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MANUELA MAUCERI

JOURNEY THROUGH "FIELDS" OF AGEING

Perceptions, experiences and representations in different environmental contexts, in Italy and Spain

TUTOR: CH.MO PROF. O. LICCIARDELLO

COORDINATORE: CH.MO PROF. R. GIUFFRIDA

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It was at the end of a study day on "ageing" at University of Catania that we made the decision to begin a study route on growing older; actually, this was like setting out upon a journey.

The choice of the specific topic represented the separation from the unlimited potentiality of every possible avenue open to investigation. It was like beginning a journey, which always implies separation from the unlimited and multifaceted multiplicity of all possible journeys, to take a road and tell what an attentive and curious traveller meets and sees on that road. Italo Calvino (1993), in the preliminary work before his "American Lessons", argues that beginning begins when separation occurs from unlimited potentiality of all possible stories to tell.

The topic itself has similar elements with a journey; growing older as a stage of the long journey of life: last but not least. Growing older represents a journey because in itself it has all of the peculiarities of a journey: choice, beginning, route. Hence, the background idea did not concern a story about the end, but the "narration" of a journey, a new journey into the longer one of life.

Many elderly people, both individually and culturally diverse who we met during my study route, are those who gave sense and meaning to our journey and shaped it.

The journey is probably the most used metaphor to speak about life. Ulysses' journey, told by Homer and Joyce, sung in lines of verse by Kavafy, Dante's too, have been revised many times. It is likely the journey as metaphor of life represents a "archetype", at least in Western culture, but, at the same time, there is a different journey for any life as well as a different ageing process for any elderly person. In this way, we focused on ageing neither as a destination nor as waiting for … passing away, but as a whispered promise of a new beginning, a sort of discovery of a new land.

Specifying the lens that we used to talk about ageing as phenomenon is important and not only speculative. It is closely related to the way, among those possible, that we chose to speak about this issue. In the present work, the background perspective is that of the Positive Psychology (Siligman & Csikszentmihalyi, 2000), which has dealt with ageing stressing its peculiarities, uniqueness, acquisitions rather than losses and differences compared to other stages of life. In other words, Positive Psychology focuses on the potentialities rather than frailties of being elderly.

Ageing is a broad term which includes a lot of different processes and peculiarities. From a socio-political point of view, a person is said to be old from his or her mid-sixties. But the issue is much more complex and involves individual, cultural and social factors. Being an individual is an accumulation of three dimensions, emotive, cognitive and psychological, it would be better if ageing were seen as a multifaceted phenomenon.

It is clear that declines or losses across a lifespan are due to illness and, at the same time, there is a greater likelihood of contracting a disease with growing older; but, as research findings have shown, this probability is not, per se, due to the increase of age. In recent decades, literature has pointed out that different stages of life are characterized by a continuous balance between different ever present elements, increases, declines and losses, but also new acquisitions and improvements (e.g. Baltes, & al., 1999). But, any human life condition is due to the transaction between bio-physical, behavioral and socio-environmental circumstances.

Age brings remarkable improvements, increases knowledge, expertise, and with age emotional aspects of life improve. Study after study has come to the same conclusions: elderly people **are** happy! Researchers found out that happiness as well as wisdom increases as people grow older. As worry, stress, anger decrease with age, but except for dementia, even very old people are happier than middle-aged and younger people (e.g. Collins, et al., 2009; Carstensen, 1995). Why? Humans are uniquely able to monitor time, including lifetime, and

do so at both conscious and subconscious levels. When an individual ages, the perspective of life changes in positive ways. Elderly people keep in their memories more positive information than negative. Speaking in general, when the elderly recognize that they do not have much time in the world, they see priorities more clearly and savour the pleasure of life and life gets happier, day by day living in the moment, knowing what is important, investing in important things, deepening relationships and savouring life. To sum up, by changing goals and priorities, they shape their life environment better (Cornman, et al., 2012; Brandtstädter, & Renner, 1990).

Distinguishing between bio-physical, psychological and social changes is vital, especially referring to ageing. In fact, the life course, its gains and losses, does not depend only on the biological organism, but rather on the dynamic interaction between concrete individual and socio-cultural contexts (e.g. Zahava, & Bowling, 2004; Lewin, 1931). This interaction highlights the role played by the subject. The origins of this issue are quite interesting and, thus, deserve some attention.

In different terms, Descartes, the father of modern Philosophy and Mathematics, said: "Cogito ergo sum" ("I think, therefore I am"); in fact, the so called "res cogitans", as doubting one's own existence, represents the only proof of the reality of one's own existence, the only certainty. Hence, since then, the importance, per se, of the subject has been recognized.

James (1890), founder of modern Psychology, stated the relation between individual and context is cognitive and, at the same time, emotive. In fact, an individual does not perceive *sic et simpliciter* objects, but objects in relation with one self. Hence, cognitive aspects are full of feelings and emotions.

In this, Kurt Lewin, universally recognized as the founder of Social Psychology, through his "field theory", pointed out the substantial interdependence among physiological, psychological and sociological facts. Hence, individual behavior is understandable on the basis of dynamic interaction between personal characteristics and environment, which is

almost physical, biological, psychological. Individual behavior is not remote from reality, but it is in a subjective and inter-subjective context. In other words, as also Bandura (1994) pointed out, the individual behavior and the socio-cultural context interact constantly.

In summary, Descartes, James, Lewin, from different points of view and in different ways, focus on dynamic interactions among different aspects and levels: emotional and cognitive, subjective and inter-subjective, individual and cultural as well. All of these are useful to define elderly people's life environment.

Unfortunately, society has always been affected by stereotypes related to ageism. We can refer to Ancient Roman culture in order to recall *Pietas* as the highest example of care and love for elderly people. In *The Aeneid*, *Pietas* (piety) is personified by Aeneas while carrying his aged father Anchises out of burning Troy; it as "filial piety" is definitely a virtue. It is a sweet feeling of care for one's own parents when they are too old to take care of themselves. Nowadays it has a different meaning; pietas is more a synonym of "pity". As several research findings have shown, pity is often associated with ageism and elderly people. This is an emblematic sign of prejudice with respect to elderly people, who are often thought of as dependent and frail people and, why not, as a weighty problem not only for society but also for their families.

Furthermore, as number of the elderly people has increased and life expectancy has risen, more emphasis should be placed on providing both adequate policy and on improving the quality of life of the elderly (e.g. Esch, 2011; Walker, 2005; WHO-Quality of Life Group, 1993). More specifically, the problem which is more concerning is how to add quality (above all in terms of psychological well-being) to a much longer present life than in the past.

With this in mind, we thought of this work as a journey in order to shed light on the fields that characterize ageing.

We began from looking at the substance and essence of ageing. At first, we focused on the quantitative aspects of the phenomenon both from an International and Italian level. Then

we pointed out the differences between the biological point of view and the psychological one. More specifically, the lifespan approach allows us to look at life as a continuum, where developments do not concern only a specific stage of life, but rather involve the whole life long. Actually, development is not completed at adulthood or maturity, but it continues across life long adaptive processes. From the lifespan theory, ageing becomes a complex and multi-faceted phenomenon. Indeed, it represents a useful framework to promote a positive conceptualization of ageing itself.

At a certain point during our work, we found ourselves at a crossroads. As an elderly person is located in time and space and perceptions about one self depends also on social representations about ageing, we wondered if ageism defines the elderly person or if they are able to live actively, defining ageing. When is a person is called old? It is likely that the answer mostly depends on the culture of time. In recent decades, thanks to exponential growth of both medicine and technology, life expectancy has become much longer than in the past and those who yesterday we called elderly, nowadays we call middle-aged. In spite of this, ageism as negative way to look at rising age persists still, and the later age is negatively affected with stereotypes and prejudices. It is thanks to the notion of "age identity" that we may affirm the existence of a non pre-determined ageing.

The last chapter of the first part was wholly dedicated to speaking about dimensions related to positive ageing. We were interested in focusing both on Quality of Life and on Subjective Well-Being of elderly people. These dimensions concern the so called "vital ageing", "active ageing" or "successful ageing" and imply that later life may be positively characterized and fully lived. Particularly, we mention sex as a significant life experience. Although it may have particular features during the later life, however it is not considered or admitted by society. We mean that this issue is often seen with prejudices and the elderly are often perceived as asexual individuals. Instead, at least at a functional level, elderly people

may have an active and satisfying sex life. Furthermore, this dimension greatly contributes to improving the Quality of Life.

The second part of this work was dedicated to four studies, which involved both elderly and younger people and which were conducted in two different national contexts: one in Italy and the other in Spain. The main aims were to shed light on ageing both from the elderly persons' point of view and younger people's point of view. In spite of the two involved contexts being economically quite similar, each of them is characterized by deep cultural peculiarity that, in our hypothesis, would positively influence the perception of Quality of Life, Well-Being and Successful Ageing. During a personal period of study abroad, Extremadura, the poorest region of Spain, was chosen as an exemplary context where there is an high percentage of elderly people and, at the same time, there is a network of services specifically addressed to them. More specifically, services do not regard only healthy aspects, but also leisure ones. The high presence of senior centres and so called "Universitas de los mayores" (Adult Education Centres) bear witness to a general and cultural attention for the elderly people.

In summary, it is likely that older age is the most coveted and, in the same time, the most worrying stage of life, that we would like to delay more possible. In this sense, we can affirm to have a dual approach on it. In fact, on the one hand we crave the approach of later life, but, on the other hand, we are sometimes terribly worried about it. As this kind of dual attitude is inescapable , it is worth travelling through the savouring of life time after time such us an elderly person who is capable of living a successful ageing seem to do.

In this, a certain kind of idea about "time" is implied. Culturally speaking, we often have an idea of time, that puts happenings, things, people, events in succession, one after another; hence, there is a right time for each thing. It concerns a one-dimensional and accumulative conception of time and, in this way, later life is simply the last part of the long-life *continuum*, it is the opposite of the beginning. Differently, from the idea of time such as

conjunction, adaptation and incessant changing (according to a generative perspective: *et…et...*), rather than succession or accumulation, ageing is something else and different to later life. Properly speaking, if we think about a seventy-year-old person as if in his later life, he can only wait to pass away. Differently, if we think about him or her as if in his ageing or, in other words, in a new life period, he or she has a life that may be wholly lived.

"In my end is my beginning", said Eliot at the end of "Four Quartets", hence, the later life may even be a new beginning.

First Part

CHAPTER I

LET'S GO! PEOPLE GET OLDER: QUANTITATIVE SUBSTANCE

1. Growing older: quantitative substance

> *I am forty years old now, and you know forty years is a whole lifetime; you know it is extreme old age. To live longer than forty years is bad manners, is vulgar, immoral. Who does live beyond forty? Answer that, sincerely and honestly. I will tell you who do: fools and worthless fellows. I tell all old men that to their face, all these venerable old men, all these silver-haired and reverend seniors! I tell the whole world that to its face! I have a right to say so, for I shall go on living to sixty myself. To seventy! To eighty!* F. Dostoyevsky, Notes from Underground

If Dostoyevsky talked about being old as a pretext to make fun of and criticize '800s Russia, today reaching sixty, seventy, eighty and more years of age is the rule.

Older age has changed significantly both on a quantitative and qualitative level, and these have deeply affected the elderly people's lives. Ageing represents not only a demographic challenge, but also a psycho-social one.

In the following section, we will examine ageing as a peculiar contemporary. We will briefly discuss the quantitative characteristics and the qualitative essence of ageing before going into detail about the different aspects which ageing is composed of. We will deal with ageing in depth, beginning with better definitions of the concepts of Quality of Life and Well-Being. Although these latter do not have an unequivocal meaning, they have been often

confused and used as umbrella terms for all that is generically good (Veenhoven, 2000). At the end, we will discuss the theme of successful ageing.

1.1. A look at the international situation

In recent decades, the richest countries in the world have seen increasing elderly populations. This has been influenced by decreasing birth rates, significant rises in mean age and also the leading wave of the baby boom generation, which is approaching its mid-60s.

In 2008, the number of people over 60 years of age doubled and it is expected that the group will increase from 765 million to more than 1.4 billion by 2040, and people over 80 will be almost 400 million (395 million) (Ageing Society, 2009).

Some scientists talk about *broken limits to life-expectancy*, highlighting that physiological limits to the human growing older cannot be no more assumed. The evidence suggests that old-age is elastic and that survival can be extended via various genetic modifications and non-genetic interactions. Basically, increases in human life expectancy are attributed to improvements in old-age life. Scientific advances in prevention, diagnosis and treatment of age-related diseases could paint a future scenario with a rising life expectancy (Vaupel, & Kistowski, 2005).

Thus, they focus on *Health Life Years* as an indicator of life without disability and illness (Ageing Society, 2009) rather than fix pre-determined biological limits to ageing. This is the main reason that it is necessary to promote research not only on prolonging life, but also on healthy aging.

On one hand, exceptionally low mortality and, on the other hand, growing life expectancy show that life expectancy at advanced ages (80 years and over) may continue to

rise at the same pace as in the past; this trend is more evident in countries like France and above all Japan (Rau & al., 2008).

If we look at the specific situation of European countries, we find the same trend. Actually, people over 65 will represent 30% of the total population by 2060. At the same time frame, the number of the 80-year-old people will increase to 12.1% of total population (Ageing Society, 2009).

1.2. A look at the Italian situation

Focusing on Italy, the trend is not different to the other countries.

In the latest two decades, the number of elderly has risen incredibly: between 1991 and 2008 (+50.3% in 17 years total) the gain is comparable to the much longer 1961-1991 period (+53.4% in 30 years).

The most recent Istat (Italian National Institute for Statistics) data shows that about 20% of Italian population consists of people older than 65 years: about 12 million in 60 million Italians are elderly.

More specifically, people aged between 65-74 (3rd age) years old represent about 11% of the whole population, while those aged between 75-90 (4th age) years old represent about 9%.

There are over 16,000 centenarians, a number so great that the media does not pay heed to this milestone any longer as it is no longer newsworthy (Istat, 1st January 2011).

So far we have a simple panorama regarding the quantitative aspect of ageing.

The growing number of the elderly people and increasing life expectancies represent the biggest demographic challenge, which above all places enormous pressure on welfare. Accepting and understanding this should be a priority for all the governments of the world.

In Italy, as well as in other European countries, welfare has not responded well to the needs of an older society to date. Particularly in Italy, families are forced to input personal resources to compensate the lack of welfare to the point that public welfare has become an almost superfluous paradox. Traditional gerontology practices are not meeting the needs of those in the 3rd and 4th age groups. On one hand, a process for change on economic and cultural fronts is missing, on the other hand, an approach inspired to so called complex systems theory would be necessary.

Notably, with respect to the *complex systems theory*, a system consists of many diverse and autonomous, but interrelated and interdependent factors linked each other through a large number of interconnections. Thus, a system cannot be described by a single rule and its parts cannot be reduced to a solitary description. In addition, changes are not entirely predictable and a change in any one of the components impacts the whole system.

From this perspective, it is likely that welfare will increasingly be required to provide care of the elderly people, not just in terms of disabilities or chronic pathologies, but also regarding their improvements and achievements. In this sense, aging cannot be considered simply a waiting period to pass away, because both the number of elderly people and physiological ageing increase.

Only insight and foresight, wise political decisions and fundamental reforms will be able to successfully manage increasing longevity and, at the same time, make longevity a great achievement of humanity.

In this context, it is reasonable to ask ourselves what makes old age more meaningful, given that science has added many years to our lives?

Research has shown a decline in areas relating to age and issues like physical strength and reaction times have been given less attention; there is some debate regarding how much of these processes are the result of predictable biological processes and how may be attributable to various environmental and social factors (Horton & al., 2010).

Before examining the above issue further and shedding a light on the relationship between objective and subjective factors involved in successful ageing, it appears important to define specific and various points of view about aging.

2. First stop: getting older between biological and psychological facets

2.1.Unidimensional approaches: old age as decline

When longevity in Western countries has not still reached actual levels, the most studies on later life were less frequent and, however, they were based only simple and linear models.

Life was described as a parabola whose top was represented by 20-25-year-old age. At this point, an individual reached the top of one's performances both in cognitive and physical tasks. After that, decline began; at first, it was rather low, then it proceeded much faster toward older age.

These models had two main deficits. First of all, they did not distinguish enough between biological and psychological ageing, assuming a generalized decline of all different capacities and faculties. Secondly, the increasing experiences were neglected. Just this last represents a key-aspect of ageing. In fact, having many experiences may mean to have more possibilities to reach to the life challenges or to learn new useful knowledge.

In recent decades, the debate on ageing has been quite rising and interesting. In broad terms, it was characterized by a biological perspective largely focused on age-associated losses in biological functioning. In this sense, one concrete illustration of this aging-based weakening is the existence of later-life diseases, such as Alzheimer dementia. This disease typically does not become manifest until to 70-year-old people. Then, however, it increases in frequency manifestly among 90-100-year-old persons. Alzheimer dementia is, at least in part,

an old-age illness, for the reason that reproductive fitness based evolutionary pressure was unable to select against it (Martin et al., 1996).

Disposal Soma Theory is another example that is focused on biological processes on ageing. It considers senescence as accumulation of damage and faults in cells and tissues.

As an only biological frame is not a good friend of later age, providing to create a broader framework to better understand old age as a complex age, not only as a decline, is really important. Furthermore, biological ageing cannot be generalized, because it needs to consider genetic components, unpredictable environmental factors as well as outcomes from their possible interactions (Stokes, 1992).

In fact, it seems important to distinguish between pathological ageing and physiological ageing. Clearly, different elements should be taken in count to analyze, understand and cope with any of them. And this not only because they are diametrically different: elderly people's life should not be considered only as a waiting season before passing away, but rather as an active and significant period of life. Aging is a broad term and includes several changing processes happening along life and individual differences ascribed to age; thus, it should be commonly understood as irregular process of maturing.

3. Second stop: essence of the growing older phenomenon

3.1. Lifespan approach

Between seventies and early eighteens years, Baltes and colleagues (Baltes, et al., 1980; Baltes & Goulet, 1970) began elaborating an interesting approach to lifespan developmental psychology.

Their new study approach was variously aimed. This approach intended to:

-provide a framework to better understand the main structures and sequence of development across lifespan;

-promote research on the interrelations between earlier and later development events and processes;

-identify which were the mechanisms underlying life trajectories and, more in general, age;

-further indicate which were the biological and cultural factors that were able to facilitate or, vice versa, restrict lifespan development and the individuals' ageing.

Notably, from lifespan point of view, development does not regard only a single age period of lifespan (infancy, childhood, adolescence, adulthood, older age), but, involving long-life adaptive processes, losses through life course. Thus, any stage of age, on the one hand, is expected to have its own developmental agenda, and, on the other hand, is characterized by having cumulative and innovative developmental processes (Smith & Baltes, 1999). Development is an inconsistent process, because both continuous (cumulative) and discontinuous (innovative) processes occur.

A core assumption of lifespan psychology is that development is not completed at adulthood or maturity, but it continues involving the long life adaptive processes.

Lifespan theory represents a useful framework to promote a positive conceptualization of ageing; in fact, although any stage of life has its own peculiarities, losses and changes do not regard only a specific stage of age, but they can simultaneously occur in the same stage of age. From a positive perspective on ageing, an elderly person, on the one hand, can loose or decrease one's competences, but, on the other hand, he or she can learn new strategies to cope with losses and negative changes. In other words, losses and changes can occur in any age-stage and represent challenges of development. In addition, an individual can use reserve

skills, capacities and personal resources that have never been used before and so he or she is able to supply to losses with creativity[1].

A changing of the perspective is not usefulness; in fact, if we focus, *sic et simpliciter,* on age, old age is viewed as an inexorable decline and continuous decreasing age-period. Instead, if we focus on the processes and mechanisms of mind and behaviours, life contexts and individual differences as well, we «proceed from the assumption that these processes and mechanisms themselves express manifestations of developmental continuity and change across the entire lifespan» (Baltes, et al., 1999, 570).

Because illness, several decline or losses across lifespan are not, per se, due to rising age, we will take in count that any human life condition depends on interrelationship both between bio-physical and socio-psychological factors. Before deepening this latter issue, we would like to focus on another important life dimension that regards health and its specific framework.

3.1.1. Subjective health

Of course, older age is related with an increasing of the chronic health problems and physical disabilities; but we should not forget, as literature has highlighted, that, firstly, this relation is not direct and automatic, secondly, one grows older gradually, not suddenly when he or she turn age 60s or 70s. Physical health does not decline with age; this means that not necessarily older adults are incapacitated, or, in the language used by someone,

[1] Creative activity is not necessarily related to artistic activity. Rather it is a process whereby the individual seeks an original solution to cope with a problem or challenge at hand. Hence, the process itself first of all demands that the individual looks at reality as typically human epiphenomenon (Berger, & Luckman, 1966) and not as independent by human action, , secondly that individual be open to new ideas and approaches, and finally that individuals are good at choosing the solution that himself judges the best. In this sense, the creative person is one who is open to different paths to the same aim and although the frustration this may cause, he is able to work with the available tools to find another way to react the same goal (see: Fisher, & Specht, 1999; Mariske, & Willis 1998; Cristini et al., 2011).

"handicapped". In addition, the majority of elderly people evaluate their health in positive terms, despite illness and its consequences in terms of disability[2]. This latter implies we should focus on subjective health, which represents a particular interest of gerontological research. It can predict and explain important variables, such as functional decline and even mortality, by taking in count objective indicators of health. More specifically, subjective health encompasses elements that are not automatically captured by objective measures of health and underlines the relevance of considering how the subjective health is important.

Subjective health represents one of the most important key-points in order to better understand the complex dynamics connected with ageing and successful ageing.

