male	47	23.0	3.80		
Married	41	23.3	3.57	111	0.729
Widowed	72	22.7	4.54		
Cannot read/write	24	23.9	3.43	4;115	4.729*
Can read and write	11	24.6	4.50		
Elementary school	65	23.4	3.71		
Middle/high school	14	19.4	5.52		
University level	6	20.2	2.71		
Rural context	49	23.7	3.57	118	1.665
Urban context	71	22.4	4.51		
<b>Maturity, Activity and Affectivity</b>					
Female	73	19.7	3.55	118	-0.117
Male	47	19.7	3.03		
Married	41	20.4	3.18	111	1.941
Widowed	72	19.9	3.39		
Cannot read/write	24	19.9	3.68	4;115	1.114
Can read and write	11	20.1	2.87		
Elementary school	65	19.3	3.12		
Middle/high school	14	21.2	4.40		
University level	6	19.2	1.69		
Rural context	49	19.8	3.22	118	0.205
Urban context	71	19.6	3.44		

Note: \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

“good” that presented less stereotypes associated to this factor ( $M = 44.2$ ;  $SD = 9.13$ ). These differences were statistically significant ( $F(3;116) = 9.602$ ,  $p < 0.05$ ). For the factor “relational and cognitive incompetence” there were no significant differences between groups ( $F(3;116) = 2.250$ ,  $p = 0.08$ ).

As for the factor “maturity, activity and affectivity”, older people who assessed their health as “good” presented an average of 21.1 ( $SD = 3.43$ ), higher than the remaining evaluations. The older people that presented the lowest results for this factor were those who assessed their health as “very bad” ( $M = 18.1$ ;  $SD = 3.22$ ). These differences were statistically significant ( $F(3;116) = 4.585$ ;  $p < 0.05$ ), as it can be seen on Table 5.

**Table 5**

Results for the comparison of images and stereotypes between subjects' assessment of the variable Health Assessment for Elderly ( $n=120$ )

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df (B;W)</i>	<i>F</i>
<b>Dependency, Sadness and Old-Fashioned</b>					
Very bad	23	53.4	3.26	3;116	9.603*
Bad	31	52.8	5.03		
Neither good nor bad	45	50.2	6.99		
Good	21	44.2	9.13		
Very good	-	-	-		
<b>Relational and Cognitive Incompetence</b>					
Very bad	23	23.3	3.11	3;116	2.250
Bad	31	24.35	4.16		
Neither good nor bad	45	22.5	4.44		
Good	21	21.5	4.29		
Very good	-	-	-		
<b>Maturity, Activity and Affectivity</b>					
Very bad	23	18.1	3.22	3;116	4.585*
Bad	31	18.94	3.48		
Neither good nor bad	45	20.4	2.86		
Good	21	21.10	3.43		
Very good	-	-	-		

Note: \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

In the comparison between the two groups, with different assessments of the aging process, the results also suggested significant differences. For the factor “dependence, sadness and old-fashioned” there were statistically significant differences ( $F(4;115) = 13.687$ ;  $p < 0.05$ ), being older people who evaluated their aging process as “bad” the ones who presented a higher mean values in this factor ( $M = 4.3$ ;  $SD = 3.74$ ), and those who assessed their aging process as “very good” presented the lowest results ( $M = 29.5$ ;  $SD = 13.4$ ).

For the factor “relational and cognitive incompetence” the participants who assessed the aging process as “neither good nor bad” presented higher mean values ( $M = 24.2$ ;  $SD = 3.87$ ) than those who made an assessment of the aging process as “good” ( $M = 21.6$ ;  $SD = 4.24$ ) or “very good” ( $M = 17.0$ ;  $SD = 8.84$ ). These differences were statistically significant ( $F(4;115) = 3.760$ ;  $p < 0.05$ ).

In the last factor, “maturity, activity and affectivity”, there were also statistically significant differences ( $F(4;115) = 5.222$ ;  $p < 0.05$ ). The participants who evaluated their aging process as “very good” had higher mean values ( $M = 26.0$ ;  $SD = 0.00$ ), than those who evaluated the aging process as “very bad” the lowest ( $M = 15.75$ ;  $SD = 3.40$ ), as it can be seen on [Table 6](#).

The results also indicated the existence of correlations between images of aging and old age and the contact with children and adolescents. For the factor “dependence, sadness and old-fashioned”, Pearson’s correlations indicated a moderate negative, and statistically significant correlation ( $r = -0.452$ ;  $p < 0.01$ ), suggesting that the greater the contact with children and adolescents, the lower values obtained in this factor. On the other hand, participants with high scores on this factor were those that had less contact with children and adolescents.

**Table 6**

Results for the comparison of images and stereotypes between subjects' assessment of the variable Evaluation of the Aging Process (n=120)

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i> ( <i>B;W</i> )	<i>F</i>
<b>Dependency, Sadness and Old-Fashioned</b>					
Very bad	4	51.2	2.63	4;115	13.687*
Bad	20	54.3	3.74		
Neither good nor bad	50	52.7	6.37		
Good	44	47.0	7.13		
Very good	2	29.5	13.4		
<b>Relational and Cognitive Incompetence</b>					
Very bad	4	22.7	3.30	4;115	3.760*
Bad	20	23.7	3.47		
Neither good nor bad	50	24.2	3.87		
Good	44	21.6	4.245		
Very good	2	17.0	8.84		
<b>Maturity, Activity and Affectivity</b>					
Very bad	4	15.75	3.40	4;115	5.222*
Bad	20	19.25	3.89		
Neither good nor bad	50	19.10	2.80		
Good	44	20.7	3.11		
Very good	2	26.0	0.00		

Note: \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

As for the factor “relational and cognitive incompetence” there were not statistically significant correlations. In relation to the factor “maturity, activity and affectivity”, the data suggested a positive, weak, and statistically significant correlation between variables ( $r = 0.250$ ;  $p < 0.01$ ). Elderly people that were more in contact with children and adolescents presented more positive images and stereotypes of aging and old age, and vice versa.