Research findings have highlighted the opportunity to distinguish between physical and social functioning. In fact, they showed that physical pain was both directly and indirectly related to depressive symptoms and perceived health (Bookwala et al. 2003). Thus, as health is a function of pain-psychological well-being models, talking about perceived health is absolutely useful.

Many studies included socio-demographic factors as determinants of subjective health, such as gender, age and even education level. Regarding the first one, findings was not always clear, although several studies found that the predictors of the subjective health may vary with gender (we will study in depth more ahead). Regarding the second one, health also may vary with age. In this way, findings from two meta-analyses showed a slight diminish in subjective health with increasing age, especially among 90-year-old people. Thus, age is believed as not directly involved in subjective health, but indirectly, through the problems and functional limitations (Pinquart, 2001) In addition, regarding the third one, a higher education has been

[2] Disability is a hardly definable concept. At the beginning, this was viewed according to a medical model. Disability was linked to various medical conditions and was interpreted as the result of an individual's inability to function. Interventions usually included medical rehabilitation and the provision of social assistance. Medical model has recently been replaced by social model, which points to interconnection between physical health and social and environmental support. So, for example, people would not be able (or disabled) to participate in society if policy environment provide adequate and more accessible infrastructure, including education systems and community awareness programs to contrast stigma (Mont, 2007).

believed quite consistently associated with a better subjective health. Properly speaking, it is not totally clear if the educational level plays a direct and causal effect on health. However, some Authors, from considering health and education the two most important factors of human capitals, conducted a meta-analysis and concluded that there was a several link between health and education. In addition, their findings, implying that education and health policies do not have an effect only within their own domain, suggested that a more comprehensive and integrated policy approach to education and health should be taken (Furnèe et al., 2008).

CAPITOLO II

BEING AT A CROSSROADS: DOES "AGEISM" LIVE YOU OR DO YOU LIVE "AGEING"?

SUBJECTIVE AND SOCIAL ASPECTS

1.Preface

"*When I get older, losing my hair…*" so one of Paul McCartney's songs starts. It was written at early Sixths years by sixteen-year-old McCartney and the theme is properly "ageing". Young author talked about a couple and made predictions on later life of them, "*many years from now*". They would have done a garden, rented a cottage, lived there, on the Isle of Wight and looked after their grandchildren. How old would have been they? Surprisingly, only sixty-four years! These lyrics witness a certain way to consider ageing and older adult who was viewed as old even in their early sixties. Although McCartney surely imagined a wealthy couple of elderly people, for instance, nowadays, a sixty-four individual is not usually retired and often continues conducting his own relatives. Indeed, this is particularly true in Italian cultural context.

As we emphasized in first chapter, ageing is the result of the interrelation among inevitable biological processes, various environmental and social factors as well. In this way, growing older concerns the biological processes, but not only, because an individual gets older with increasing age and also with and through others' "eyes". However, this latter one received considerable attention only late (Lundgren, 2010).

Issue properly concerns the old stereotypes on older age and the notion of "age identity"; this referring, in a dynamic identity perspective, shows how social representations influence identity and life course as well of elderly people.

Actually, both the social and subjective aspects are involved in ageing process. Regarding the former, issue involves stereotyping processes. Regarding the latter, issue regards the gap between "feeling" one's old and "considering" the other as old. Specifically,

perception that individuals have about themselves originates not only from what society defines as "old" but also from what is happening in their life course. In this sense, literature talks about "age identity" in order to emphasize the active role played by elderly person.

2. An old issue: old stereotypes on the elderly people

> *The truth is I'm getting old, I said. We already are old, she said with a sigh. What happens is that you don't feel it on the inside, but from the outside everybody can see it.*
> Gabriel Garcia Marquez, *Memories of My Melancholy Whores*

According to Degnen, we affirm that social category of "old age" is often "a remarkably broad term" (Degnen, 2007: 69); as research findings have showed, people designated as elderly do not always perceive themselves as old and do not identify themselves in this category (Lin, et al., 2004).

Speaking in general, there are many findings that showed the relation between negative stereotypes and decline in performance. For instance, a set of experiments carried out involving students revealed how black students scored significantly worse on intelligence tests when they were primed with negative and salient stereotypes about their race (Steele & Aronson, 1995). Another research concentrated on gender stereotypes. More specifically, women who were believed worse than men in math performed worse than men on a subsequent math test. The same did not happen when they were not subjected to any negative stereotype; in fact, they performed as well as men (Dar Nimrod & Heine, 2006).

Investigations on the impact of stereotypes on the elderly persons produced quite as analogous results as that whose we have already discussed.

Empirical findings pointed out that decreasing in the elderly' physical and cognitive abilities and performances are often related to negative stereotypes on aging that still resist (Desrichard & Koptez, 2005).

A review carried out considering age-stereotype with elderly people showed the impact of stereotype threat[3] on seniors' memory performance. More specifically, stereotype-threatened refers to fact that when an individual has to manage a task, his or her attention is divided between task itself and ruminating about the meaning of his or her performance. Task was the same in both the experimental conditions and those assigned to the memory explicit condition performed worse. Hence, the Authors' conclusions:

> «stereotypes, whether they are primed implicitly or explicitly, appear to influence older adults' performance on cognitive, physical, physiological and psychological variables». (Horton, et al., 2008: 459)

In Authors' opinion, feelings of stereotype threat, evoked by the memory, may cause a worse performance.

To better understand which is the role played by stereotypes we continue considering other researches mostly related to later age stereotypes.

Interesting results were found out in a study that assumed Stereotype Content Model (SCM). The SCM represents the framework that describes and predicts how groups are "sorted" in a certain society and how, within of this, a group's position regards the types of prejudice whose its members may suffer (Fiske et al., 1998). It consists of two critical dimensions as warmth and competence and the two measures of high/low or low/high. In this study, stereotyped groups were perceived as competent and cold or as warm and incompetent. In this frame, the elderly people were viewed as warmer and less competent than other groups.

Findings of another research pointed out differences between younger people and elderly people. Elderly people were viewed as possessing much fewer competence traits than

[3] Specifically, stereotype threat is defined as a situation in which an individual is at risk of confirming a negative characterization about one's group, (Steele, et al., 2002).

warmth traits. Other research focused on comparison between two different levels of age: younger people and elderly people. The latter ones were rated as warmer and friendlier, but also as less ambitious, responsible (Andreoletti, et al., 2001) and also less intellectually competent (Rubin, & Brown, 1975).

As stereotypes on ageing (or it would be better saying "ageism") represent an important component that may improve, or instead worsen, the elderly people's self-perception, we continue going deeper into this issue.

Because individuals have the social cognitive need to shape events and confirm their own expectations, in this process, they are driven by beliefs about members of a group and use group-level stereotypes to predict behaviour at the level of individual group member (Darley & Gross, 1983). The ability to shape the others' behaviour driven by stereotypes may confirm positive and also negative expectations. Findings of a research that involved a group of students showed that pity was the main emotion directed to the group "elderly people". If, on its surface, pity may look benign, it can work as Pygmalion's effect and produce a dangerous self-fulfilling prophecy (Cuddy, et al., 2005). To shed some light on this issue, we could mention the linguistic expression of pity and sympathy, often used by geriatric specialists.

> «Pity may look benign on its surface, but it can create a dangerous self-fulfilling prophecy. Practitioners have discovered that the linguistic expression of pity and sympathy by doctors and other geriatric specialists conveys the idea that elderly people are helpless» (Cuddy, et al., 2005: 272).

Linguistic expression such us "pity" may suggest the idea that elderly need help; the internalization of these necessities may decrease their independence (Cohen, 1990).

But, findings does not go in the same direction. More properly, a quite recent experimental study, which involved a group of aged 60-75 years elderly people, gave different results. In this, participants' memory performance did not suffer from condition stereotype. It is not possible to generalize these findings, because participants had a somewhat particular

feature: most of them had a high level of education (Horton, et al., 2010). Indeed, another variable that should be to take in count is level of investment in a particular domain. In this sense, other findings showed that individuals particularly interested in a certain performance were found more susceptible to a negative age-stereotyping (Hess et al., 2003).

A large body of research showed people usually associate ageing with ill-health or death (e.g. Novaes & Derntl 2002 cited in Wachelke & Lins 2008; Arnold-Cathalifaud et al. 2008; Hall & Batey 2008; Musaiger & D'Souza 2009). Notably, research findings indicated that the elderly people were perceived as quite dependent individuals; in fact, they were perceived as unhealthy, frail or ill with health worries, requiring regular check-ups and fearing death (Arnold-Cathalifaud et al. 2008).

Particularly, studies, which involved students' perceptions, showed interesting results. Students mostly tended to describe the elderly people's healthy in terms of diseases, chronic conditions and as dependent persons. Indeed, a group of college students viewed the positive and direct association between growing older (or age) and a decreasing physical strength of the elderly people (see: Arnold-Cathalifaud et al. 2008; Kimuna et al., 2005).

To summary, it is very difficult to generalize when we talk about ageing, because in this occur a complex of factors that stand in dynamic interaction among each other.

Furthermore, emotional state and feeling involvement play a key-role in answering external stimuli. Taking in count both subjective and inter-subjective factors seems an essential way to better understand dynamics related to growing older.

Age identity more than an objective fact represents a subjective one. It is vary influenced by the social roles and environmental situations people experience in their own lives.

In this process, relation with "meaningful others" occurs to build and shape one's own age identity.

2.1. Is age-stereotype an exceptional or normal process? Risk of reification

As it has been already pointed out, old age is a culturally shaped category, not simply a constructed one by younger adults for the elderly people. More than this, old age is a pervasive category because it is a pan-cultural phenomenon and it is a category used even by the elderly in referring to themselves.

With respect to former, it is somewhat interesting to underline how stereotyping on later life is not an exclusively Western tendency. Although Eastern cultures are quite more collectivist (and thus, more interdependent among each other) than Western ones (that would be more independent from others, Markus & Kitayama, 1991), there are many cross-cultural research findings that show quite negative attitudes of young students towards the elderly and also negative evaluation about these. In fact, negative stereotypes towards the elderly were found to transcend cultural boundaries and intergenerational climate in many East and South Asian countries is quite more problematic than in Western ones (see: Cuddy, et al., 2005; Sharps, et al., 1998).

As regards latter, assigning of "old age" category is not an exceptional but normal everyday process that involves even the elderly people themselves. In fact:

> «Old age is also a social category which older people themselves, as socialised members of society, are engaged in making. This is not intentionally malicious behaviour but is rather what De Certeau (1984: XI) identifies as everyday practices that usually reside in the "obscure background of social activity". By attending explicitly to the everyday of intragenerational relationships, I seek to bring the obscure into closer focus and to demonstrate some of the ways in which oldness is attributed by older people themselves about their peers in everyday life. This is not an exercise in placing blame. Rather, I wish to highlight the complicated and multi-directional ways in which oldness is made in order to better understand the processes at work in the cultural construction of old age» (Degnen, 2007: 78).

In this, taking in count Mead's perspective, we can affirm that the notion of "old age" is mostly forged by processes of social interaction, where individual is both one part of the in course culture and an active subject (Mead, 1934). Individual is good at conforming and reacting to the social culture, in turn, and by reacting he may change the social culture, too.

Properly speaking, culture is historically situated; it mostly depends on relevant representations in a certain society. In this way, mentioning socio-psychological approach may be very useful. According to Berger and Luckman, knowledge forms and is preserved and altered within a society: proverbs, legends and folk tales morals, values and beliefs shared among people, handed down from generation to generation. All of them shape a reality that seems unchangeable because it is viewed as independent from human action, a "*res*". Properly, it is called reification process of reality. More specifically, through "institutionalization" and "legitimation" processes, individual forgets that social order is not biologically or naturally given but it is a product of human activities. In fact,

> «[…] the specific shape into which this humanness is moulded is determined by those socio-cultural formations and is relative to their numerous variations. While it is possible to say that man has a nature, it is more significant to say that man constructs his own nature, or more simply, that man produces himself» (Berger, & Luckman, 1966: 67).

To summarize, both institutionalization and legitimization contribute to constitute a symbolic universe that refer to a reality on the other side of human daily experience. In this, language represents the main vehicle of institutionalization: «language objectifies the world, transforming the *panta rhei* of experience into a cohesive order» (173). But in both direction: from subjective to objective reality, and vice versa.

Hence, accumulation, sedimentation and crystallization of the symbolic universe are followed by subsequent reification of knowledge. With specific regard to old age, of course, certain kinds of beliefs and social representations on growing older and ageing would force. The matter is that changing them in not easy, because these beliefs seem belonged to a natural rather than human order.

Issue concerns the concept of identity that is defined by our Authors as «a key element of subjective reality and, like all subjective reality, stands in a dialectical relationship with society» (194). As far as Mead with notion of "I" admits the individual's active role, Berger and Luckman talks about it too. More specifically speaking, an individual identifies oneself

with reality but he or she is capable of taking distance by this reflecting on oneself and his or her conduct, at the same time. In this, identity finds out that reality is not a "natural" fact but a human and social one.

Going stretch ahead, in the following section, we will see how an elderly person is able to play a role as a "competently active subject" (Licciardello, 1994) and thus change the reality by shaping it in one's (subjectively speaking) best way.

3. "Vecchio sarà lei!": importance of age identità

"Vecchio sarà lei!" ("Old are you!") is an emblematic affirmation used by Cesa-Bianchi (2009) to title one of his more recent books on ageing. There are many active, creative, healthy as well as less lucky and happy, not autonomous and sick the elderly persons. Hence, as we have just vary argued above, growing older process is characterized by a high variability.

This latter depends on different kinds of factors: physical, environmental, subjective and social ones as well. Among these a great importance should be recognized to the elderly people's point of view, making specific reference to their feelings of ageing. For instance, imagining an ideal dialogue between an elderly and a younger person, the first one, hearing called as "old", reacts to the second one just with: "Old to whom? Old are you!".

Ageing is a biological condition but, above all in our "società dell'abbondanza" ("lavish society") (Spaltro, 1998), is a feeling, and it is likely that always less persons feel old but rather rich with experiences, stories, creativity, will, or better, lust to live well and better than the past.

In this sense, it is relevant to refer to notion of "age identity", that puts in focus who is the elderly person and, at the same time, who may be thought as an elderly person. In other words, what does mean to be old? Yet, being older is a state or a feeling?

Following the idea that a year of chronological age cannot be translated into a year of age identity, a study conducted involving people aged from forty to eighty years showed somewhat interesting results. First of all, it was found out that people believed that others thought they were the age they felt rather than their real age. Secondly, "old age" was thought to begin at mid-seventies, hence at least one decade later than the common. Finally, there was not a one-to-one correspondence between the growing older and subjective age; in fact, as the age increased, surprisingly, the subjective age decreased, and people felt relatively younger than their actual age (Kaufman, & Elder, 2002).

The main feature of the category of "old age" is its substantial vagueness. In fact:

> «the vagueness of the category of "old age" in some respects might still serve a purpose in making possible the inclusion of different and possibly antagonistic identities, and keeping the category open for change while at the same time making it useful as a base for identity politics» (Lundgren, 2010: 248).

In this case, it is important to consider Identity as fluid rather than rigid (Gergen, 1979), in endless building, characterized by permeable frontiers rather than closed confines, as a changeable multifaceted process that does not finish with ageing.

In above-mentioned terms, age identity seems related to the elderly persons' capacity to cope successfully with later life challenges and it is linked up self-esteem concept. It is likely they are better than younger people at shaping their environment in accordance with their own needs, especially the self-esteem need. With regard to this issue, fair consistent is the referring to the pioneering and evergreen William James's work. Over a hundred years ago, James articulating self-related concepts, defined self-esteem in terms of the proportion between successes and expectative. In this framework, self-esteem may be as easily increased by lowering aspirations as by increasing successes. Author distinguished three different and

interrelated aspects of self: the first one was “material self”, all those aspects of real life in which we feel a strong sense of ownership (our bodies, our families, our belongings); the second one was the social self (which is related to our felt social relations); the last was the spiritual self (related to our feelings of our own subjectivity). Specifically:

> «In each kind of self, material, social, and spiritual men distinguish between the immediate and actual, and the remote and potential» (James, 1890: 315).

James’s theory suggests that individual by making useful distinctions among ideal selves from real selves may maintain a high level of self-esteem. In addition, his theory emphasizes the idea of a multifaceted rather fixed self. In this sense, he wrote:

> «A man has as many social selves as there are individuals who recognize him and carry an image of him in their mind» (294)

At this point, it is important to point out that individual has many “social selves” but he is good at recognising him as individual. In this:

> «he sense of our own personal identity...is exactly like any one of our other perceptions of sameness among phenomena» (334).

CAPITOLO III

STILL ON THE JOURNEY. LATER LIFE NOT AS A DESTINATION BUT NEW BEGINNING

1. Quality of Life

1.1. Distant origins, relevant debate

Philosophers have been discussing for hundreds of years what is a good life and how we could live a good life. Starting about 500 B.C. and stretching into 200 A.C., the good life was a central matter during the ancient age of the philosophy.

The first ideas on Quality of Life can be dated to Aristotle's (384-322 B.C.) written thoughts of "the good life" and "living well". Aristotle was a pioneer of the study on human happiness. Specifically, regarding this latter, he said:

> «So far as name goes, there is a pretty general agreement: for happiness (*eudaimonìa*) both the multitude and the refined few call it, and "living well" (eû zên) and "doing well" (*eû práttein*) they conceive to be the same with "being happy", but about the Nature of this Happiness, men dispute, and the multitude do not in their account of it agree with the wise. For some say it is some one of those things which are palpable and apparent, as pleasure or wealth or honour; in fact, some one thing, some another; nay, oftentimes the same man gives a different account of it; for when ill, he calls it health; when poor, wealth: and conscious of their own ignorance, men admire those who talk grandly and above their comprehension. Some again held it to be something by itself, other than and beside these many good things, which is in fact to all these the cause of their being good». Aristotle, *The Ethics of Aristotle*

Greek philosopher argued that a genuinely happy life required the fulfilment of a broad range of conditions, including physical and mental well-being. In this way, he introduced the idea of a science of happiness as a new field of knowledge. What we are hardly interested in stressing here regards Aristotle's idea about happiness as an ultimate aim and purpose of human existence.

To mention a few others, we will talk about Epicurean and Stoic perspectives. Regarding the former, the Epicurean road to happiness was pleasure, achieved with physical pain and mental anxiety removed. Epicureans argued strongly that the path to securing

happiness comes by retreating from public life and residing with close, like-minded friends. Differently, the Stoics granted the highest importance to self-preservation, by believing that virtue and wisdom were the necessary abilities to achieve life satisfaction.

In contemporary time, since the 1950's the term has increased in use both in lay and institutional debates and the interest in research has risen globally. In 1994, Denmark established a Quality of Life Research Centre and, alike, in Canada, the Ministry of Health has funded a national study to look at the Quality of Life of Canadian citizens. In United Kingdom, the social science research agenda has been gradually more influenced by state concerns about improving Quality of Life of British population. For instance, Economic and Social Research Council, under the responsibility of its Growing Older Programme, is presently supporting twenty four projects investigating the elderly people's Quality of Life. Furthermore, some international organisations, such as World Bank, World Health Organisation and the United Nations, are committed to improving Quality of Life in developing and war-torn countries. More in general, there is a growing need for a broader perspective on the specific issue. In this sense, with support from the EU, some pan-European recent projects have been conducted on Quality of Life as central focus. This because there is an urgent need for comparable measures and approaches, cross-cultural and dynamic definitions and methods, that, on the one hand, held in count national peculiarities and, on the other hand, can be comparable each other.

Thus, concept of "Quality of Life" has a more recent origin. Initially, there was a growing interest in issues only in medicine, nursing and other health care areas. The most important reason of this big interest can be attributed to a number of factors. Firstly, there are growing proportions of older adults, presenting challenges in terms of meeting health and social care needs in a time of general economic crisis. Secondly, bio-medical findings and advances have added years to life, but not always this has meant necessarily Quality to Life. Thirdly, at a more general level, as globalisation created more international competitiveness, a

rising number of countries need to improve Quality of Life of their own citizens hoping to improve nation social, economic and political shape of them.

In this framework, one of the persistent questions regards the concept of health. At the light of above argued concept health, we could assert that for the elderly people the task of health care is to live a good life rather than be freedom from disease (Sarvimaki, & Stenbock-Hult, 2000).

1.2. A complex and still opened argument

As several researches have already largely highlighted, the concept of Quality of Life is characterized by a dynamic and multiple nature (Walker, 2005).

Quality of life has been recognized as a relevant issue, especially with regard to older age, but there is no agreement on what we should mean by the term. It is a multidimensional concept. It is related to larger domains, regarding physical, psychological, social levels and particular facets of Quality of Life such as positive feelings, social support and financial resources. Quality of life is a fairly amorphous, multilayered, and multifaceted complex construct encompassing four main components, which interactive each other: objective environment, behavioural competence (including health), perceived quality of life, and psychological well-being (including life satisfaction) (Lawton, 1991). It seems essential to know which are the features and factors that influence the elderly people's Quality of Life. In other words, it is necessary to emphasize the aspects that are chosen to define Quality of Life otherwise it would be impossible or, at least, very difficult, to talk about a good life.

Despite the plurality of definitions, some agreement has been reached on domains whose Quality of Life is composed of. Findings obtained predominantly with younger elderly (65+) and older (75+), illustrate that Quality of Life may include various dimensions. One of

these is health, of course. But, in order to improve Quality of Life, also other important dimensions there are: independence, family relations and social contacts, material wealth, mobility, activities and home surroundings.

With specific regard to socio-economic status, it is very interesting the notion of "perceived social-status", which stresses the subjective nature of this traditionally considered dimension. It is composed of three equally important components: objective measures of status, socio-cultural influences and psychological attributes. Previous research findings suggested that the "socio-economic status Identity" is characterised by a dynamic nature and copes with shaping one's identity in according with different stages of life-course (Cornman et al., 2012).

According to Bowling (Zahava, & Bowling, 2004), it can distinguish macro-societal and micro-individual definitions on Quality of Life. The former regard the roles of incomes, employment, housing, education, and other living and environmental conditions; the latter regard perceptions of overall Quality of Life, personal experiences and values, and also well-being, happiness, and life satisfaction. Among micro-individual definitions, she includes social networks and social support as well as participation in activities and community integration, which would have a positive effect on emotional well-being (Bowling, 1994).

Bowling notes a common limitation that involves all of Quality of Life models: they have usually been based on expert opinions, rather than those of the elderly people themselves.

> «While existing models of Quality of Life in old age have drawn some support from research on older people's perceptions of Quality of Life (Farquhar 1995; Fry 2000; Bowling et al. 2002), very little research has tapped lay views. The implication is that most existing models of quality of life have not been based on older people's views and priorities, and thus have not been tested adequately for content validity. How people construct their quality of life at various levels also remains a neglected but increasingly important area for research and public policy, given the projected increase in the older population – to one billion worldwide aged 60 or more years by 2020 (World Health Organisation 1999)» (Zahava, & Bowling, 2004: 677).

It is believed as a paradox, because the gap between the elderly people's well-being evaluations and living conditions. Notably,

> «This does not mean, however, that quality of life can be regarded as a purely subjective matter, especially when it is being used in a policy context. The apparent paradox revealed by the positive subjective evaluations expressed by many older people living under objectively adverse conditions, such as poverty and poor housing conditions, is a longstanding observation in gerontology» (Walker, 2005, 4).

How it can explain this apparent paradox? Which could be the why an elderly person, on the one hand, lives in fairly poor conditions and, on the other hand, expresses a satisfied evaluation on his/her life? It could depend on both evaluations of the next generation of the elderly people and the lowered expectations of old generation. Hence, it is likely today an elderly person may rate one's life as having better quality than a person in similar circumstances[4]

Indeed, findings from a more qualitative study show that nominated domains of Quality of Life often had idiosyncratic meanings for the elderly people. Surprisingly, regarding the domain of health was found to have a lot of underlying meanings, for instance fear of death, loss, illness, pain, fear of the future, and fear of dependence. This latter has important implications on research methodology, because by using predetermined items the result may be based on domains that have limited relevance for the elderly people's Quality of Life (Borglin, et al., 2005)

Beginning from its own definition of health (1948), the WHO (World Health Organization) defines Quality of Life: «as individual perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns» (www.who.int). This is a construct which has various aspects: clinical and functional, social and psychological, nursing and care aspects. The WHO emphasizes the role played by personal perception about one's Quality of Life and the WHO-

[4] Of course, the concept of poverty opens a broad scenario on what it specifically means. Here, we remind only the difference between relatively and extremely poverty . Speaking in general, old Europe countries are usually involved in the first one, instead, the developing countries are more often involved in the second one.

group provided a questionnaire in order to test Quality of Life (we report more details about this measure later, when we talk about our researches). Hence, the WHO's perspective proposes a model of Quality of Life really interesting for two reasons, at least: firstly, it considers the importance both of subjective and objective factors; secondly, different factors are viewed not in abstract, but related to the elderly people's perception. In this way, Quality of Life do not loose important, complex features (and the dynamic interrelation between objective and subjective factors) and, at the same time, it saves the elderly people's perspectives.

Zahava and Bowling, at the end of their national interview survey (using in-depth interviews) on Quality of Life among Britain elderly people who lived at home, made a nice synthesis that is good at keeping together the different aspects whose Quality of Life is composed of. Specifically, they argued:

> «[…] quality of life can be said to be about having good social relationships, help and support; about living in a home and neighbourhood that gives pleasure and which feels safe, is neighbourly, and has access to local facilities and services including transport; about engaging in hobbies and leisure activities (solo) as well as maintaining social activities and retaining a role in society ; about having a positive psychological outlook and acceptance of circumstances which cannot be changed; about having good health and mobility; and finally having enough money to meet basic needs and to enable people to participate in society and to enjoy life, and to retain one's independence and control over life» (Zahava, & Bowling, 2004: 689).

This synthesis points out a variety of aspects: from quality of home to quality of social relationships, from transport and local services to involving level in daily life, from good health to active citizenship. All together of them contribute to define a certain kind of Quality of Life.

World Health Organization Quality of Life instrument was created by the World Health Organization; in its original form, it consists of one-hundred items and represents a cross-culturally developed generic instrument. Then, the WHO-Quality of Life Group developed a short form of measure: WHO-Quality of Life-BREF (WHOQuality of Life Group, 1993). It

consists of twenty-six items, which cover the following four domains: Physical health, Psychological health, Social relationships, and Environment. It was formerly validated in multiple countries and languages, and different patient groups (such as patients with different kinds of illness, adult psychiatric outpatients, etc.). (Esch et al., 2011).

To summarize and go stretch ahead, the social indicators alone cannot define Quality of Life. People usually do not react in the same way to the life circumstances, and they evaluate conditions on the basis of their own expectations, values and past experiences. Despite income level, social and economic status are important variables, the subjective elements are essential. From this latter point of view, Quality of Life is strongly linked to the more general construct of subjective well-being.

2. Subjective Well-Being

> *[…] few people would argue that subjective well-being is the only ingredient of a good-life.* Diener et al., 1999, 277.

An increasing attention to field of subjective well-being largely reflects changing of individual's values and the importance of subjective point of view in evaluating life. Well-being, as well as perceived Quality of Life (as we have already pointed out), inevitably includes positive elements that transcend the economic prosperity. As we have noted above, idea of subjective well-being (and, more in general, happiness) has intrigued thinkers for millennia, even if it is only in the latest decades that it has been measured and studied in a systematic way.

Promoting well-being is one of the greatest (pre)occupations (in positive sense, of course) of psychological sciences, particularly evident from the '80s. From a positive

psychology[5] point of view, finding and raising genius and talent as well as making normal life more satisfying are the most important tasks, rather than simply treating mental illness.

According to Waterman (1993), well-being is not so much a state, but rather a process of realization of themselves; hence, it does not have an end and neither follows a linear-increasing progression, but it is discontinuous. Subjective well-being is a general area of scientific research and it refers to how people feel and evaluate their own lives, emotion regulation, positive and negative affect (related to moods and emotions) as well as life satisfaction (Diener, Suh and Oishi, 1997).

People may evaluate their life cognitively or affectively, because subjective well-being has usually been believed to contain both an affective and cognitive component. Regarding the former, it consists of a preponderance of the positive emotional experiences over negative emotional experiences; for instance, a person gives conscious evaluative judgements about one's life such as leisure. Regarding the latter, it is related to a personal judgment on the satisfaction an individual has with life as a whole, or with specific life domains, such as relational network or work (Diener, 2009); in this case, for instance, a person can do an evaluation in the form of affect, when he or she experiences unpleasant or pleasant moods and emotions in relation to his or her life. In other words, a person is said to have a high subjective well-being when she or he usually experiences life satisfaction and enjoyment and, only rarely, unpleasant emotions, sadness and irritation.

[5] For a long time, hope, wisdom, creativity, sense of future, courage, spirituality, liability and perseverance were not considered unless as changes and progressive lack the positive characters both related to age the positive features that makes life worth living. Pathology was the principal focus of many social sciences. Positive psychology, instead, from second world war, gives a different approach that especially consider positive, personal resources and tries to understand and build the factors that enable individuals, communities and societies to prosper. In fact, an increasing number of researchers realized that psychology was not just the study of impairment and disorder, but also the study of strength, positive features and well being. On an individual level, it focuses on positive, individual traits (e.g. skills in working and loving, brave, interpersonal skills, perseverance, originality, sense of future, spirituality, talent, wisdom). On a group level, it focus on civic virtues and institutions that give chance to be a good citizen (e.g. responsibility, education, altruism, tolerance, ethic work). Basically, positive psychology is based on idea of prevention, thus it put all efforts on individual's resilience and strength points. From a new perspective, an individual is not viewed like a passive subject, but rather like active and capable to make choices and react to life circumstances, using all of one's potentialities (see: Siligman & Csikszentmihalyi, 2000).

It is made up three components: positive affective appraisal, negative affective appraisal and life satisfaction.

On the one hand, affective appraisal is more cognitively driven; on the other hand, life satisfaction is more emotionally driven (Diener, et al., 1985). The issue on life-satisfaction and affect are related to Self-Efficacy. Investigating any of the latter dimensions is important not only from a theoretically point of view, and above all on an applicative face.

Speaking in general, age is a variable widely studied in the literature and, in fact, there is an existence of weak correlations with subjective well-being. However, this latter issue has been received a certain attention by literature (Henderson & Knight, 2012). In fact, because well-being may vary at different stages of life it should investigate the pathways to well-being through life-span, for example, including different age groups. Actually, on the basis of positive-psychology perspective, which has been above-mentioned, they represent key-dimensions to cope with ageing successfully.

Research has recognized two somewhat broad components of subjective well-being: an affective one and another cognitive one. The former is usually divided in pleasant and unpleasant affect; the latter is usually referred to life satisfaction. Despite both affective and cognitive components of well-being are not completely independent, these are fairly distinctive and can be involved to provide complementary information when they are assessed one by one, as several research findings have just found (e.g. Stock, et al., 1986).

Thus, to better understand the role played by subjective well-.being, we will go stretch ahead to define further these two just mentioned components.

2.1. Affect

In the most general sense, affect represents the phenomenological experience of extent in which a person feels oneself (Kaplan et al., 2009; Watson et al., 1999). Feelings are described as "elated," "fearful," or "sad" (Watson, 2000).

The term affect, or mood, is sometimes used interchangeably with "emotion", despite these terms are quite different to each other. Frijda (1994) proposes an interesting definition that contributes to distinguish very well both terms. On the one hand, affect is a subjective feeling state ranged from diffuse mood (for instance, cheerfulness or depression) to defined and acute emotions (for instance, irritation or fear). In addition, affect is not directed towards something in the world and tend to be more enduring, pervasive and lower intensity. On the other hand, emotions are object directedness, more differentiated and of shorter duration.

Literature traditionally has distinguished two broader points of view within the same affect domain: the first one as "state", which is thought as transient and consists of moods and emotions; the second one, as a "trait" affect, which is thought as a stable and enduring personality peculiarity (e.g. Watson & Clark, 1984).

Following Watson and colleagues' perspective (Watson & al., 1988), affect (or affectivity) exists along two different factors: Positive Affect or positive activation (PA) and Negative Affect or negative activation (NA). As research findings have stressed, affect as a trait remains rather stable through time and situations (Kaplan et al., 2009).

People with high PA level feel active, enthusiastic, alert and they tend to look for other people as well, feel engaged positively with environment. People with high PA level are more reactive to positive stimuli, feel more positive emotions and have approach related behaviours (Watson & Clark, 1988).

> Higher positive affectivity is associated with experiencing a preponderance of positive feeling states such as *enthusiasm*, *alertness* and *joviality* while lower PA is related to feelings of *lethargy* and *sluggishness* (Kaplan et al., 2009: 163).

Vice versa, people with high NA level feel guilty, worried, anxious and tend to have a negative their self's image and environment of theirs as well. People with high NA level are more reactive to negative stimuli, feel more negative emotions and have avoidance behaviours. It represents a dimension of distress and un pleasurable engagement.

> Higher levels of negative affectivity are associated with negative feelings such as *guilt, fear, anxiety,* and *nervousness* while lower NA is instead related to feelings such as *serenity* and *calmness* (Kaplan et al., 2009: 163).

Just a note: positive and negative affect are distinct dimensions and this is the why they should be measured separately (Diener et al., 1999).

People usually try to influence their mood or affective states, both to maintain or to change it, sometimes to increase positive affect and other times to reduce negative affect (Larsen & Prizmic, 2004).

Basically, individual differences play a significant role in affect regulation. We will study in depth the two most important: obviously gender and age as well.

Women report more negative affect than men; in fact, this latter is explained because women usually ruminate more than men in response to depressive mood and hence intensify it (Nolen-Hoeksema et al., 1999). Furthermore, gender and age were founded linked each other: in fact, research findings showed how young women reported a higher degree of sadness and anxiety partly by ruminating more than other age groups (Thomsen et al., 2005).

With regard to age, findings showed by literature greatly vary. For instance, older adults were found to score lower on negative affect than younger people, but the possible why is not still clearly explainable. Given limited time which the elderly people are more conscious than younger, it is likely that the elderly people increase attention to emotionally meaningful goals, would learn to maximize positive and minimize negative emotions; thus, they would be better at emotion regulating than the younger people (Carstensen et al., 1995).

As Watson has already pointed out, positive affect can be increased, particularly through increasing positive engagement with environment (Watson, 2002). This is particularly true in later life. in this sense, interesting is the concept of "flow". The first who talked about flow was Csikszentmihalyi. In his famous investigations on "optimal experience", the Author named flow a state of consciousness that makes an experience genuinely satisfying and intrinsically gratifying as well. During flow, people usually experience deep enjoyment, creativity and they feel deeply involved with their life (Csikszentmihalyi, 1990).

For the reason that the ability to be greatly engaged in daily activities is of the most important features of successful aging, as literature has already stressed, taking experience of flow may increase positive affect and life satisfaction and protect against negative affect in late adulthood (Collins et al., 2009). In this sense, as follows:

> […] while depression and negative affect decline with age on average, interindividual variation in happiness increases with age. The differences between ''advantaged'' and ''disadvantaged'' individuals become more pronounced in terms of their cognitive, physical, social, and financial resources as they age. Therefore, the discrepancy between older adults who age successfully and those who do not is perhaps larger than at any other point in the life span. Research exploring this variation finds that cognitive and personality factors such as intelligence and extraversion, social capital factors like marital status and social network size, and economic resources and physical health can account for some of the variation in levels of happiness in older adults. Importantly, these factors remain relatively stable for a given individual over time and therefore cannot account for intra-individual variation in feelings of happiness. Hence, we argue that it is important to examine how older adults' daily activities and experiences may contribute to the variation in levels of happiness-both for a given individual over time and across individuals (Collins et al., 2009: 704).

Thus, through the link among happiness, affectivity and flow as well, examining how the elderly people's daily life engagement and experiences as well as variation in levels of happiness may positively or negatively influence each other is thought as important.

2.2. Life Satisfaction

Life satisfaction refers to a judgmental process, which is defined as a global assessment of a person according to one's own chosen criteria in a particular domain of life (e.g. work, family, etc.) (Shin, & Johnson, 1978). Life satisfaction depends upon a comparison between one's life circumstances, internal standards and criteria rather than an assessment of externally imposed objective standards (Pavot, & Diener, 1993; Diener et al. 1985; Pavot et al. 1991).

Of course, because as literature has pointed out, individuals have different opinion about their own lives, the issue on how life satisfaction may be defined is somewhat complex. In this sense:

> «Individuals are also likely to have unique criteria for a good life as well, which in some cases might outweigh the common benchmarks in importance. Furthermore, individuals may have very different standards for "success" in each of these areas of their lives. Thus, it is necessary to asses an individuals' global judgment of his or her life rather than only his or her satisfaction with specific domains» (Pavot, & Diener, 1993, 164).

As we have already noted above, life satisfaction represents the cognitive component of well-being and it is often quite independent by affect. What is the main why? How we are able to explain this substantial independence between cognitive and affective components? Notably, it is possible recognize three main reasons. They are well explained from Pavot and Diener, as follows:

> «First, people may ignore or deny negative emotional reactions while still recognizing the undesirable factors in their lives. Second, affective reactions are often responses to immediate factors and of short duration, whereas life satisfaction ratings can reflect a long-term perspective. Finally, a person's conscious evaluation of her of his life circumstances may reflect conscious values and goals. In contrast, affective reactions may reflect unconscious motives and the influences of bodily states to a greater extent than do life satisfaction ratings» (Pavot, & Diener, 1993, 165).

Thus, what greatly characterized life satisfaction is the feature to do evaluation and assessment on themselves with conscience. In addition, according to considerations just above pointed out, life satisfaction measure should demonstrate that the appraisals reflect of more than momentary mood states; in this way, researchers may to make inferences about life satisfaction as a rather stable component of subjective experience over time.

Satisfaction with life has been observed and assessed among and within different groups of populations, including prisoners, alcoholises, abused women, psychotherapy clients, and even younger and the elderly people.

Because satisfaction with life is one of the measure that we considered in the researches that will be showed and discussed in the second part of this work, it is worth here deepening some methodological issues.

With regard to assessment measure, a short version[6] of satisfaction with life questionnaire was made. According to Pavot's model, fairly interesting is Temporal Satisfaction with Life.

The addition of a temporal dimension permit to assess the interconnection among subject's past, present and future life satisfaction. Factor analyses conducted with three different samples, including one college sample and two adult samples, showed a three-factor structure, just consisted in past, present and future time frames. Thus, from a methodological point of view, temporal satisfaction with life may provide a well consistent measure of global life satisfaction (Pavot et al., 1998).

Literature pointed out some response artefacts related to satisfaction with life measure, which may represent potential error related to this instrument. The most important are two.

The former regards error due to response acquiescence. As Rorer (1965) indicated, one strategy in order to reduce the acquiescence response risk is item reverse. But this strategy is

[6] The first version consisted of ten items, later reduced to five items (Pavot, & Diener, 1993).

not recognized as total well. Actually, respondents could get confused just by use reversed items. In this sense:

> «[…] Reverse-wording of items can confuse respondents and thereby contribute a different source of error in measurement» (Pavot, & Diener, 1993, 169).

The latter directly involves the so-called "social desirability". Actually, with correlation between social desirability and satisfaction with life resulted, it can argue that a large variance of satisfaction depends on social desirability. This represents a somewhat controversial point. On the one hand, some research findings, where social desirability was removed from measure of well-being, suggest that social desirability may represent a substantive part of well being and when it is removed, valid information may be lost (Diener, et alii, 1991). On the other hand, it has been said that social desirability is not necessarily an artefact and it may include substantive personality features, such as social conformity, which is associated with well-being measure (Botwin, et alii, 1992).

However, the matter is still opened and it is likely that both highlighted problems concern the broader argument on structured measures. In order to collect data, it would be better to use different kinds of measure (see: Licciardello, 1994).

As far as the later life is concerned, some research findings, with regard to comparison between different age levels, have shown that the elderly people are satisfied with their lives more than young people (Henretta, & Campbell, 1976). The reason could be related to aspiration levels: younger adults may accommodate less due to their higher aspirations that may be fuelled by a bigger sense of recent achievements.

Furthermore, there are some studies carried out in different cultures that showed how life satisfaction does not decline with age.

For instance, it was demonstrated that life satisfaction decreases with age up to 50 or 60 years of age, but after it increases somewhat or remains stable (Mastekaasa et al. 1988).

Reflecting upon what could be the why, firstly we may argue that age cannot be considered the unique cause. Rather, it is likely individuals usually get better at adjusting their goals, and this is true especially in their later life stage. In line with these though, literature talks about two different kinds of coping strategy, which are activated in crises and critical live transitions. Until a certain point of life, people utilize an assimilative one, which allows to change life conditions in order to fit personal preferences. Instead, in the later life, people start making use of an accommodative one, which allows personal preferences to be adapted to limitations often associated with ageing, such as decreasing health and incomes (Brandtstadter & Renner, 1990).

3. Main stop: surprising view of "Successful Ageing"

On those who enter the same rivers,
ever different waters flow.
Heraclitus's fragment

As we have just argued above, the effects of ageing process are becoming more important to consider as any generation passes, due to increased life expectancy and other demographic changes. Nowadays issue is not only focused on adding years to life but also life to years; this is properly a goal that all of us would like to achieve.

Because increasing of population in later life, many researches as well as practical programs cope with the most positive way of growing older. Widely, this latter concerns the "successful aging", also called "vital ageing" or "active ageing", with the implicit implication that later life may be characterized by sustained health and vitality.

The term of successful ageing suggests:

> «key ideas such as life satisfaction, longevity, freedom from disability, mastery and growth, active engagement with life, and independence» (Mood, 2005: 59).

Ageing is a period of life and it consists of all those features that makes sense the life. As noted above, positive psychology view-point recognized positive and actives aspects of it and so gave a great contribute in improving it.

In a certain sense, ageing is like adolescence, because both are characterized by important changing and developmental challenges. Unlike common sense, which looks at ageing as a period of rest (or, worse, a decreasing period), changing is a *fil rouge* of ageing. With a play upon words, age is strongly engaged with change because both ageing and changing are not states but imply engagement processes.

As literature has already pointed out, successful ageing is a subjective matter that does not have an univocal interpretation. Notably, there are two broad perspectives: the former considers it as a state of being, a condition that can be objectively measured at a certain time; instead, the latter looks at successful ageing as a process of continuous adaptation.

According to Rowe and Kahn (1997), successful ageing is a "positive extreme" of "normal ageing". Specifically, they distinguished between "usual aging" (with regard to elderly people's normal experiences) and "successful aging", where the individual avoids functional loss or enhances functional capabilities.

One of the most important questions related to a clear definition of the concept concerns the necessary criteria for successful aging. Looking at the literature it is possible to find a wide variety of definitions and perspectives. Just to mention some, Rowe and Kahn (1997) offer a well-known graphic representation that include three important components:

> «We define successful aging as including three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life. All three terms are relative and the relationship among them […]. Successful aging is more than absence of disease, important though that is, and more than the maintenance of functional capacities, important as it is. Both are important components of successful aging, but it is their combination with active engagement with life that represents the concept of successful aging most fully» (p. 433).

Thus, in the proposed model of them, interrelation among the main four factors (avoiding disease, maintaining high cognitive and physical function and engagement with life) represent fully the successful aging.