## Discussion

The results of this study, regarding negative images and stereotypes about aging and old age, presented higher mean values than those presented by Sousa et al. (2008). Thus, the results indicated a prevalence of images of old age related to grief, addiction and difficulties, associating the elderly to people who are always recalling the past, that are poor and unable to take care of their own physical appearance. These results are consistent with other studies that reported a tendency to regard aging as a decline and dependency (Ryvicker, 2009; Villar, 1995).

The results obtained in the factor “dependence, sadness and old-fashioned” corroborate the results of previous studies, in which elderly people were associated with dependency and disability (Duarte, Santana, Soares, Dias, & Thofern, 2005; Sijuwade, 2009), diseases, or sadness (Sijuwade, 2009; Sousa et al., 2008). As for the factor “relational and cognitive incompetence”, the data also pointed to a perspective of the elderly as associated with loneliness and isolation, with no goals in life, and as people who have already made their contribution to the world (Duarte et al., 2005; Sousa et al., 2008).

On the other hand, there was a low correlation between old age with positive images, which corroborates other studies in which aging is viewed as an inconvenience, and old age as a bad phase marked by a lack of will to live (Duarte et al., 2005).

However, in the group of non-institutionalized people, the vision of old age as something negative did not seem to be as obvious as in the institutionalized group. The non-institutionalized participants presented lower values in the factor “dependence, sadness and old-fashioned” and higher values in the factor “maturity, activity and affectivity”. Although these results globally highlight the negative view of old age, this difference between groups supports, in some way, the results of studies that suggest that the elderly have the necessary determination to live, and that this phase can be seen as a happy time of acquisition of knowledge and wisdom (Araújo et al., 2006; Duarte et al., 2005; Murillo, Correa, & Aguirre, 2006) and characterized by maturity (Murillo et al., 2006).

This data also supports other studies which report that institutionalized elderly associate old age with negative images, as disease, physical limitations, dependency, reduced social contact, loneliness, and waiting for death (Anderson & Dabelko-Schoeny, 2010; Araújo et al., 2005; Araújo et al., 2006). In the present study, a more negative view of old age was observed in the institutionalized elderly people, which may be related to the fact that they find themselves in situations of increased dependence. The results may also relate to the fact that in the context of institutionalization in old age the losses are often aggravated by the circumstances of higher inactivity and dependence.

These results apparently reflected the phenomenon of stereotyping, to the extent that the elderly are qualified by the images and stereotypes that society associates to old age, and ultimately they internalized, and corresponded to, them. That is, older adults tended to self-categorize themselves according to a social identification, and internalized the stereotypes that ended up being shared by their age group (Postmes, Haslam, & Swaab, 2005). In this sense, the responses of the older people surveyed converged on the idea that, in spite of the many images and stereotypes attributed to old age, the elderly also tend to express negative ideas in relation to their age group (Levy, 2003; Rupp et al., 2005).

When analyzing the impact of sociodemographic variables on the images of aging and old age, the variable schooling stood out. Older people with low education levels presented more negative images and stereotypes. On the other hand, older people with higher levels of education tended to have a more positive view on old age. These results may suggest that education, and possibly access to more information, can contribute to a less stereotyped view of old age. These data, in some way corroborate those of Gázquez et al. (2009), suggesting that “educational gerontology” (learning about aging) results in a lower agreement and compliance with negative stereotypes. That is, education about ageing issues can potentially change attitudes, beliefs and age stereotypes.

Regarding health perception by the elderly, the subjects that evaluated their health more negatively were those who had more images associated with illness, grief, dependency, and disability, both at the relational and the cognitive level (as opposed to those who made a positive health assessment). This data seems to be consistent with what is referred by Čeremnych, Alekna, and Valeikienė (2007), who stated that the way individuals regarded the aging process and the stereotypes that they had depends on their health perception and on the values of the society they belong to (Čeremnych et al., 2007). This result can also be explained based on Murillo et al. (2006) perspective. These authors considered that a good health strengthens the autonomy and self-image of the elderly. Thus, a more positive self-image influences the older adults to have more positive images of the aging process.

As for the assessment of the aging process itself, the results indicated that individuals with a favorable view had less negative images, and vice versa. This finding corroborates Araújo, Coutinho, and Saldanha's (2005) study, where a negative view of aging was found in individuals with a negative self-image of the aging process itself.

Concerning the contact with children and adolescents, the results indicated that subjects who had more contact presented less negative images of aging, and vice versa. These results are consistent with the perspective which considers that the interaction between younger and older people leads to a reduction of stereotypical attitudes towards the elderly and the aging process. This leads to a decrease in the internalization of negative attitudes and stereotypes by the elderly. This result corroborates the results of Abrams et al. (2008) and Grefe (2011), who considered that intergenerational contact promotes the reduction of negative stereotypes, especially in the group of elderly people. Thus, the authors suggested that contact with other age groups can reduce the risk of a negative self-categorization and view of old age, by the elderly.

Finally, this study showed that older people have a negative view of old age, which is more pronounced in institutionalized than in non-institutionalized people. From the analysis of differences between the two groups, some possibilities of intervention towards the deconstruction of this type of negative images arised. There is the need to build a more positive and informed perspective, which can be done through education about the aging process and the promotion of intergenerational networks. Such interventions are needed for the elderly in general, although they are even more urgent in the institutional context, so that these older adults do not become "hostages" of a set of negative images and stereotypes, socially instilled, and that influence the way they age.

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