Ryff proposes to consider six criteria that together define a successful ageing; they are: a positive interactions with others, sense of purpose, autonomy, self-acceptance, personal growth and environmental fit (1989).

Starting from a phenomenological approach, Fisher (1992, 1995) adds something else to Ryff's proposal. Specifically, he verifies that five of the six criteria are viewed by elderly people themselves as necessary for a successful aging or value the elderly people's point of view. But what makes very interesting the Fisher's perspective is the accent that he puts on copying abilities. In this sense, he writes:

> «People who are aging successfully are still involved in addressing current problems of identity and development, and do so in light of anticipated future situations as implicated on the basis of past experience. Put another way, successful anger continue to grow and learn as they use past experience to cope with the present and set goals for future development» (Ryff, 1989: 240).

Author emphasizes two points as follows: the first one is that successful aging involves the key ability to cope with present circumstances by drawing on past experience and maintaining a positive sense of future; the second one is related to temporal dimension and interrelation among past, present and future. More specifically, it is not said, *sic et simpliciter*, to replicate in the present what done in the past. In fact, subject is not a suspended individual in the open space and one's life is always interrelated to; present is based in transient definition of past and it is always projected towards a possible future. In this sense, somewhat explicable is the Jung's following affirmation: *life does not know only a yesterday and it cannot to explain it by reducing today to yesterday.*

Furthermore, because the central points of variously above-mentioned definitions regard adaptability, flexibility and coping, successful ageing concerns the creative process[7] as well.

[7] See above for a more specific definition of creativity.

Self-confidence and ability to learn from their own failures, willingness to take risks and manage the unexpected, rather than to avoid them, as well as welcome challenges and even failures of the life, represent remarkable factors of successful aging. This is the main why a successful ageing is mostly characterized by creativity (see: Fisher, & Specht, 1999). It should be taken in consideration that the focus is on purposeful or productive activity, rather than the product itself. In other words, and one more time, the most important is the creativity process.

Whit specific regard to ageing, elderly people develop their own creative abilities in some domains and they can apply these same skills in other domains. This latter process makes them more able to manage the many challenges and problems that arises in later life. In addition, it is possible that an individual in one's own ageing uses some ability that has never been used before; there was already this ability, but only at a latent level.

3.1. Sexuality in older age? Sexuality in older age!

[…] You boys can keep your virgins
give me hot old women in high heels
with asses that forgot to get old.
of course, you leave afterwards
or get very drunk
which is the same thing.
We drank wine for hours and watched tv
and when we went to bed
to sleep it off
she left her teeth in all
night long.
C. Bukowski, *Love is a dog from Hill*

Sexuality represents an essential life dimension, not only as experience, but also desire, fantasy, expectations. In this sense, sexuality is something of different and (maybe) more of a simple real experience. This is the main why it is better to talk about sexual desire, which is defined as the subjective experience of being interested in the sexual objects or activities, wishing to be engaged in sexual activities (Regan & Berscheid, 1999).

Scientifically speaking, a large body of scientific research has been focused on documenting differences between genders. In this sense, compared with women, men show more interest in sex and they think about sex more often. With regard to lifespan, men consider the strength of their own sex drive higher than their female age-mates do (Peplau, 2003).

Despite this broad interest on it, it has still been viewed as a taboo and it is often banned for several social categories, for instance the disabled (Di Marco et al., 2013) as well as elderly people. If we consider the rising life expectancy and progressive growing older of people, making in doubt myths related to sex and age become always more important. This not only for an ideological perspective (as regards to recognizing equal rights and possibilities to anyone), but also because sexuality has been recognized as an important dimension of Quality of Life in every stage of life, including ageing.

A certain consistency of medical studies highlight that the related rising-age changes may cause problems. Several illness, disabilities and medicine may worsen or even not allow ability to have and enjoy sex (National Institute of Ageing: www.nia.nih.gov). Many people need and desire to have a significant, intimate relation as they get older. This involves to have and live an active and satisfying sex life.

Focusing on later age, recent research suggesting that a high proportion of men and women remain sexually active also during later life demolish a brand of myth for whose aging and sexual dysfunction are unavoidably linked to each other.

As regards gender and older age, attitudes relating with sex and elderly women are changing in a more positive way, as increasing number of books specifically addressed on it demonstrates (Dooley & Bell, 2007). Traditionally, at least in western-side countries, it is said that a woman's sex life finishes in correspondence with menopause. But in opposite with this belief, it has been viewed that sexual responsiveness is growing just among postmenopausal women. Which is the exact why is not clear enough, but the reason could be related with «reduced fear of pregnancy, no longer needing contraception, and the end of menstrual» (*Ibidem*: 315)

From considering relatively unexplored field of sexuality in older age, some researchers focused on an elderly group's attitudes towards role and value of sex in later life (specifically, participants were aged from 50 to 92 years). Findings showed a relation between the importance level attributed to sex and having a current sexual partner. On the one hand, participants who did not attribute to sex any importance, neither had a current sexual partner, nor felt that they would have another sexual partner in their lifetime; on the other hand,

participants who affirmed to have an actual sexual partner considered sex at least somewhat important (Gott, & Hinchliff, 2003).

In this framework, issue concerns the relevant stereotypes specifically related to sexuality and age as well. In addition, these stereotypes about an a-sexual ageing are quite pervasive and shape popular images of elderly.

If verse is able to underline sexuality as a vital unrelated-age life aspect, every-day life is less able and, with specific regard to later life, sexuality is more frequently a source of embarrassment.

In this sense, Bukowski's verses manage to catch how sexuality is like life quintessence (*eros* as synonym of life). It goes over the age and the bad changes as well as body signs caused by growing older, and, in metaphoric sense, returns sexuality as a genuine pleasure of life. So, poet is even delighted with elderly woman's body and also the "left teeth" does not provoke any embarrassment.

4. …and at the end we are ready to leave again

Old men ought to be explorers
Here or there does not matter
We must be still and still moving
Into another intensity
For a further union, a deeper communion
Through the dark cold and the empty desolation,
The wave cry, the wind cry, the vast waters
Of the petrel and the porpoise.
In my end is my beginning.
"Four Quartets" T.S.Eliot

We are about ending this overview on some of the positive dimensions of ageing. Culturally speaking, we often have an idea of the time, that puts happenings, things, people, events and so on in succession, one after one; hence, there is a right time for any thing. It concerns one-dimensional and accumulative conception of the time and, in this way, later life is simply the last part of the long-life *continuum*, is the opposite of the beginning.

Going stretch ahead from more general to more particular, as we have already agued above, regarding to notion of successful ageing and creativity, women and men in every step

of life may be able to manage challenges for their coping and adapting capacities. In the same way, from the idea of time such as conjunction, adaptation and, hence, incessant changing (according to a generative perspective *et…et...*), rather than succession or accumulation, ageing is something else and different to later life.

It is said a specific way to consider temporal dimension and it is not only a speculative matter. Properly speaking, if we think about a seventy-year-old person as in his later life, he can only wait to pass away. Differently, if we think about him as in his ageing or, in other words, in his new life period, he has a life that may whole lived.

In these terms, our end may be our new beginning!

Second Part

CHAPTER I

AGEING FROM ELDERLY PEOPLE'S POINT OF VIEW

1.Preface

As we have already pointed out, theory and research have illustrated that there are improvements and losses at every stage of life (Baltes, 1987). Because, on the one hand, age itself is not an explanatory variable that is able to explain bad ageing (Wohlwill, 1970) and, on the other hand, life expectancy has increased, speaking about successful ageing is important not only to cope with one of the most important demographic challenges of nowadays, but also to improve older people's well-being. Thus, elderly people's life should not be considered only as a waiting season before passing away, but rather as an active and significant period of life.

The pathway of ageing is not predetermined, because growing older is a highly complex and specific process, unique to each individual, where illness, loss and level of wealth represent only some aspects of the process.

Quality of Life, well-being, affect, emotions and Self-Efficacy are considered as indicators of self-perception of ageing and as important dimensions that may concur to live better in later life.

With this in mind, we conducted research to shed some light on subjective circumstances that may influence how people cope with ageing well and accomplish a Successful Ageing process. As ageing is a personal experience, knowing the elderly's perceptions is essential for capturing the most realistic appraisal of this important stage of life.

Notably, present research consists of two studies. Firstly, we conducted a study involving elderly people who lived in Sicily (Italy); secondly, we replicated the same study in a different context, involving elderly people who lived in Extremadura (Spain).

Before continuing with methodological part, we will define features of different involved contexts in the following section.

2. The contexts of the research

The two studies were conducted in two different national contexts, one in Southern Italy (Sicily), the other one in Spain (Extremadura).

From a social-economic point of view, Sicily and Extremadura are two quite similar regions. They are among the poorest in each country.

In the past, the Sicilian economy was electively rural. More recently, the tourist sector has been rising. Today, it represents an element of fundamental importance to the local economy, although in the later years it has been decreasing because of the world crisis.

As far as concerns Extremadura, its Gross National Product (GNP) is the lowest in the whole of Spain. Its economy is definitively rural, although in the last few years it has been aiming at harnessing alternative energy sector and sustainable development. But, even in this case, development has been suffering for the cuts related to the crisis.

Although similarities, the two considered contexts are quite different with regards to the attention specifically addressed to the elderly. Extremadura is full of Senior Centres and Universities, with a far higher incidence over the whole population. Both, Senior Centres and Universities, are not considered "waiting places (for passing away)", but they play an important social role in supporting a better aging. Of course, they are free (or almost); in addition, many of Senior Centres are managed by seniors. They are equipped with bars, hair stylists and internet room, gyms and podology services as well, that are open to the whole community and always work, even in August, when cities and towns empty; furthermore, they always organize classes of dance, singing, theatre, and so on. They are often rather small in dimension and totally integrated in the social texture of neighbourhood; in this way, they carry out an important task to social aggregation.

For 25 years there have been seven Senior Universities in Extremadura for up to about 2 million inhabitants. They are managed by the Region, the University of Extremadura and also the European Social Fund. They are attended by people from different social status, regardless of starting level. Many people have been attending them for a long time (five years or more). Many times, attending a University class represents a way out for lonely and depressive feelings, because it stimulates brain activity and, at the same time, increases greatly the opportunities for meeting and making friends. The following is emblematic; while we were collecting data, a woman in her late seventies was talking about her own University experience and at a certain point she said: "University is like a shot in the arm; it is definitely the life for me!".

A quite different Sicilian situation. First of all, the presence of Senior Centres is lower than Extremadura and there are usually less active members, or people who regularly attend the activities. They depend on city councils and the quality and variety of services on offer depends on the funds available from the council. Sometimes they provide lunch and dinner the to the poorest elderly people, such as those located in the cities.

As in Extremadura, they provide podology services, meeting rooms and often organize classes of dance, singing, theatre, and so on.

Even when any activity is not organized (for instance, in summer), they are open to offer meeting rooms. In this sense, they often represent an alternative to meeting in a square. Meeting other people in the squares and playing cards is quite frequent in Sicily. But, this habit is often a way to wait for time to pass rather than spending one's time well. In addition, it is regarded as a male pastime , while women do not have specifically addressed meeting places, except private houses.

However, to better understand the issue, it should be specified that Senior Centres work better in the smallest towns, where they are better integrated within the social fabric. Actually, it is likely that a social network is more supportive in a small town than in a big one. In this sense, some research carried out involving older residents of small towns of different sizes in the mid-western United States are illustrative. Participants who were residents of smaller towns reported higher levels of intimacy and consensus on town issues, and fewer barriers to services and activities than residents of larger towns (Windley & Scheidt, 1988).

Since 1975 Senior University (called UniTre or University of third-age University) were started in Torino (North Italy). It is an independent, national association. It set up in order to contrast the negative effects of retirement, "empty nest syndrome", loneliness, depression and, in this way, to give elderly people back quality time. There are 268 Senior Universities in Italy, of which twenty are in Sicily (serving up to about 10 million of people). They are often located in private and sometimes in University buildings; there are places even smallest towns. The UniTre pursues its aim across professors as well as students some of who are involved in coordination and promotion of socially useful activities (e.g. telephonic support addressed at lonely people, giving affect to alone children, etc.**).** Thus, it is aimed not only at providing cultural and social opportunities, but it is extremely cheap and open to all people.

3. Aims and hypothesis

In this research, we were interested in conducting two studies, involving elderly people who lived in Sicily (Italy) and in Extremadura (Spain)[8].

We had two aims.

With regards to the former, we verified the role played by gender and age on considered dimensions.

Relying on the research findings demonstrating how women report more Negative Affect than men and they are usually better at ruminating and intensifying depressive moods (Nolen-Hoeksema et al., 1999), we assumed that gender played a significant role in coping with Emotional Self-Efficacy and Affect.

As overall findings about emotional experience have shown, there are improvements in the second half of life (Carstensen, et al., 2003), and people growing older always learn a bit more to maximize positive and minimize negative emotions (Lipovčan, et al. 2008), we supposed that age was not significantly related neither to Positive and Negative Affects nor to Self-Efficacy in managing emotions.

As far as the latter is concerned, we were interested in testifying a mediation model that could provide useful advice from an applicative point of view.

Generally speaking, we know that the mediator function of a third variable plays a generative and causal role through which the independent variable may influence the dependent variable of interest (Figure 1). Hence, mediation is the process through which ***X*** (independent variables) exerts its effect on ***Y*** (dependent variables) through one or more *mediator* variables (***M***).

According to Baron and Kenny, in explaining the mediator model, specify all conditions of three paths (a, b, c) and argue that if the third path is not significant the mediator function is total, if it is significant the mediator function is partial, in turn. Specifically:

> «A variable function is a mediator when it meets the following conditions: (a) variations in levels of the independent variable significantly account for variations in the presumed mediator (i.e., Path a), (b) variations in the mediator significantly account for variations in the dependent variable (i.e., Path b), and (c) when Paths a and b are controlled, a previously significant relation between the independent and dependent variables is no longer significant, with the strongest demonstration of mediation occurring when Path c is zero. In regard to the last condition we may envisage a continuum. When Path c is reduced to zero, we have strong evidence for a single, dominant mediator. If the residual Path c is not zero, this indicates the operation of multiple mediating factors» (Baron & Kenny, 1986: 1176).

[8] From this point, we will use simply "Italy" and "Spain" to refer to one or the other one considered life context.

It is important to stress, according to Hayes (2005), that *mediation* depends on how strong is the beginning association between ***X*** and ***Y***: whether it is not strong and quite weak it is more likely that it there wont be at the end.

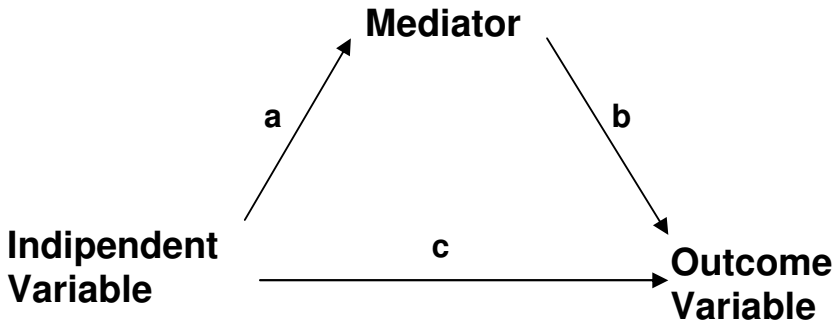

Figure 1 Simple Mediation Model (Baron & Kenny, 1986)

We hypothesized that perceived Quality of Life played a mediator function between Well-Being and Successful Ageing. Indeed, Age was though to have an effect on a low "Successful Ageing" through a lower perceived Quality of Life. In other words, as literature has already pointed out, age does not influence Successful Ageing directly (e.g. Pinquart, 2001) (see Figure n.1).

To better understand the hypothesized model, we will continue further with defining which were all of the involved parts.

I-We defined "Well-Being" such as composed of following dimensions: 1)more Positive but less Negative Affect; 2)high Self-Efficacy beliefs in managing both positive and negative Emotions; 3)to feel one's resource for his or her own family. More specifically: affectivity was operationalized in two dimensions that are Positive and Negative Affects; as literature has just pointed out, they are somewhat independent of each other and stable (Kaplan et al., 2009);

II-According to the WHO-Group, we assumed that Perceived Quality of Life consisted of four factors: 1)Physical, 2)Psychological, 3)Social Relationship and 4)Environmental.

III-We considered that "Successful Ageing" consisted both of Daily Life Involvement type and Satisfaction with Life. As concern Involvement, we considered Life Involvement type as emblematic of a certain living way to live one's own life. For instance, feeling active and being involved in sexual activity were considered emblematic proofs of a Successful

Aging; instead not being involved with any external activity, feeling sick, outside and inactive in front of running life as passive aging. As stressed by literature, the more elderly is sustained engaging in social and productive activities in their life environment, the more Successful is the Ageing (e.g. Mood, 2005; Rowe & Kahn, 1997). In other words, it is important to define quantitatively or objectively how and what one does, but involving the level, how one feels involved in one's own life. Yet, an active engagement with life can be considered a quite consistent proof of vital ageing: the more active (and less passive) is the involvement in one's daily life, the more successful is growing older.

Furthermore, we considered a single value of Satisfaction with Life as a general evaluation of one's past, present and future (Pavot et al., 1998).

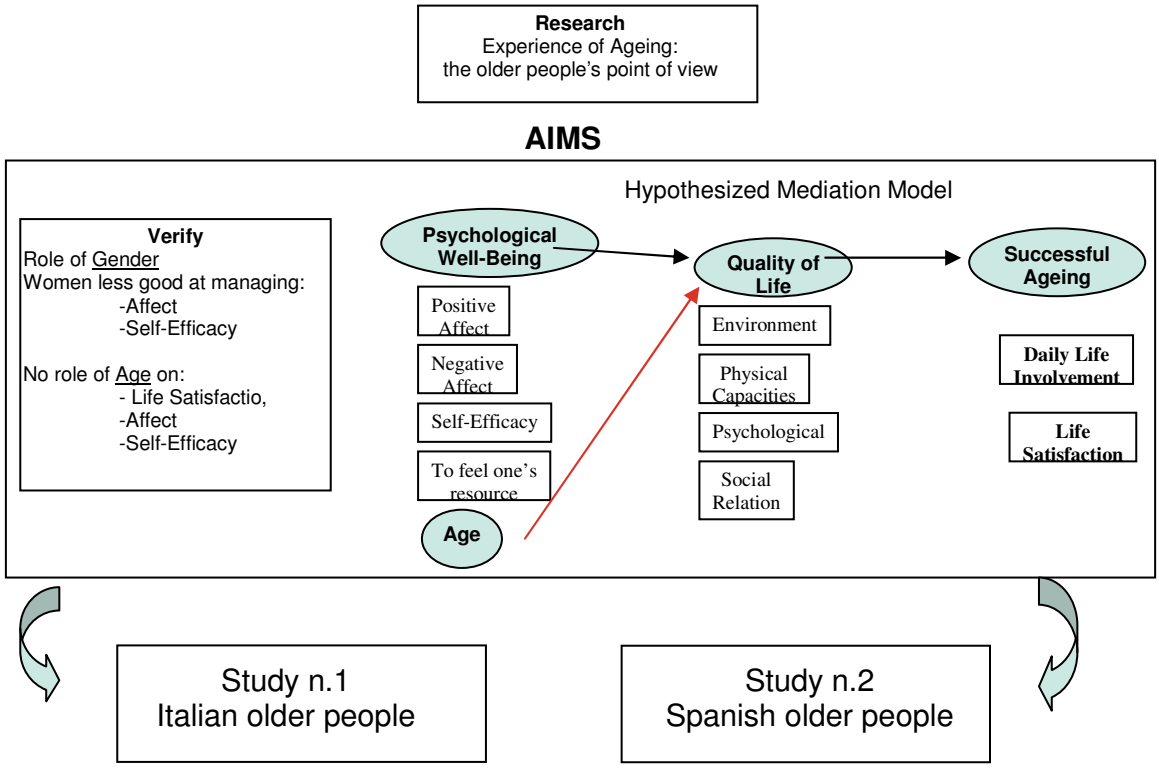

Figure 2. Research Aims

4.Study n.1: Ageing from Italian Elderly People point of view

4.1.Method

4.1.1. Participants and procedures

Two hundred and twenty elderly (n.220) persons participated in the study, 90 males (40.9%) and 130 females (50.1%). Age had the following characteristics: mean 73.67 years (SD=6.65), mdn 73 years, md 75 years, gamma 55-97 years; 120 people (54.5%) belonging to 3rd age and 100 to 4th (45.5%).

Concerning social characteristics, the level of education was quite low: more than half (57.3%) of the participants did not have any education; less than 1/3 (30.3%) had a professional or primary school diploma; only a small part (12.4%) had a high school diploma or a degree[9].

Regarding to civil status, more than half (60.5%) were married, 20.9% were widows, slightly were less (15.9%) single, and only 2.7% separated people. The larger part of the participants lived together with other family members (especially in couples) or with a carer (73.2%;); the others lived alone (26.8%).

The conditions of the questionnaire administration were agreed upon with the elderly. Data were collected while 196 (89.1%) participants were attending a senior Centres and 24 (10.9%) were attending a senior University class.

Participants filled in a questionnaire in front of the researcher, in a face to face setting, in order to guarantee the reliability of the results. Many elders were not able to fill in the questionnaire alone and so the researcher read the items and wrote the answers on behalf of the older person (Good, & Hatt, 1952).

4.1.2. Materials

We used a semi-structured questionnaire in order to collect data among elderly people. The measures used were as follows;

-Background questions about social and personal information (gender, age, marital status, housing conditions, place of residence, family members);

[9] Two participants up all did not fill in all boxes of this section of questionnaire, but they were considered them in the following analysis.

-Temporal Satisfaction With Life Scale (TSWLS) is a measure of Life Satisfaction developed by Diener and colleagues (Diener, et al., 1985). Life satisfaction is one of the factors in the more general constrution of subjective well-being. Theory and research from fields outside of rehabilitation suggested that subjective well-being has at least three components: positive affective appraisal, negative affective appraisal, and life satisfaction. It consists of 5 items that are completed by the individual whose life satisfaction is being measured. According to Pavot's model, we used the Temporal SWL which has a 3-factor structure corresponding to past, present, and future time frames (Pavot et al., 1998) (e.g. "*If I had my past to live over, I would change nothing*"); participants have to respond using a seven-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The fifteen items were averaged to form an index of Satisfaction with Life (alpha=.89)

-Word Health Organization-Quality of Life-Brief (WHO-Quality of Life-Brief) (WHO QUALITY OF LIFE Group, 1993) is a structured quantitative technique composed of 26 items subdivided in four domains which represent Quality of Life. 1)The first one was "Physical health" that regards pain and discouragement, energy and fatigue, sleep and rest capacities (e.g. "*To what extent do you feel that physical pain prevents you from doing what you need to do?*"). We deleted one item (medical care) that got low scores for reliability and then the seven items were averaged to form an index of Physical Quality of Life (Cronbach's *alpha*=.62). 2)The second one was "Psychological health" that concerns positive and negative feelings, thinking, learning, memory and concentration capacities, self-esteem, body image and appearance (e.g. "*How satisfied are you with yourself?*"). The six items were averaged to form an index of Psychological Quality of Life (Cronbach's *alpha*=.62). 3)The third domain was Social Relationship and it regards personal relations, social support and sexual activity and satisfaction (e.g. "*How satisfied are you with your personal relationships?*"). We did not consider one item (concerning sex life) because it lowered the reliability index. The three items were averaged to form an index of Socio-Relational Quality of Life (Cronbach's *alpha*=.67) 4)The last one was Environment that concerns physical safety and security, home environment, financial resources, health and social care accessibility and quality, opportunities for information and skills, participation in and opportunities for leisure, physical environment, transport (e.g. "*How healthy is your physical environment?*"). The seven items were averaged to form an index of Environmental Quality of Life (Cronbach's *alpha*=.62).

A five-step scale was used, for some items from *not at all* (1) to *a lot* (5), for other items from *more unsatisfied* (1) to *more satisfied* (5).

-Self-Efficacy beliefs (Bandura, 1994; Caprara, et al. 2000), that consists of fifteen items and measures the beliefs to cope with negative (depression, bad feelings, discourage) (e.g. "*I don't feel discouraged after a heavy criticism*") and positive emotions (enjoying their own and other's happiness and positive challenges) (e.g. "*I am good at enjoying myself with friends and families of mine*"); participants answered using a five-point scale ranging from *not at all* (1) *a lot* (5). The fifteen items were averaged to form an index of Emotion Self-Efficacy (Cronbach's *alpha* =.83).

-Two PANAS Schedules (Watson et al., 1988), composed of one ten-item mood scale to measure Positive Affect (PA) and the other one to measure Negative Affect (NA). People with a high Positive Affect level feel active, enthusiastic and tend **to look for other people**, engaged positively with environment. They are more reactive to positive stimuli, feel more positive emotions and have pro-active behaviours. People with high Negative Affect level feel guilty, worried, anxious and tend to have a negative self's image and also of their environment. People with high Negative Affect level are more reactive to negative stimuli, feel more negative emotions and have avoidance behaviours. Affect was measured on a seven-point scale ranging from *not at all* (1) to *almost always* (7) (NA Cronbach's *alpha*=.79; PA Cronbach's *alpha*=.74).

-Daily life involving type was assessed with sixteen items (e.g. "*I spend a lot of time watching TV*"; "*I spend my free-time with peer-age friends of mine*"; "*I complain about having aches and pains*", "*I like telling past anecdote of mine*", etc.). All of these were made up by us. A seven-step scale, ranging from *never* (1) to *frequently* (7) was used.

-In order to assess how our participants' feel important for their own families, we used the following two items: "*How much do I feel I am an economic resource for my family?*" and "*How much do I feel a socio-relational heritage for my family (because of my past experiences, my knowledge)?*". Both of two items were ranged in a ten-point scale, from *not at all* (1) to *very much* (7) (Cronbach's *alpha*=.61).

4.2.Results

4.2.1. Quality of Life and Well-Being

Overall, results showed a quite encouraging frame.

With respect to Quality of Life, the data showed positive levels of perceived Quality of Life in all of its factors. However, the Psychological and Socio-Relational one were significantly higher than the others ($p \leq .001$) (Table 1).

A high average score was registered with respect to Self-Efficacy, which indicated our elders felt fairly self-efficacious in managing positive emotions, such us cheerful, and negative ones, such us frustration, as well.

Regarding to Satisfaction with Life, although the score was not very high, it was equally positive. In this case, it should be taken into account that it was a general evaluation about three different temporal steps, past, present and future. The past received the highest evaluation (M=5.43), slightly less but similar, a good present (M=5.10), positive but not as much for the future (M=4.66).

With respect to Affect, participants did not have high level mood, as a moderate "Positive Affect" score showed. However, the Negative one was less low than mid point (4).

Interesting results related to "to feel one as a resource". In fact, these latter were definitely high level in both considered topics. Participants felt themselves to be an important resources for their own families.

Table 1) Means and standard deviations of measures

Measures		***M***	***sd***
WHO(brief) Quality of Life (1-5 point scale)	Physical	3.70	.552
	Psychological	3.93	.532
	Socio-Relational	3.85	.666
	Environmental	3.56	.507
Self-Efficacy (1-5 point scale)	Negative + Positive Emotions	3.79	.474
Satisfaction with Life (1-7 scale)	Past+Present+Future	5.07	.924
PANAS (1-7 point scale)	Positive Affect (PA)	4.92	.939
	Negative Affect (NA)	2.59	1.198
To feel one's Resource (1-10 point scale)	Economic + Relational	7.51	1.856

In order to verify role played by gender, we conducted an Anova analysis.

Regarding gender, our findings were extremely interesting because they underlined the difference between men and women's perception.

In this sense, differences were found especially with respect to the Quality of Life: males had a higher perception than females of their own Physical, Psychological and also Environmental Quality of Life.

With respect to Affect, women had a more Negative Affect than men. This latter finding is in accordance with literature because women usually ruminate more than men in responding to depressive mood and hence they usually intensify it (Nolen-Hoeksema et al., 1999).

Table 2)Role of gender: 90 males, 130 females

Items			***M***	***Sd***	***t***	***P***
WHO(brief) Quality of Life (1-5 point scale)	Physical	Male	**3.85**	.522	3.29	**.001**
		Female	3.60	.551		
	Psychological	Male	**4.06**	.520	3.23	**.001**
		Female	3.83	.522		
	Socio-Relational	Male	3.93	.649	1.34	ns
		Female	3.80	.675		
	Environmental	Male	**3.68**	.480	3.83	**.004**
		Female	3.48	.511		
Self-Efficacy (1-5 point scale)	Negative + Positive Emotions	Male	3.85	.455	1.50	ns
		Female	3.75	.484		
Satisfaction with Life (1-7 scale)	Past+Present+Future	Male	5.07	.923	.003	ns
		Female	5.07	.928		
PANAS (1-7 point scale)	Positive Affect	Male	4.91	.823	-.039	ns
		Female	4.92	1.014		
	Negative Affect	Male	**2.33**	1.052	-2.78	**.005**
		Female	2.78	1.261		
To feel one's Resource (1-10 point scale)	Economic + Relational	Male	7.60	1.731	.656	ns
		Female	7.44	1.942		

Correlation analysis were conducted in order to investigate the role played by age. Findings showed that Age was negatively correlated with PhysicalQuality of Life as well as both Positive and Negative Affect (Table 3).

Table 3) Correlations

	Age
Age	1
Physical	-.159*
Psychological	-.108
Socio-Relational	-.039
Environmental	-.041
Self-Efficacy	-.041
Life Satisfaction	-.036
Positive Affect	-.171*
Negative Affect	-.230**
Resource	.268

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

4.2.2.Daily Life Involvement: type and level

In order to understand participants' Daily Life Involving type and level, we used a structured questionnaire composed of sixteen items. The items concerned how our elders usually spend their daily time.

The average scores of each of the sixteen items were subjected to Principal Component Analysis with Varimax rotation. Little by little, items with communalities under cut off value (≤.50) were deleted (Table 4). At the end, this procedure revealed three factors with eigenvalues greater than 1.0. The KMO (Kaiser-Meyer-Olkin Measure of sampling) was not as high but, however, it was within an the acceptable value (KMO and Bartlett's Test =.641, df 28, p<.001).

Table 4)Communalities Extraction Method: Principal Component Analysis

	Initial	Extraction
1)I am able to go on working	1,000	.554
2)I am repetitive and I always tell the same stories	1,000	.603
3)I spend a lot of time going to doctors and pharmacies	1,000	.717
4)I frequent senior Centres	1,000	.791
5)I spend my free-time with peer-age friends of mine	1,000	.796
6)I complain about being full of aches and pains	1,000	.679
7)I have an active sex life	1,000	.842
8)I am satisfied with my sex life	1,000	.838

The three factors accounted for 72.74% of the variance; specifically, the first one explained 32.79%, the second one 23.53%, the third one 16.43%, respectively. The rotated Component Matrix is showed in Table 5.

The first factor, called “Repetitive and Plaintive Person”, regarded a person negatively involved with one’s life context and focused on the problems who depended on one’s own family and complained about aches and pains; he or she was active only “to go to doctors and pharmacies”; the second one, called “Active and Satisfied Person”, regarded a person who felt good at working and had an active and satisfying sex life as well; finally, the third one, in short called “Involved with Peers person”, regarded a person who spent time with age-peers friends (Table 5).

Table 5)Rotated Component Matrix (a)

	Components		
	Repetitive and Plaintive	Active and Satisfied	Involved with Peers
1)I am able to go on working		**.732**	
2)I am repetitive and I always tell same things	**.742**		
3)I spend much time going to doctors and pharmacies	**.846**		
4)I attend senior Centres		-.213	**.861**
5)I spend my free-time with friends of mine			**.869**
6)I lament to be full of aches and pains	**.819**		
7)I have an active sex life		**.900**	
8)I am satisfied with my sex life		**.908**	

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a Rotation converged in 4 iterations.

In the light of these findings, we created other three variables that define Life Involving type and level of our participants. Table 6 illustrates average scores of new variables.

Taken together, this data showed a situation where relational aspect with peers excelled. Actually, our participants were highly involved with peer-age friends of theirs: the mean was almost the highest and without difference by the maximum point-scale (5).

Although more than mid point (*one test: p<.001*), the "Repetitive and Plaintive Person" score was quite low. Finally, the "Active and Satisfied Person" was almost on the mid point.

Table 6) Means, standard deviation and Cronbach's alpha

1-5 point Scale	*M*	*Sd*	*Alpha*
Repetitive and Plaintive Person	3.59	1.611	.74
Active and Satisfied Person	2.94	1.291	.76
Relationally Involved with peers	4.79	1.757	.69

Only one significant difference was found: men, more than women, felt able to work as well as to be sexually active and satisfied (item: "Active and Satisfied Person" (*M*=3.34 *vs* *M*=2.69, *t*=3.68, p<.001).

This latter finding could be due to "social desirability" and gender stereotypes; on the one hand, men tend to give a more active image of their self, to conform to certain social stereotypes that assign the working role to the man and for them thinking about sex is more usual, even in later life; on the other hand, house work not is usually thought of as a job and women could have more resistance in talking about their sex lives.

Age was negatively correlated only with "Active and Satisfied Person". As any correlation was found with regard to "Repetitive and Plaintive Person", it would seem that age did not play a key role in determining a certain type of ageing (Table 7).

Table 7- Correlations

	Age
Age	1
Plaintive Person	.116
Active an Satisfied Person	**-.311****
Relational Involved with peers	.142

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

In the light of the above results, we conducted correlation analysis separately for gender. So, with regards to women, all components were found to correlate with age:

positively with “Repetitive and Plaintive” and also “relationally Involved with Peers” person, and negatively with “Active and Satisfied Person”.

Females	Age
Age	1
Plaintive Person	**. 303****
Active Person	**-.360****
Relationally Involved with peers	**. 239***

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Differently, with regard to males, the frame did not change from general results; in fact, age was negatively associated only with “Active and Satisfied Person”.

Males	Age
Age	1
Plaintive and Repetitive Person	.013
Active and Satisfied Person	**-.407****
Relationally Involved with peers	.041

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

4.2.3.Hypothesized Mediation Model

In order to verify our hypothesized model, first of all we conducted correlations among dependent, independent and mediation variables, according to Baron and Kenny’s model (1986).

Table 8 shows various correlations between:

-X and Y, satisfying path 1 (***X*** ⟶ ***Y***);

-X and M, satisfying path 2 (***X*** ⟶ ***M***);

-M and Y, satisfying path 3 (***M*** ——➤***Y***).

Table 8

	1	2	3	4	5	6	7	8	9	10	11	12	13
1	1												
2	.708**	1											
3	.343**	.451**	1										
4	.511**	.515**	.470**	1									
5	-.159*	-.108	-.039	-.041	1								
6	.291**	.390**	.159*	.259**	.075	1							
7	.486**	.411**	.290**	.407**	-.041	.166*	1						
8	448**	.456**	.294**	.230**	-.171*	.320**	.342**	1					
9	-.268**	-.294**	-.241**	-.375**	-.230**	-.145*	-.270**	-.049	1				
10	.420**	.473**	.305**	.334**	-.036	.301**	.270**	.473**	-.236**	1			
11	-.191**	-.202**	-.241**	-.301**	.116	-.187*	-.283**	-.187*	.220**	-.244**	1		
12	.605**	.511**	.217**	.254**	-.311**	.241**	.192**	.391**	.038	.320**	.046	1	
13	.079	.224**	.160*	.241**	.142	.168*	.103	.060	-.110	.307**	-.146*	-.106	1

M-Quality of Life: 1)Physical, 2)Psychological, 3)Relational, 4)Environmental,, **X-**5)Age // **Well-Being**: 6)Resource, // 7)Emotions Self-Efficacy, // 8)Positive Affect, 9)Negative Affect; **Y-Successful Ageing:** 10)Life Satisfaction, Daily Life Involvement composed of 11)Repetitive and Plaintive Person, 12)Active and Satisfied Person, 13)Relation Peer Involved Person

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

In order to testify the hypothesized Mediator Model, as a first step, we conducted a set of regression analysis, of which significant results were submitted to the Sobel's test.

The findings partially confirmed the hypothesized Model.

1)Psychological Quality of Life mediated the relation between:

-Positive Affect and Satisfaction with Life;

-a low Emotion Self-Efficacy and "Repetitive and Plaintive Person";

-Negative Affect and "Repetitive and Plaintive Person".

2)Physical Capacity Quality of Life mediated the relation between:

-Positive Affect and Satisfaction with Life;

-Negative Affect and "Repetitive and Plaintive Person";

-Self-Efficacy and "Repetitive and Plaintive Person".

3)Social relationship Quality of Life mediated the relation between:

-Positive Affect and Satisfaction with Life;

-Positive Affect and "Active and Satisfied Person.

Table 9

	Successful Ageing Daily Life Involvement			
Psychological Quality of Life	Active/ Satisfied	Peer Relational Involved	Ripetitive/ Plaintive	Life Satisfaction
Positive Affect	-	-	-	z=3.43** se=.02
Negative Affect	-	-	z= -1.98* se=.008	-
Self-Efficacy	-	-	z= -2.06* se=.05	-
Physichal Quality of Life				
Positive Affect				z=3.35** se=.02
Negative Affect			z= -1.96* se=.007	
Self-Efficacy			z= -2.33* se=.08	
Socio-Relational Quality of Life				
Positive Affect	z=2.60* se=.03			z=2.68* se=.02

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

In summary, from our findings it could be argued that Well-Being, in terms of Positive Affect and beliefs of Self-Efficacy in coping with different kinds of emotions, affected an Ageing lived with success via perceived Quality of Life, especially with specific regards to Psychological and Physical aspects.

It should be noted that, surprisingly, as mediation showed, environmental Quality of Life did not play any role.

5.Study n.2: Ageing from Spanish Elderly People's point of view

5.1.Method

5.1.1. Participants and procedures

In total one hundred and twenty one (120) elderly persons participated in this second study, 52 males (43.3%) and 68 females (56.7%). Age had the following characteristics: mean 70.3 years (SD=5.13), mdn 69 years, md 65 years, gamma 65-86 years; ninety people (75%) belonging to 3rd age and thirty to the 4th (25%).

As regards social characteristics, the level of education was quite low in regards to many participants: almost a half (56.5%) of the participants did not have any education; 1/3 (34.2%) had a professional or primary school diploma; only a small part (19.3%) had a high school diploma or a degree[10].

In regard to civil status, slightly more than half (53.3%) were married, 19.2% were widows, and almost the same amount (20%) singles, and only 7.5% were separated. Exactly 2 out of 3 participants lived together with other family members (especially in couples) or with a carer (66.7%;); the others lived alone (33.3%).

The conditions of the questionnaire administration were agreed upon with the elderly. Data were collected while seventy-three (60.8%) participants were attending a senior University class and forty-seven (39.2%) were attending a senior Centres.

Participants filled in a questionnaire in front of the researcher, in a face to face setting, in order to guarantee the reliability of the results. Also in this case, many elders were not able to fill in the questionnaire alone and so the researcher read the items and wrote the answers on behalf of the older person (Good, & Hatt, 1952).

5.1.2. Materials

We used the same semi-structured questionnaire as mentioned above.

With regard to the Quality of Life questionnaire, we used the validated Spanish version (Lucas-Carrasco, 1998), which has psychometric qualities equal to the Italian one.

[10] Six participants up all did not fill in all boxes of this section of questionnaire, but they were considered them in the following analysis.

5.2.Results

5.2.1.Quality of Life and Well-Being

Firstly, we calculated the reliability of all of considered dimensions that were very high.

With respect to the Quality of Life, the data showed high positive levels of perceived Quality of Life in all of the four factors. However, Environment was significantly higher than the others factors (*t test: p≤.018*); instead, the other Quality of Life dimensions were evaluated really well and without significant differences among them (Table 10).

Self-Efficacy equally was found to have a high level. Our Spanish elderly felt quite efficacious in managing the positive and negative emotions.

The participants were rather satisfied with their life, as the average score was found to be high. Giving a look at the three temporal dimensions separately was quite interesting. In fact, surprisingly the Present (*M*=5.46, sd 1.29) was evaluated better the past and future too. In addition, Past and Future were evaluated almost equally (respectively, *M*=5.25, sd 1.53 and *M*=5.23, sd 1.29).

Speaking in general, our participants were not in a good mood. Although Positive Affect was found to be far higher than mid point, it was moderate. However, the Negative one was rejected.

The Spanish elderly did not feel they were a resource; they thought of themselves only as moderately important and useful economic and socio-relational resources for their own families.

Table 10) Means, standard deviations and reliability of measures

Measures		*M*	*sd*	*alpha*
WHO(bref) Quality of Life (1-5 point scale)	Physical	3.83	.584	.78
	Psychological	3.78	.588	.76
	Socio-Relational	3.85	.787	.78
	Environmental	3.99	.562	.78
Self-Efficacy (1-5 point scale)	Negative + Positive Emotions	3.78	.515	.87
Satisfaction with Life (1-7 scale)	Past+Present+Future	5.30	1.130	.91
PANAS (1-7 point scale)	Positive Affect (PA)	4.85	.982	.83
	Negative Affect (NA)	2.53	1.129	.89
To feel one's Resource (1-10 point scale)	Economic + Socio-Relational	5.98	2.206	.66

We conducted Anova analysis to verify role played by gender (Table 11).

Unlike Italian participants, differences were found only with regard to two of the considered dimensions.

Specifically, the Socio-Relational Quality of Life was evaluated by men much better than women; while men felt less than women the Negative Affect.

Table 11)Gender role: 52 males, 68 females

Items			*M*	*Sd*	*t*	*p*
WHO(brief) Quality of Life (1-5 point scale)	Physical	Male	3.87	.577	.697	ns
		Female	3.80	.591		
	Psychological	Male	3.86	.638	1.35	ns
		Female	3.72	.543		
	Socio-Relational	Male	**4.12**	.733	3.40	**.001**
		Female	3.64	.769		
	Environmental	Male	3.98	.525	.-191	ns
		Female	4.00	.592		
Self-Efficacy (1-5 point scale)	Negative + Positive Emotions	Male	3.85	.548	1.217	ns
		Female	3.73	.485		
Satisfaction with Life (1-7 scale)	Past+Present+Future	Male	5.40	1.177	.858	ns
		Female	5.22	1.095		
PANAS (1-7 point scale)	Positive Affect	Male	4.86	1.044	.154	ns
		Female	4.83	.940		
	Negative Affect	Male	**2.21**	1.022	-2.78	**.006**
		Female	2.77	1.154		
To feel one's Resource (1-10 point scale)	Economic + Socio-Relational	Male	6.17	1.943	.836	ns
		Female	5.84	2.391		

To understand the role played by age, we conducted a correlation analysis, but, surprisingly age did not influence any of the considered dimensions at all. However, for information, the results are shown below (Table 3).

Table 12) Correlations

	Age
Age	1
Physical	-.119
Psychological	.087
Socio-Relational	.013
Environmental	.064
Self-Efficacy	.004
Life Satisfaction	.168
Positive Affect	-.037
Negative Affect	.048
Resource	-.020

5.2.2.Life Involvement: type and level

Prior to running the mediation model, a Principal Component Analysis was conducted, in order to define participants' Daily Life Involving type and level. Hence, first of all, the average scores of any sixteen-Items-structured questionnaire was subjected to a confirmatory factor analysis with Varimax rotation. Secondly, we continued deleting items whose communality was under the cut off value (≤.50) (table 13). Finally, this procedure revealed three factors with eigenvalues greater than 1.0. The KMO (Kaiser-Meyer-Olkin Measure of sampling) was not very high but, however, within an the acceptable value (KMO and Bartlett's Test =.632, df 36, p<.001).

Table 13)Communalities Extraction Method: Principal Component Analysis

	Initial	Extraction
1)I spend much time at home	1,000	.600
2) I have an active sex life	1,000	.869
3) I am satisfied with my sex life	1,000	.839
4)I frequent senior Centres	1,000	.501
5)I spend my free-time with friends of mine	1,000	.606
6)I spend much time watching the TV	1,000	.555
7)I tell anecdotes from my past	1,000	.507
8)I frequent Churches and religious groups	1,000	.612
9)I am engaged with volunteer activities	1,000	.582

In all, the factors accounted for 63.02% of the variance; notably, the first one explained 26.58%, the second one 19.97%, the third one 16.47%, respectively. The rotated Component Matrix is showed in Table 14.

The three factors were named to emphasize three different dimensions of life: from an intimate to a social one. Hence, specifically, the first factor was named “Intimately Satisfied” person and concerned an elderly person who spends his or her time at home and is sexually active and satisfied. The second one was named “Relationally Involved” and it described an elderly person who frequents Senior Centres, spends free-time with peer-age friends, talks about his or her past and does not waste time watching TV at all. The last one was named “Socially Involved”, because it concerns an elderly person who frequents Churches and is engaged with volunteer activities (Table 5).

Table 14) - Rotated Component Matrix (a)

	Components		
	Intimately Satisfied	Relationally Involved	Socially Involved
1)I spend much time at home	**.653**	-.229	.349
2)I have an active sex life	**.915**		
3)I am satisfied with my sex life	**.905**		
4)I frequent senior Centres	.242	**.656**	
5)I spend my free-time with friends of mine	.225	**.712**	.221
6)I spend much time watching the TV		**-.595**	.428
7)I tell anecdotes from my past	-.205	**.676**	
8)I frequent Churches and religious groups			**.775**
9)I am engaged with volunteer activities			**.735**

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a Rotation converged in 4 iterations.

After conducting Factor Analysis and defining the three components, we created another three variables that concern the Daily Life Involving Type . Table 15 shows average scores of the new variables.

Our Spanish participants perceived their selves as Relationally Involved people, as the high average score of the item showed; less than the latter, but equally at a appreciable level, they perceived their selves as Socially Involved people, because they argued to frequent religious groups and were engaged in voluntarism. At an on the mid point level they argued to be Intimately Satisfied persons.

Table 15) Means, standard deviation and Cronbach's alpha

1-5 point Scale	*M*	*Sd*	*alpha*
Intimately Satisfied Person	3.03	1.175	.71
Relationally Involved Person	4.15	1.247	.60
Socially Involved Person	3.42	1.832	.60

Anova analysis were conducted and we found some interesting differences.

With regard to the "Intimately Involved", as was to be expected, civil status made difference: in fact, married elderly people affirmed more often than the single ones that they were intimately involved (*M*=3.60 *vs M*=2.43, *t*=5.097, p<.001)

Men, more than women, stayed at home and were sexually active and satisfied ("Intimately Satisfied Person": *M*=3.62 *vs M*=2.58, *t*=5.268, p<.001) and felt themselves Relationally Involved in their own daily lives (*M*=4.58 *vs M*=3.83, *t*=3.396, p=.001).

Correlation analysis showed surprising results. Specifically, age was positively associated with both "Relationally" and "Socially" involved elderly person: actually, the more age rose the more being a Relationally and Socially involved elderly person rose (Table 16).

Table 16- Correlations

	Age
Age	1
Intimately Satisfied Person	-.116
Relationally Involved Person	**.262****
Socially Involved Person	**.294****

** Correlation is significant at the 0.01 level (2-tailed).

5.2.3.Hypothesized Mediation Model

At the end of this first part of analysis, we verified the hypothesized mediation model. According to Baron and Kenny's model (1986), previously we conducted correlations among dependent, independent and mediation variables and found out that there were various significant association among considered dimensions (Table 17).

Table 17

	1	2	3	4	5	6	7	8	9	10	11	12	13
1	1												
2	.600**	1											
3	.452**	.541**	1										
4	.483**	.545**	.553**	1									
5	-.119	.087	.013	.064	1								
6	.247**	.278**	.322**	.171	-.020	1							
7	.517**	.718**	.529**	.514**	.004	.310**	1						
8	.505**	.547**	.437**	.481**	-.037	.224*	.417**	1					
9	-.348**	-.478**	-.327**	-.281**	.048	-.061	-.346**	-.302**	1				
10	.383**	.532**	.390**	.335**	.168	.189*	.464**	.498**	-.225*	1			
11	.388**	.381**	.312**	.013	-.116	.328**	.315**	.163	-.215*	.259**	1		
12	-.026	.092	.360**	.104	.262**	.185*	.220*	.151	,022	.117	.061	1	
13	.108	.275**	.103	.218*	.294**	.094	.143	.131	-,068	.200*	.089	.135	1

M-Quality of Life: 1)Physical Capacity, 2)Psychological, 3)Relationship, 4)Environment, **X-**5)Age // **Well-Being**: 6)Resource, // 7)Emotions Self-Efficacy, // 8)Positive Affect, 9)Negative Affect, **// Y-Successful Ageing:** 10)Life Satisfaction; Daily Life Involvement composed of 11)Intimately Satisfied Person, 12)Relationally Involved Person, 13)Socially Involved Person

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Following the same procedure as explained above, we conducted a set of regression analysis and then we submitted the significant results to Sobel's test.

The findings only in part confirmed the hypothesized Model. In fact, as can be noted in Table 18, whereas all of the Quality of Life factors played a mediator role only some of the other considered dimensions were found to be significant for the hypothesized model.

1)Psychological Quality of Life mediated relation between Positive Affect and Satisfaction with Life;

2)both Physical and Socio-Relational Quality of Life mediated relation between:

-Positive Affect and Satisfaction with Life;

-Self-Efficacy in managing positive and negative emotions and Satisfaction with Life;

4)Finally, also the Environmental Quality of Life played a mediating role; in fact, it mediated relation between:

-Positive Affect and Satisfaction with Life;

-Self-Efficacy in managing positive and negative emotions and Satisfaction with Life.

Table 18

Quality of life	Successful Ageing
Psychological Quality of Life	Life Satisfaction
Positive Affect	z=2.63** se=.02
Physichal Quality of Life	
Positive Affect	z=2.70** se=.03
Self-Efficacy	z=2.28* se=.09
Social relation Quality of Life	
Positive Affect	z=2.20* se=.03
Self-Efficacy	z=2.30* se=.01
Environmental Quality of Life	
Positive Affect	z=2.82** se=.03
Self-Efficacy	z=2.54* se=.01

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

To sum up, all the considered mediators played a role. Actually, Physical, Socio-Relational and Environmental Quality of Life were found to mediate Positive Affect and Self-Efficacy in association with an overall Satisfaction with Life.

Psychological Quality of Life was found to work as a mediator but only with respect to the positive association between Positive Affect and Life Satisfaction.

Surprisingly, perceived Environment played an important role for Spanish participants.

Any significant result was found relating with the components of Daily Life Involvement type. This latter gives us some indications about future investigations. It is likely that there is the need for stronger theoretical constructs.

6.General discussion

We conducted a research that consisted of two studies, involving two groups of elderly people, one which lived in Sicily, the other one in Spain. We were interested in investigating elderly people's perceptions about: Affect, Self-Efficacy in managing emotions, Life Satisfaction, Quality of Life, to feel oneself a resource for one's family, Daily Life Involvement type.

The role played by gender and age on the considered dimensions was investigated. In addition, we tested a mediation model where we hypothesized that the four factors of Quality of Life mediated between Well-Being (that we considered as composed of Affect, Self-Efficacy and to feel one's resource) and Successful Ageing (composed in Daily Life Involvement type and Life Satisfaction). We hypothesized that in this model, across Quality of Life, age did not affect Successful Ageing.

Overall results showed interesting and quite different frames in the two considered contexts.

Quality of Life was rather well-perceived, but with some differences between Italy and Spain. Actually, on the one hand, Italians had a higher perception of both Psychological health and Social Relationship. On the other hand, Spaniards perceived the other factors much better than their environment; in particular, it refers to home and physical environment, finance resources, health and social care accessibility and quality, opportunities for information and skills, participation and opportunities for leisure, and so on.

With regard to perceived Well-Being the frame was positively characterized too. Specifically, Emotion Self-Efficacy, Satisfaction with Life and Affect were quite positive and analogous for the Italians and Spaniards.

The Italian elderly people felt they were an important resources for their families. Diversely for Spaniards, who only moderately felt they were a resource for their families.

Differences related to gender showed that man had a more positive mood than women. This was found in both national contexts.

Among Italians, age was negatively associated with Psychological capacities and both Positive and Negative Affect. Instead, among Spaniards it did not play any role .

With regard to Daily Life Involvement, two different frame emerged in two studies.

Italians were quite "Relationally Involved" with age-peers friends; discretely "Plaintive and Repetitive" and finally, not much "Active and Satisfied". However, men were more

“Active and Satisfied” than women. Age was negatively associated with elderly people as “Active and Satisfied”.

Spanish elderly people described their Daily Life, above all as “Relationally Involved”; less, but with a discrete average score, as “Socially Involved”; about mid point As “Intimately Involved”. Men were more than women both Intimately and Relationally Involved. Surprisingly, age was positively associated with an elderly person Relationally and Socially involved with one’s daily life.

Finally, although the differences found between first and second study, Mediation Model collectively support the idea that Quality of Life is an important connector between Well-being and Successful Ageing. Age did not play any mediator role via Quality of Life.

CHAPTER II

AGEING FROM STUDENTS' POINT OF VIEW

1.Preface

Because the number of elderly people is growing considerably, gaining an insight and deepening our understanding about how the elderly are perceived by society is progressively becoming more important. In fact, ageist behaviour, discrimination and mistreatment of the elderly may develop also from these perceptions and attitudes.

As we have already highlighted above, aged-related stereotypes are not univocal, but rather they are more often ambivalent. Just to mention some, it was found that the elderly people were perceived as incompetent (negatively) but also warm (positively) (Cuddy et al, 2005). Yet, other research findings have identified positive, as well as neutral and negative elements in people's perceptions held of ageing and elderly people (Robinson et al. 2008).

More specifically, literature has underlined that social perceptions about ageing are above all associated with illness or, at least, poor health and the elderly are generally perceived as weak, frail, disabled and in a dependant life condition. Furthermore, these attributes are believed to rise proportionally with age.

It is quite interesting to note how the elderly people are generally seen as "a-sexual". In these terms, younger people do not recognize them as capable of sexual activity nor of sexual desire (see: Arnold-Cathalifaud et al. 2008; Kimuna et al., 2005). Indeed, these kinds of attitudes and behaviour even more so are generally perceived as negative and unacceptable by society, which, usually rejects the idea that when one is "old" one can have a full and satisfying affective life.

However, both Lifespan and Positive Psychology perspectives cast light on ageing, arguing that it is a multifaceted process where objective but also subjective and inter-subjective factors contribute to define it. Hence, being frail, ill, a-sexual are not age-related conditions, because it depends on a variety of environmental factors. Of these, a great importance should be given to the role played by stereotypes and stereotyping attitudes.

In spite of the fact that elderly people are not perceived as a threatening group, better understanding of what are the attitudes towards them could improve self perceptions and promote successful ageing.

Beginning from Lewin's (1931) ecological and dynamic perspective, it is important to know and understand which are the social perceptions and attitudes as well, because these have consequences on elderly people's identity and everyday life.

Before going moving on, it is worth quickly highlighting how some of the all affective mechanisms, such as empathy and affect, may well work to lessen stereotypes and increase more open attitudes towards ageing and elderly people as well.

In order to discuss Empathy, it could be useful to refer to the colorful expression used by Adam Smith (1853) many years ago: "changing places in fancy", an idiomatic expression that means imaging how you would think and feel in the another individual's situation. Specifically, it concerns both of the two affective mechanisms.

Let us focus on Empathy; it is a personal attribute that involves the emotional, cognitive and communicative capacities. Rogers defined it as an ability. Notably, in his opinion, empathy regards the ability to perceive: «the internal frame of reference of another with accuracy and emotional components and meanings which pertain thereto as if one were the person, but without ever losing the "as if" conditions» (Rogers, 1959: 210-211). Empathy implies "heterocentric sensitivity" (Rogers & Freiberg, 1993), which is the ability to emotionally de-center during dynamic interaction with the other. Recent research findings have already shown how empathic people are particularly effective in the so-called helping professions, and more generally in all those professions where the interpersonal involvement is implied (Aspy, 1975). In addition, as empathy states may be used to improve inter-group attitudes and enhance relationships (Batson, & Ahmad, 2009), it represents an important dimension that should be included when it speaks about attitudes towards… a certain group.

With this scenario in mind, we conducted a research that will show in the following sections.

2. Aims and hypothesis

The present research consists of two studies, one conducted involving students who lived and studied in Sicily (Italy), and the other one conducted involving students who lived and studied in Extremadura (Spain)[11].

[11] From this point, we will use simply "Italy" and "Spain" to refer to one or the other one considered life context.

In broad terms, in this research we were interested in whether Empathy, Positive Affect and Knowledge of a group of younger people positively influenced a better representation about the elderly.

More specifically, we had two main objectives. The former concerned examining the role played by some considered variables; the latter was focused on verifying a Mediation Model.

Regarding the former, first of all we aimed at examining the role played by the kind of faculty that students were attending. For this, data were collected in Medical and Psycho-Pedagogic faculties, thinking about idea that Medical and Psycho-Pedagogic faculties trainer people who, in their professional future, could take care of elderly. We hypothesized that students belonging to Psycho-Pedagogic faculties had more empathy and positive affect towards elderly than the colleagues from Medical ones. Secondly, we we hypothesized that our students had a better representation about the 3rd-aged elderly's Quality of Life than the 4th-aged ones.

As far as the latter is concerned, we were interested in testing a Mediation Model that could provide useful advice from an applicative point of view.

Specifically, we hypothesized that the Affect (more positive and less negative one), Empathy and Theoretical Knowledge mediated between idea of an elderly person as efficacious in managing emotions and resource for one's own family, in turn, and the idea that they could live a Successful Ageing. Regarding this latter, we assumed that a Successful Ageing was composed of Daily Life Involvement type and Quality of Life attributed to elderly people (see Figure 1).

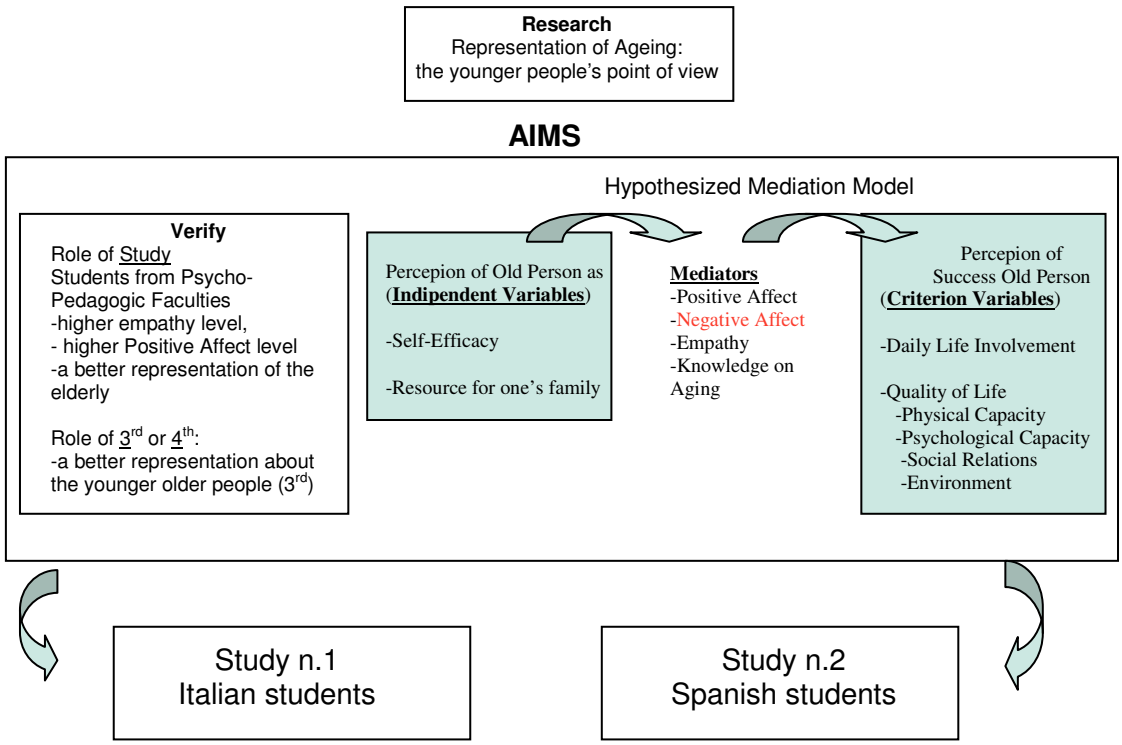

Figure 2. Research Aims

3.Study n.1: Ageing from Italian Students' point of view

3.1. Method

3.1.1. Participants and procedures

One hundred and fifty-nine (n.159) students participated in this study, 60 males (37.7%) and 99 females (62.3%). Age had the following characteristics: mean 23.30 years (SD=3. 58), mdn 22 years, md 21 years, gamma 19-39 years.

With regard to the frequented Faculty, the students were almost equally distributed between Medical (50.3%) and Psycho-Pedagogic (49.7%) Faculties. In the same way, half of participants (49.7%) filled in a questionnaire thinking about people aged between 65-74 years(3rd age) and the other same part (50.3%) about people aged equal or over 75 years (4th age).

71.1% of our participants had a relation with at least one older-age family member, instead, the other part (28.9%) stated they did not have any relation in this sense.

The conditions of the questionnaire administration were agreed upon with the Professors of the various involved classes. Data were collected while participants were attending University classes.

Participants filled in a questionnaire in front of the researcher and without any Professor, in setting of small group, in order to guarantee the reliability of the results.

4.1.2. Materials

We used a semi-structured questionnaire to collect data among students.

Properly speaking, the questionnaire was composed of three different kinds of measures.

I-A set of background questions about social and personal information: gender, age, contact with at least one elderly person, theoretical knowledge about ageing (which was ranged between *not at all* -1- to *very much* -5-), previous volunteer experiences with elderly people.

II-Some measures were used in order to investigate affective mechanisms towards the elderly persons. Regarding these measures, we asked students to think about their meeting with an elderly person and express their feelings and moods. The following measures were used:

-a four-Items set to measure Empathy level towards the elderly people ("*I feel involved with elderly persons' joys and sorrows*"); any item was ranged between 1 (*not at all*) to 7 (*very much*);

-two PANAS Schedules (Watson et al., 1988), composed of one ten-item mood scale to measure Positive Affect and the other one to measure Negative Affect when one meet an elder. Any item was ranged in a 1-7 step scale, from *not at all* (1) to *very much* (7).

III-Other ones were used in order to investigate the representations that our participants had about the elderly people. Regarding to these, we asked students' opinions about some of the life dimensions of elderly people. We used some of the measures already used for the first research ("Ageing from the elderly people's point of view"), but, in this case, it was a matter of attributions made by our students thinking about the elderly people. Specifically, the following measures were used:

-Word Health Organization-Quality of Life-Brief (WHO-Quality of Life-Brief) (WHO QUALITY OF LIFE Group, 1993), composed of 26 items subdivided in four domains which represent Quality of Life. 1)The first one is "Physical" Quality of Life that regards pain and

discouragement, energy and fatigue, sleep and rest capacities (e.g. "*I think the elderly person has enough energy to cope with daily life*"). 2)The second one is "Psychological" Quality of Life that concerns positive and negative feelings; thinking, learning, memory and concentration capacities; self-esteem, body image and appearance (e.g. "*I think the elderly person is satisfied with himself/herself*"). 3) The third domain is "Social Relationship" Quality of Life and it properly regards personal relations, social support and sexual activity and satisfaction (e.g. "*I think the elderly person is satisfied with his or her personal relationships*"). 4)The last one is "Environmental" Quality of Life that involves physical safety and security, home environment, finance resources, health and social care accessibility and quality, opportunities for information and skills, participation in and opportunities for leisure, physical environment, transport (e.g. "*I think the elderly person lives in a healthy environment*").

Five-step scale was used from *not at all* (1) *very much* (5).

-Self-Efficacy beliefs (Bandura, 1994; Caprara, et al. 2000), which consists of fifteen items and measures the beliefs to cope with negative (depression, bad feelings, discourage) (e.g. "*The elderly person doesn't feel discouraged after a heavy criticism*") and positive emotions (enjoying their own and other's happiness and positive challenges) (e.g. "*The elderly person is good at enjoying himor herself with their friends and families*"); participants answered using a five-point scale ranging from *not at all* (1) *very much* (5).

-Daily Life Involvement type was assessed through the same sixteen items used in the first research too. In this case, they were expressed in way to assess the students' representations. Giving some examples could be more explicative : "*The elderly person spends a lot of time watching TV*"; "*The elderly person spends his or her free-time with their peer-age friends*"; "*The elderly person complains about having aches and pains*", "*The elderly person likes telling past anecdote about his/her life*", etc. A seven-step scale, ranging from *never* (1) to *frequently* (7) was used.

-In order to assess how the elderly person was believed to be an important economic and socio-relational resource for one' family, we used the following two items: "*How much do I think that the elderly person is an economic resource for his or her family?*" and "*How much do I think that the elderly person is a socio-relational heritage for his or her family (because of his or her past experiences as well as knowledge?*)". Both of two items were ranged in a ten-point scale, from *not at all* (1) to *very much* (10).

3.2. Results

3.2.1. Affect and empathy towards the elderly people

As we were interested in investigating both type of mood and level of Empathy towards the elderly, we asked students to think about when they meet "an elderly person". Taken together, findings showed a not much defined frame.

Regarding to Affect, the Negative one was not found almost at all, as the really low average score showed; although positive sign, quite low the Positive Affect that was almost on mid point level (3).

Somewhat poor Theoretical Knowledge on Ageing; indeed, it was significantly lower than mid point (p=.*001*).

Table 1) Means and standard deviations of measures (unless otherwise indicated 1-7 point scale)

Measures	***M***	***sd***	*Alpha*
Positive Affect	4.08	1.233	.87
Negative Affect	1.66	.676	.70
Empathy	4.31	1.20	.84
Theoretical Knowledge on Aging (one item 1-5 ranged)	2.77	.856	

Attending one Faculty rather than another was found to be a significant variable. Specifically, students who were attending Psycho-Pedagogic classes more than colleagues who were attending Medical classes had Positive Affect and felt Empathic towards an elderly person.

Table 2)Faculty role: 79 from Psycho-Pedagogic, 80 from Medicine

Items		*M*	*sd*	*t*	*p*
Positive Affect	Psy	4.44	1.233	3.79	**<.001**
	Med	3.73	1.134		
Negative Affect	Psy	1.69	.741	.412	ns
	Med	1.64	.608		
Empathy	Psy	4.56	1.341	2.60	**.010**
	Med	4.07	1.002		
Theoretical Knowledge	Psy	2.78	.872	.193	ns
	Med	2.76	.844		

No difference was found between students who had thought about 3rd-age elderly person and those whom had thought of 4th-age one.

3.2.2.Representations on elderly

We asked students to express their own perception about elderly people's Quality of Life and Self-Efficacy; indeed, we asked them how they considered that an elderly person was believed as a resource for one's family.

Overall results showed a quite encouraging frame.

With regard to Quality of Life, only Psychological capacity was evaluated well. Differently, Social Relations was on central point of the scale and Environment and, especially, Physical Capacities were found under mid point (for the two latter scores *one test: p<.001*). The low perception of Physical Quality of Life attributed to elderly does not surprise, because other research findings have already showed the image of an elderly person as frail and sick (Arnold-Cathalifaud et al. 2008).

The attributed Self-Efficacy in copying with emotions was positive, but average score was not at a very high level.

More positive was the idea that elderly person feels they are an economic and especially socio-relational resource for his or her family (Table 3).

Table 3) Means and standard deviations of measures

Measures		***M***	***sd***	*alpha*
WHO(bref) Quality of Life (1-5 point scale)	Physical Capacities	2.78***	.488	.75
	Psychological	3.56***	.531	.63
	Social Relations	3.07	.643	.60
	Environment	2.90*	.528	.61
Self-Efficacy (1-5 point scale)	Negative + Positive Emotions	3.11**	.454	.80
Elder as a Resource (1-10 point scale)	Economic Resource	6.45	2.53	-
	Socio-Relational Resource	8.37	1.84	-

Asterisks indicate the means differ from mid point, which is 3
** p=. 024; **p=.002; ***p<.001*

Regarding to latter dimension, the elderly person as an economic resource was believed more by Students from Psycho-Pedagogic classes than the others from Medical ones (*M*=6.91 *vs M*=5.97, *t*=2.354 p=.020).

3.2.3. Daily Life Involvement: type and level

In order to understand how in our students' opinion an elderly person usually spends one's daily life, we used a structured questionnaire composed of sixteen items.

The average scores of each of the sixteen items were subjected to Principal Component Analysis with Varimax rotation. Step by step, many items were deleted, because communalities were under the cut off value (≤.50) (table 4). At the end, this procedure revealed two factors with eigenvalues greater than 1.0 (2.36 that explains 39.32% of variance, 1.65 that explains 27.48% of variance, total variance explained=66.80%). The KMO (Kaiser-Meyer-Olkin Measure of sampling) and Bartlett's Test was greater than 1 (=.658, df 15, p<.001).

Table 4)Communalities Extraction Method: Principal Component Analysis

Speaking in general, the elderly person:	Initial	Extraction
1)is repetitive and always says the same things	1,000	.577
2)is of fixed habits and usually likes doing the same things	1,000	.595
3)spends a lot of time going to doctors and pharmacies	1,000	.592
4)complains about having aches and pains	1,000	.618
7)has an active sex life	1,000	.806
8)is satisfied with their sex life	1,000	.819

The rotated Component Matrix is showed in Table 5 and it is composed in two components.

The first one was named “Repetitive and Plaintive Person”; it regarded a person who tells always the same stories, of fixed habits, focused on their aches and pain.

The second and latter one was named “Active and Satisfied Person” and it only regards a sexually active and satisfied person. (Table 5).

Table 5) - Rotated Component Matrix (a)

Speaking in general, the elderly person:	Components	
	Repetitive and Plaintive	Sexually Active and Satisfied
1)is repetitive and always tells the same things	**.736**	
2)is of fixed habits and usually likes doing the same things	**.758**	
3)spends a lot of time going to doctors and pharmacies	**.754**	
4)complains about aches and pains	**.786**	
5)has an active sex life		**.897**
6)is satisfied with their sex life		**.898**

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a Rotation converged in 3 iterations.

In the light of findings of Factor analysis, we created other two variables that contribute to define how our students perceived the elderly' daily-life.

As could be imagined, the elderly were seen much more as a "Repetitive and Plaintive" than "Sexuality Active and Satisfied" people. More specifically, not much higher than the idea of a Repetitive Person, almost rejected at all the idea of an old person having a good sex-life (Table 6).

Table 6) Means, standard deviation and Cronbach's alpha

	M	*Sd*	*alpha*
Repetitive and Plaintive Person (1-7 point Scale)	4.81	1.193	.75
Sexually Active and Satisfied (1-5 point Scale)	2.14	.775	.78

Any difference were found as regards considered variables

3.2.4. Hypothesized Mediation Model

According to Baron and Kenny's model (1986), as first step, we conducted correlations among dependent, independent and mediation variables, in order to verify our hypothesized model.

Table 7 shows various correlations between:

-X and Y, satisfying path 1 (***X*** $\longrightarrow$ ***Y)***;

-X and M, satisfying path 2 (***X*** $\longrightarrow$ ***M***);

-M and Y, satisfying path 3 (***M*** $\longrightarrow$ ***Y***).

Table 7

	1	2	3	4	5	6	7	8	9	10	11	12	13
1	1												
2	.241**	1											
3	.204*	-.107	1										
4	.283**	.187*	.243**	1									
5	.013	-.051	-.062	,079	1								
6	.248**	.246**	.270**	.575**	-.050	1							
7	.078	.117	.276**	.185*	-.124	.337**	1						
8	.062	-.014	.348**	-.104	-.009	.041	.146	1					
9	.138	-.022	.414**	-.067	-.021	.071	.220**	.668**	1				
10	.130	.055	.267**	.027	-.116	.176*	.144	.505**	.519**	1			
11	.025	.011	.201*	.103	.061	.102	.168*	.466**	.378**	.272**	1		
12	.178*	.019	.271**	.201*	-.030	.211**	.019	.287**	.213**	.235**	.122	1	
13	-.129	-.011	-.230**	.124	.086	.095	.061	-.358**	-.184*	-.074	-.049	-.094	1

X-Old Person perceived as 1)Economic Resource, 2)Socio-Relational Resource, 3)Self-Efficacy; **M-** 4)Positive Affect, 5)Negative Affect, 6)Empathy, 7)Theoretical Knowledge on Aging, // **Y-Perception of a Success elderly Person**- Quality of Life 8)Physical, 9)Psychological, 10)Socio-Relational, 11)Environmental, Daily Life Involvement 12)Active, 13)Repetitive and Plaintive

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

In order to testify the hypothesized Mediation Model, a set of regression analysis were conducted; afterwards, the significant ones were submitted to the Sobel's test. Results are showed in Table 8.

Findings partially confirmed the hypothesized Model and surprisingly they pointed out a great role played by Theoretical Knowledge. However, let us continue in order.

1)Positive Affect when one meets an elderly person was found to mediate relation between perception of Self-Efficacy and two of the Quality of Life factors: Physical as well as Psychological one, in turn. Thus, the more our students felt happy with an elderly person the more the idea that he or she was good at managing emotions influenced the idea that the elderly person had an satisfying Physical and Psychological Quality of Life.

2)Empathy towards elderly people was found to mediate the relation between the elderly person perceived as Self-Efficacy with, again, Physical as well as Psychological Capacity, in turn; in addition, a higher Empathy mediated between a Self-Effective elder and the representation of a Repetitive and Plaintive one. The higher the Empathy, the more the idea of a Self-Efficacy elder was influenced, on the one hand, a lower perception of Repetitive and Plaintive elderly person, and, on the other hand, a better attributed Physical and Psychological Quality of Life.

A Positive Affect as well as an empathic attitude affected a better representation of elderly.

3)Theoretical Knowledge on issue relating to ageing was found to mediate relation between an elderly person perceived as Self-Effective and: the idea of an Active elder, a good level of Physical, Psychological and Social-Relationship Quality of Life; indeed, a higher Theoretical Knowledge mediated between Self-Effective elderly person and the representation of a Repetitive and Plaintive one.

Table 8

	Perception of Success Old Person					
	Daily Life Involvement		Quality of Life			
Positive Affect	Active	Repetitive/ Plaintive	Physical	Psychological	Relationship	Environment
Self-Efficacy Person	-	-	z=2.12* se=.098	z=2.18* se=.12	-	-
Empaty						
Self-Efficacy Person		z= -2.90* se=.18	z=2.37* se=.094	z=2.46* se=.011	-	-
Theoretical Knowledge						
Self-Efficacy Person	z=2.30* se=.092	z= -2.28* se=.026	z=2.63** se=.070	z=2.78** se=.079	z=2.13* se=.076	-

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

4.Study n.2: Ageing from Spanish Students' point of view

4.1.Method

4.1.1.Participants and procedures

One hundred and seventy-seven (n.177) students participated in this study, 49 males (27.7%) and 128 females (49.7%). Age had the following characteristics: mean 19.75 years (SD=2.35), mdn 19 years, md 18 years, gamma 17-30 years.

With regard to attended Faculty, students were almost equally distributed between Medical (49.7%) and Psycho-Pedagogic ones (50.3%). In the same way, half part of participants (50.3%) filled in a questionnaire thinking about 3rd-age people and the other part (49.7%) thinking about 4th-age ones.

The majority of the students (80.8%) had a relation with at least one older-age family member; the others (19.2%) did not it.

The conditions and the setting of the questionnaire administration were exactly the same of the first study.

4.1.2. Materials

We used the semi-structured questionnaire as mentioned previously; almost balanced perceptual of those who filled in a questionnaire thinking about a 3rd-age elderly person (50.6%) and a 4th-age one (49.4%).

Before continuing, please take note of the following;

The questionnaire was wholly translated by a native Spanish speaker.

Regarding to Quality of Life-brief, a validated Spanish version was used (Lucas-Carrasco, 1998). Psychological factor is usually composed of eight Items, but, because item related to "negative feelings" ("*In your opinion, how often the elderly person feels negative feelings?*") got low reliability score, we deleted it and then the seven items were averaged to form an index of Psychological Quality of Life.

Reliabilities of all of the used measures will be shown in the following section.

4.2.Results

4.2.1.Affect and empathy towards the elderly people

Affect and Empathy of our students towards elderly people were investigated. The overall results were only moderately positive.

Regarding to Affect, on the one hand, a really low average score witnessed that there was not Negative one; on the other hand, a Positive one was found only at a reasonable level.

Theoretical Knowledge on Ageing was significantly lower than the mid point ($p=.032$). It is likely that this latter finding was due to many of our students being at the beginning of their university career.

Table 9) Means and standard deviations of measures (unless otherwise indicated 1-7 point scale)

Measures	***M***	***sd***	*alpha*
Positive Affect	4.53	.980	.85
Negative Affect	1.75	.684	.78
Empathy	4.44	.988	.71
Theoretical Knowledge on Aging (one item 1-5 ranged)	2.89	.706	

The kind of frequented Faculty was significant with regard to Theoretical Knowledge: students who attended Medicine classes more than those of Psycho-Pedagogic ones claimed to understand theoretical issues related with ageing (*M*=3.01 sd=.652 *vs* *M*=2.76 sd=.739; *t*=2.36, p=.019).

Like Italian students, Spanish students did not make a difference between 3rd-age and 4th-age elderly persons. Quite interesting this latter finding.

4.2.2. Representations on elderly

Our students expressed their own perception relating to Quality of Life and Self-Efficacy of the elderly people. Furthermore, the students were asked to value how the elderly represented both an economic and socio-relational resource for Spanish families. Taken together, the findings showed a quite positive frame.

As regards Quality of Life, a negative evaluation was attributed only to Physical Quality of Life and the average score was significantly lower than the mid point; in other words, elderly people was thought by our students as unhealthy, such as literature has mostly stressed (Arnold-Cathalifaud et al. 2008).

The attributed Self-Efficacy in managing both positive and negative emotions was significantly higher than the mid-point of scale.

Quite interesting the fact that the participants had a high evaluation of the elderly people; above all, they considered them as Socio-Relational Resources, in terms of useful life experiences and historical heritage (in the sense of having a memory of the family history) within familiar context (Table 10).

Table 10) Means and standard deviations of measures

Measures		***M***	***sd***	*alpha*
WHO(brief) Quality of Life (1-5 point scale)	Physical Capacities	2.81***	.565	.80
	Psychological	3.30***	.609	.76
	Social Relations	3.53***	.603	.65
	Environment	3.55***	.496	.68
Self-Efficacy (1-5 point scale)	Negative + Positive Emotions	3.26***	.558	.87
Elder as a Resource (1-10 point scale)	Economic Resource	6.36	2.40	-
	Socio-Relational Resource	8.56	1.71	-

Asterisk indicate the means differ from mid point, which is 3
****p<.001*

With regard to considered sociological variables, the elderly person as an economic resource was thought more by Students from Psycho-Pedagogic classes than the others from Medical ones (*M*=6.91 *vs M*=5.97, *t*=2.354 p=.020).

4.2.3.Attributed Daily Life Involvement: type and level

We used the same set of sixteen items mentioned above, in order to examine our students' idea on how an elderly person usually spends their daily life.

The average scores of each item were subjected to a confirmatory Principal Component Analysis with Varimax rotation. During the procedure, many items were deleted, because communalities were under cut off value (≤.50) (table 11). At the end, this procedure revealed four factors with eigenvalues greater than 1.0 (2.12 that explains 21.18% of variance, 1.85 that explains 18.48% of variance, 1.51 that explains 15.05% of variance, 1.12 that explains 11.19% of variance, total variance explained=65.89%). KMO and Bartlett's Test was greater than 1 (=.601, df 45, p<.001).

Table 11)Communalities Extraction Method: Principal Component Analysis

The elderly person, in general:	Initial	Extraction
1)does not take care personal hygiene	1,000	.612
2)spends much time going to doctors and pharmacies	1,000	.614
3)frequents Senior Centres	1,000	.595
4)looks after his or her grandchildren	1,000	.676
5)spends a lot of time with his or her peer-age friends	1,000	.640
6)devotes some of his or her time to hobbies	1,000	.636
7)tells anecdotes from his or her past	1,000	.568
8)complains about aches and pains	1,000	.617
9)has an active sex life	1,000	.825
10)is satisfied with their sex life	1,000	.805

The rotated Component Matrix is showed in Table 5 and it is composed of four components.

The first one was termed “Untidy and Plaintive Person”; it regards a person who takes less care of his or her personal hygiene, spends a lot of time “ going to doctors and pharmacies” and focused on his aches and pain.

The second one was called “Interested in… Person”; it describes a person relationally involved with peer-age friends and good at dedicating time to his her own hobbies.

The third one was named “Resource and Memory”; it concerns a person who is useful for his or her family and is good at enhancing his or her experiences by telling past anecdotes.

The fourth and last one was called “Sexually Active and Satisfied” and regards a person capable of having an active and satisfying sex life. (Table 12).

Table 12) - Rotated Component Matrix (a)

Elderly person:	Components			
	Untidy Plaintive	Interested in	Help, and Memory	Sexually Active, Satisfied
1)does not take care personal hygiene	**.622**			-.473
2)spends much time going to doctors and pharmacies	**.769**			
3)complains about aches and pains	**.766**			
4)frequents Senior Centres	.204	**.725**		
5)spends a lot of time with his or her peer-age friends	-.274	**.671**		.340
6)devotes his or her time to hobbies		**.782**		
7)takes care of his or her grandchildren			**.818**	
8)tells anecdotes from his or her past	.305	.208	**.653**	
9)has an active sex life				**.901**
10)is satisfied with their sex life				**.872**

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a Rotation converged in 5 iterations.

After having individuated the factors, we proceeded to create another four variables that contribute to define how our students percept the elderly' daily-life.

Speaking in general, Spanish students had a quite positive image of the elderly; actually, only one negative factor was found.

More specifically, the elderly person was especially perceived as a Family Help and a Historical Memory as well; actually, the average score was quite high.

The elderly person was viewed only less Interested in… hobbies and social relationship; however, the mean of item was significantly higher than mid point (*one test: p<.001*).

The idea of a Sexually Active and Satisfied elderly person was rejected almost totally.

Significantly above mid-point scale (*one test: p<.001*) was the idea of an Untidy and Plaintive elder. (Table 13).

Table 13) Means, standard deviation and Cronbach's alpha; unless otherwise indicated, 1-7 point scale

	M	*sd*	*Alpha*
Untidy and Plaintive	4.11	1.236	.61
Interested in …	4.10	1.229	.60
Help and Memory	5.74	1.087	.60
Sexually Active and Satisfied (1-5 point Scale)	1.94	.837	.77

Any difference was found relating with considered variables

4.2.4.Hypothesized Mediation Model

In order to verify our hypothesized Mediation Model, first of all we conducted correlations among dependent, independent and mediation variables, according to Baron and Kenny's model (1986).

Table 14 shows results of the various correlation analyses.

Table 14

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	1														
2	.185*	1													
3	.134	.333**	1												
4	.076	.242**	.074	1											
5	.118	-.190*	-.159.*	.062	1										
6	.198**	.347**	.367**	.451**	-.165*	1									
7	.010	.139	.066	.169*	.014	.193**	1								
8	.153*	.122	.424**	.195**	-.084	.220**	,098	1							
9	.163*	.187*	.493**	.146	-.122	.209**	.211**	.568**	1						
10	.072	.257**	.429**	.141	-.098	.259**	.145	.355**	.484**	1					
11	.049	.176*	.375**	.159*	-.209**	.176*	.117	.476**	.514**	.480**	1				
12	.004	-.024	-.318**	.029	.056	-.044	-.063	-.301*	-.292**	-.190*	-.304**	1			
13	.145	.311**	.265**	.058	-.106	.162*	.002	.185*	.250**	.260**	.142	-.083	1		
14	.224**	.374**	.327**	.249**	-.109	.359**	.101	.087	.175*	.192*	.099	.026	.256**	1	
15	-.071	.080	.014	.027	-.021	.069	.243**	.200**	.246**	.353**	.127	-.074	.124	-.046	1

X-Old Person perceived as 1)Economic Resource, 2)Socio-Relational Resource, 3)Self-Efficacy; **M-** 4)Positive Affect, 5)Negative Affect, 6)Empathy, 7)Theoretical Knowledge on Aging, **// Y-Perception of a Success Elderly**- Quality of Life 8)Physical, 9)Psychological, 10)Socio-Relational, 11)Environmental, Daily Life Involvement 12)Untidy, 13)Interested; 14)Help and Memory; 15)Sexually Active and Satisfied.

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

Then, a set of regression analysis were conducted; afterwards, the significant ones were submitted all of significant results to Sobel's test.

The frame is quite different from the Italians' one.

Overall, Positive Affect and Empathy worked as mediators between the idea that elderly person was a resource and effective in emotions (attributed Self-Efficacy) and the perception of a Successful Elderly person (Table 15).

1)More specifically, with regard to the first mediator, Positive Affect mediated relation between elderly as Efficacious and Untidy and Interested in… his or her daily life. Of course, the more elderly person was thought as efficacious the less he or she was thought as Untidy. Indeed, Positive Affect mediated between idea about elderly as a Socio-Relational Resource and as a Help in his or her daily life.

2)Above all Empathy was found to play a relevant role. In fact, it mediated the idea about the elderly person as a Socio-Relational Resource and an Interested and Helpful person in daily life. Furthermore, Empathy mediated between the idea of an efficacious elderly and all of the factors of Quality of Life.

A Positive Affect as well as an empathic attitude affected a better representation of elderly.

Table 15

	Perception of Success Elderly Person						
	Daily Life Involvement			Quality of Life			
Positive Affect	Untidy	Interested	Help	Physical	Psychologyca l	Relational	Environment al
Self-Efficacious Person	z= -2.46** se=.016	z=2.21* se=.011					
Socio-Relational Resource			z=2.24* se=.009				
Empathy							
Self-Efficacy Person				z=3.06** se=.06	z=3.28*** se=.08	z=2.03* se=.09	z=1.20* se=.08
Socio-Relational Resource		z=2.19* se=.011	z=2.28* se=.009				

*** Correlation is significant at the 0.001 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

5.General discussion

We conducted some research, composed of two studies, involving students who were attending two different kinds of University classes: Medical and Psycho-Pedagogical one. The first study was carried out in Italy, the second one in Spain.

With previous research, which showed the younger people's attitudes towards the elderly, we aimed at better understanding how ageing and the elderly were perceived by university students.

More specifically, we were interested in understanding how our participants, who in the future could be professionally engaged with ageing, represented the elderly people's Quality of Life.

We hypothesized that: 1)representations about 3r^{d} and 4th-age elderly people were different or more positive with regard to the younger elderly people; 2)students belonging to Psycho-Pedagogic Faculties felt emotionally (in terms of Empathy and Positive Affect) more involved with elderly people and better represented elderly' Quality of Life than the other students.

In the Mediation Model empathy we hypothesized that a higher Positive Affect, a lower Negative Affect and Theoretical Knowledge on ageing mediated the relation between the idea that an elderly person (taken in general) was efficacious in managing emotions, a resource for

one's family and attributed high level of Successful Ageing in terms of attributed both Quality of Life and Daily Life Involvement.

Looking at the results, first of all we note that no-one among the Italian students or Spanish students made any difference in perception of the elderly of the 3rd and 4th age. This could bear witness the pervasiveness of an ageing stereotype. Secondly, in both studies, Positive Affect and Empathy were not very high, although Negative Affect was found to be very low. Italian students who were attending Psycho-Pedagogic classes were more empathic and more positively affect than the other ones.

As regards Quality of Life and idea of elderly as efficacious in managing emotions, Italian and Spanish students did not attribute Physical capacity to the elderly. But, attributions relating with other dimensions were somewhat different; specifically Spanish students more positively represented the elderly people's Quality of Life.

Results related to Daily Life Involvement type were really interesting. Italians and Spanish students rejected the idea of elderly people as Sexually Active and Satisfied. But, among Italian students emerged another factor, which described elderly individual as Repetitive and Plaintive. Instead, among Spaniards: on mid point idea both of an Untidy and Plaintive and with Interests person. The idea of the elderly as Help for family and Memory because of their past was particularly high.

Overall, frame from Mediation Model was found to be somewhat different in the two studies.

Whilst in the study conducted involving Italian students, surprisingly Theoretical Knowledge on ageing played a remarkable mediator role, much more than Empathy and Affect, different results were found among Spaniards. In this latter case, Knowledge did not play any mediator role, instead, Empathy played a remarkable role.

Conclusions

There has been increasing attention to ageing in recent decades, as the richest countries in the world have seen increasing elderly populations and, at the same time, scientific advances in prevention, diagnosis and treatment of age-related diseases have contribute to a surprisingly high rising of life expectancy (Vaupel, & Kistowski, 2005).

In this work, through the life span perspective and the Positive Psychology approach in mind we have tried to examine some of the dimensions that characterise later life. On the one hand, the lifespan perspective considering life as a continuum allows us to view ageing as a normal and physiological period of life itself; on the other hand, the Positive Psychology approach focusing on the peculiarities, uniqueness and acquisitions of later life rather than on frailties and losses allows us to highlight that simply growing older is not an explanatory variable that is able to explain bad ageing (Wohlwill, 1970). Properly speaking, both theory and research have illustrated that there are improvements and losses at every stage of life (Baltes, 1987).

Thus, elderly people's life should not be considered only as a waiting season for death, but rather as an active and significant period of life. Furthermore, as there are many active, creative and healthy elderly people, as well as less lucky, unhappy, not autonomous and sick elderly persons, growing older is a process characterized by a high variability.

Sadly, later life has generally always been viewed more as "ageism" or in negative terms. It is worth stressing that ageing depends on a complex mix of inter-related factors: biological, psychological and social. In this, components of ageism have a great relevance. More specifically, age-related stereotypes (as cognitive component) and prejudices (as emotional component) can influence the personal and social identity of elderly people and, at the same time, their life course. Many research findings have shown how elderly people are usually perceived as frail, warm but incompetent and the main emotion directed towards

elderly people was found to be pity and this was by geriatric specialists. If, on its surface, pity may look benign, it may work like the Pygmalion effect and produce a dangerous self-fulfilling prophecy. Indeed, this linguistic expression may suggest the idea that the elderly need help and the internalization of these necessities may decrease their independence (just to mention some: Musaiger, & D'Souza, 2009; Horton, et al., 2008; Cuddy, et al, 2005; Andreoletti, et al., 2001; Fiske et al., 1998).

Today more than ever, ageing represents not only a demographic challenge, but also a psycho-social one. In fact, conscious of the quantitative substance of phenomenon it is more than important how to add quality to a much longer present life than in the past. Hence, issue should be coped with in terms of subjective well-being and life environment as well.

One of the components of well-being is affect. It concerns the extent to which a person feels the own self from a phenomenological point of view (Watson, & al., 1999; Kaplan, & al., 2009) and it is a personal disposition that remains stable for the time (Thoresen, & al., 2003). It is composed of two quite independent aspects: Positive and Negative Affect. People with a high Positive Affect feel active, enthusiastic, tend to look for other people, and be positively engaged with the environment. They are more reactive to positive stimuli, feel more positive emotions and have pro-active behaviours. Instead, people with a high Negative Affect level feel guilty, worried, anxious, tend to have a negative self's image and also of their environment. People with high Negative Affect level are more reactive to negative stimuli, feel more negative emotions and have avoidant behaviours.

With specific regard to ageing, several findings have highlighted how the individual peculiarities often play a key role in making the difference on the kind of affect. Research findings have showed how there is not a direct association between age and affect. More specifically, on the one hand, it was found that negative affect decreases until around the age of 60 and then remains stable (Charles, Reynolds, & Gatz, 2001); on the other hand, positive affect is stable until the age of 60 years and then declines. Everyday people take actions to

influence their affective states. Some of these actions are aimed at improving positive affect and others to decrease negative affect (Larsen & Prizmic, 2004).

In spite of the fact that physical and sociological changing is necessarily associated with ageing, elderly people can exercise agency (called Self-Efficacy believes: Bandura, 1994; Caprara, et al. 2000) over their own emotions and affect, and thus, more in general, on their lives. In addition, they shape their environment in ways that fulfil the goals that they value most highly, maximizing positive affect and minimizing negative affect. Yet, psychosocial studies have shown that individual differences in positive affect (Kunzmann, 2008) as well as in Self-Efficacy beliefs (Holahan & Holahan, 1987) are related to different kinds of social behaviours (e.g. contact with friends and relatives, involvement in social organizations and activities): the more the engagement in their own environment, the more positive is one's own affect.

Positive affect and Self-Efficacy beliefs can be improved by a better perceived Quality of Life.

With specific regard to this latter dimension, it has been recognized as a significant issue, especially with regard to the later age. According to Bowling (Zahava & Bowling, 2004), it is important to distinguish between micro-individual and macro-societal factors of it. The former regards personal experiences, values, well-being, happiness, and life satisfaction; the latter regards the role played by income, employment, housing, education, and other living and environmental conditions.

Ageing is a period of life and it consists of all the features that makes sense of life. It seems plausible to compare ageing with adolescence, because both are characterized by important changing and developmental challenges. Although growing older is often viewed as rest stage of life, actually changing is a *fil rouge* of ageing. With a play upon words, age is strongly engaged with change because both ageing and changing are not states but imply engagement processes.

In these terms, the issue involves the so called Successful Ageing as having a low probability of disease, disability, high cognitive and physical functional capacity and active engagement with life as well (Rowe & Kahn, 1997). Yet, active ageing concerns the key abilities to learn by one's own failures, willingness to take risks and manage the unexpected (rather than to avoid them) as well as welcoming challenges and even failures of life. All of these represent emblematic factors of successful aging that, in fact, is mostly characterized by creativity (see: Fisher, & Specht, 1999; Ryff, 1989). In this frame, sexuality is an important dimension of ageing too, although there is some difference related to gender. If we consider the rising life expectancy and progressive growing older of people bringing into doubt the myths related to sex and later life, in fact this becomes more important, not only from an ideological perspective (to recognize equal rights and possibilities to anyone), but also because sexuality has been recognized as an important Quality of Life dimension in every stage of the life, including ageing. (Dooley & Bell, 2007; Gott, & Hinchliff, 2003; Regan & Berscheid, 1999).

On the basis of this framework in mind, we conducted two researches.

In the first one, we aimed at deepening ageing from the elderly people's point of view; firstly, we conducted a study involving 220 elderly people who lived in Sicily (Italy); secondly, we replicated the same study in a different context, involving 120 elderly people who lived in Extremadura (Spain).

In the second one, we were interested in exploring ageing and elderly from younger people's point of view. Also in this case, primarily we conducted a study involving university students who lived in Sicily and then, the same study was replicated involving university students who lived in Extremadura.

Research n.1

With regard to the first research, we were interested in exploring elderly people's perceptions about the following dimensions: Positive and Negative Affect, Self-Efficacy in

managing positive and negative emotions, Life Satisfaction (relating to past, present and future life as well), Quality of Life (composed of physical, psychological, socio-relational, environmental factors), to feel oneself a resource for one's family (in terms of both economic and historical memory support), Daily Life Involvement type.

First of all, we verified the role played by gender and age on all of the considered dimensions:

Secondly, we tested a mediation model hypothesizing that the four factors of Quality of Life mediated between Well-Being (which was composed of Affect, Self-Efficacy and to feel one's resource) and Successful Ageing (which consisted of Daily Life Involvement Type and Life Satisfaction). We also predicted that in this model, age, as predictor variable, did not affect Successful Ageing via Quality of Life.

Following we summarize the overall results, mentioning various considered dimensions.

-Quality of Life was rather well perceived, but with some differences between the Italian and Spanish studies. On the one hand, Italians had a higher perception of both Psychological health and Social Relationship; specifically, the first which refers to positive and negative feelings, memory and concentration capacities, self-esteem, body image and appearance; the second one concerns, for instance, personal relations and support from family and friends. On the other hand, Spaniards perceived their own Environment much better than the other factors; in particular, this factor refers to home and physical environment, financial resources, health and social care accessibility and quality, opportunities for information and skills, participation and opportunities for leisure, and so on.

-A quite positive Well-Being frame emerged. In this case, similar findings were found in both groups; in fact, average scores related to emotional Self-Efficacy, Satisfaction with Life and Affect were quite positive and analogous among the Italians and Spanish elderly.

- The Italian elderly people felt they were an important Resource for their families, in terms of economic as well as historical heritage support. Instead, Spaniards only moderately felt they were a historical and economic as well resource for their families.

Regarding the hypothesized differences for *gender*, they were found more marked in the first study. In fact, Italian males had a higher perception of Physical, Psychological and Environmental Quality of Life, and said they feel Negative Affect less than females. This latter finding was found also among Spaniards. In fact, as literature has already stressed, women usually tend to ruminate more than men and this contributes to lowering their mood (Nolen-Hoeksema et al., 1999). Spanish men had a better perception than women about their own Socio-Relational Quality of Life.

As regards with the hypothesized role played by *age*, it did not affect any of the considered dimensions among Spaniards, whereas, it played a role among Italians. In fact, in the first study, age was negatively associated with Psychological capacities and both Positive and Negative Affect.

The results were interesting about elderly people in Daily Life Involvement. Firstly, we conducted a Factor analysis involving the average scores of the sixteen items of the structured questionnaire, which was the same in the two studies. This kind of analysis gave a different frame in the two studies. Successively, the found components became new variables and their average scores, standard deviations and reliability were calculated.

With regards to the first study, three components were found. They described elderly person in one's daily life in the following way: above all as "Relationally Involved" (items: "*I attend senior Centres*", "*I spend my free-time with friends of mine*") with age-peers friends; less, but with a discrete evaluation, as "Plaintive and Repetitive" person (items: "*I am repetitive and I always say the same things*", "*I spend a lot of time going to doctors and pharmacies*", "*I complain about aches and pains*"); finally, as not much "Active and Satisfied" (items: "*I am able to go on working*", "*I have an active sex life*", "*I am satisfied*

with my sex life"). Men were more "Active and Satisfied" than women. Age was negatively associated with elderly person as "Active and Satisfied".

With regard to the second study, Spanish elderly people described their Daily Life, above all as "Relationally Involved" (items: "*I frequent Senior Centres*", "*I spend my free-time with friends of mine*"); less, but with a discrete average score, as "Socially Involved" (items: "*I frequent Churches and religious groups*", "*I am engaged with volunteer activities*"); about mid point As "Intimately Involved" (items: "*I spend a lot of time at home*", "*I have an active sex life*", "*I am satisfied with my sex life*"). Spanish men were more Intimately and Relationally Involved than women. Surprisingly, age was positively associated with an elderly person Relationally and Socially involved with one's daily life. This findings witnesses, one more time, how age itself does not only represent a valid explanation of a bad ageing, but it highlights the high level of adaptability and copying associated with rising older age (e.g. Lundgren, 2010; Pinquart, 2001; Carsensten, 1995).

It is worth dedicating more attention to the findings of the Mediation Model.

In spite of the differences found between the two national groups, the results of the mediation model collectively support the idea that Quality of Life is an important connector between Well-being and Successful Ageing.

With specific regard to the findings of Italian elderly people, the results partially confirmed the hypothesized Model.

1)Psychological Quality of Life mediated the relationship between:

-Positive Affect and Satisfaction with Life;

-a low Emotion Self-Efficacy and "Repetitive and Plaintive Person";

-Negative Affect and "Repetitive and Plaintive Person".

2)Physical Capacity Quality of Life mediated the relationship between:

-Positive Affect and Satisfaction with Life;

-Negative Affect and "Repetitive and Plaintive Person";

-Self-Efficacy and “Repetitive and Plaintive Person”.

3)Social relationship Quality of Life mediated the relationship between:

-Positive Affect and Satisfaction with Life;

-Positive Affect and “Active and Satisfied Person.

With specific regard to the Spaniards, results partially confirmed the hypothesized Model, too, but with some surprise.

1)Psychological Quality of Life mediated the relationship between Positive Affect and Satisfaction with Life;

2)both Physical and Socio-Relational Quality of Life mediated the relationship between:

-Positive Affect and Satisfaction with Life;

-Self-Efficacy in managing positive and negative emotions and Satisfaction with Life;

4)finally, also the Environmental Quality of Life played a mediating role; in fact, it mediated the relationship between:

-Positive Affect and Satisfaction with Life;

-Self-Efficacy in managing positive and negative emotions and Satisfaction with Life.

The main difference between two studies concerned the Environmental Quality of Life.

Taken together, the results support the idea that Quality of Life is an important connector between Well-being and Successful Ageing.

However, we should note that the Spanish elderly people’s point of view was more positive, as many findings showed. For instance, the highly positive evaluation attributed to Environment and the greater role that it played as mediator could be related with social and cultural specificities of the considered context. In this, the found differences may have something to do with the particular nature of both services and also culture of Extremadura, which, as we have pointed out in our work, has rather different features from Sicily.

In spite of the similar economic conditions of two involved contexts (both are relatively poor), Environment was perceived in different way. Due to the high amount of services

offered specifically addressed to leisure of seniors in which our Spanish elderly people resided, it is plausible to think this may contribute to the general perception that life as a senior is generally more agreeable than in Sicily. The fact that the Spanish participants assigned a greater importance both to all of Quality of Life factors and to various aspects related with environment support this notion.

Research n.2

With regard to the second research, we involved students who were attending two different kinds of university classes: Medical and Psycho-Pedagogical ones. As already specified, the first study was carried out involving 159 university students who lived in Sicily (Italy), the second one involving 177 who lived in Extremadura (Spain).

In the light of previous research, which have showed younger people's attitudes towards the elderly (e.g. Cuddy, et al., 2005), we were interested in better understanding how ageing and elderly people were perceived by a group of university students. Indeed, we aimed at verifying the role played by Empathy, Affect and Theoretical Knowledge on ageing.

In order to collect data, we used a structured questionnaire. Half of the participants answered thinking about their meeting with a 3rd-aged elderly person; the other same part thinking about their meeting with a 4th-aged elderly person.

We collected data in Medical, Nursing (defined: Medical), Psychological and Pedagogic (defined Psycho-Pedagogic) faculties as well. We moved from the idea that Medical and Psycho-Pedagogic faculties and trainer people who, in their professional future, could take care of elderly people. These kinds of faculties train the helping professions, but with different competences and specificities. We hypothesized that students belonging to Psycho-Pedagogic faculties had more Empathy and Positive Affect towards elderly than the colleagues from Medical ones. Secondly, we intended to verify whether representation on the elderly changed with regard to 3rd and 4th elderly. In more specific terms, we hypothesized

that our students had a better representation about the 3rd-aged elderly's Quality of Life than the 4th-aged ones.

Furthermore, we verified a Mediation Model where Empathy (e.g. Batson, & Ahmad, 2009; Rogers & Freiberg, 1993), a higher Positive Affect, a lower Negative Affect and Theoretical Knowledge on ageing mediated between the idea of an elderly person as efficacious in managing (positive and negative) emotions and as a resource for one's own family, in turn, and the idea that they could live a Successful Ageing, in terms of attributed high level of Quality of Life and positive Daily Life Involvement.

By considering the results from both studies, it is interesting to note how no-one from either Italian students or Spanish ones made any difference in perception of the elderly belonging to the 3dr and 4th age. We suggest this bears witness to the pervasiveness of an ageing stereotype (Cuddy, et al., 2005).

Speaking in general, Affect and Empathy were very high, although Negative Affect was found to be really low in both studies. Italian students from Psycho-Pedagogic faculties were more empathic and more positively affect than the other ones.

With regard to attributed Quality of Life level and Efficacy in coping with emotions, only partially the results were similar in the two studies. In fact, on the one hand, Italian students as well as Spanish students did not attribute Physical capacity to the elderly, with this confirming previous research findings (e.g. Arnold-Cathalifaud et al. 2008; Hall & Batey 2008; Musaiger & D'Souza 2009). On the other hand, attributions relating to other dimensions were quite different and in fact Spanish students more positively represented the elderly people's Quality of Life.

Findings related to idea of the elderly people's Daily Life Involvement were really interesting. In both studies, the idea of elderly person as "Sexually Active and Satisfied" (items: "*Speaking in general, the elderly person*: a)*has an active sex life*; b)*is satisfied with their sex life*") was rejected. Among Italian students emerged only another factor, which

described elderly individual as "Repetitive and Plaintive" (items: "*Speaking in general, the elderly person*: a)*is repetitive and always says the same things*; b)*is of fixed habits and usually likes doing the same things*; c)*spends a lot of time going to doctors and pharmacies;* d)*complains of aches and pains*"). Instead, among Spaniards a multi faceted idea emerged. Hence, with specific regard to Spanish students, on mid point idea both of an "Untidy and Plaintive" (items: "*Elderly person:* a)*does not take care of personal hygiene*; b)*spends a lot of time going to doctors and pharmacies*; c)*complains about aches and pains*") and with "Interests" person (items: "*Elderly person:* a)*frequents Senior Centres*; b)*spends a lot of time with his or her peer-age friends*; c)*devotes his or her time to hobbies*"). The idea of the elderly as Help for family and Memory because of one's past items was particularly high the ("*Elderly person:* a)*takes care of his or her grandchildren*; b)*tells anecdotes from his or her past*").

Overall, our hypotheses were confirmed only in part. Mediators worked quite well between the considered dimensions.

With regard to the Italians, the results were as follows.

1)Positive Affect when one meets an elderly person was found to mediate the relationship between perception of Self-Efficacy and two of the Quality of Life factors: Physical as well as Psychological, in turn. Thus, the more our students felt happy with an elderly person the more the idea that he or she was good at managing emotions influenced the idea that the elderly person had a satisfying Physical and Psychological Quality of Life.

2)Empathy towards elderly people was found to mediate the relationship between the elderly person perceived as Self-Efficacy with, again, Physical as well as Psychological Capacity, in turn; in addition, a higher Empathy mediated between a Self-Effective elder and the representation of a Repetitive and Plaintive one. The higher the Empathy, the more the idea of a Self-Efficacy elder was influenced, on the one hand, a lower perception of Repetitive

and Plaintive elderly person, and, on the other hand, a better attributed Physical and Psychological Quality of Life.

3)Theoretical Knowledge on issues relating to ageing was found to mediate the relationship between an elderly person who was perceived as Self-Effective and: the idea of an Active elder, a good level of Physical, Psychological and Social-Relationship Quality of Life; indeed, a higher Theoretical Knowledge mediated between a Self-Effective elderly person and the representation of a Repetitive and Plaintive one.

Surprisingly findings showed an important role was played by Theoretical Knowledge on ageing, much more than Empathy and Affect.

Quite different results were found among the Spaniards.

Overall, Positive Affect and Empathy worked as mediators between the idea that elderly person was a resource for one's own family and efficacious in emotions and perception of a success elderly. The detailed results are as follows;

1)Positive Affect mediated the relationship between elderly as Efficacious (in terms of Self-Efficacy with emotions) and Untidy and Interested in… his or her daily life. Hence, the more an elderly person was thought as efficacious the less he or she was thought as Untidy. Indeed, Positive Affect mediated between idea about elderly as a Socio-Relational Resource and as a Help in his or her daily life.

2)Especially Empathy, as mediator, was found to play a relevant role. In fact, it mediated the idea about the elderly person as a Socio-Relational Resource and an Interested and Helpful person in daily life. Furthermore, Empathy mediated between the idea of an efficacious elderly and all of the factors of Quality of Life.

A Positive Affect as well as an empathic attitude affected a better representation of the elderly.

Findings from the second study with Spanish students confirmed much more than the first one our hypothesis referring role of Empathy.

In summary, a Positive Affect as well as an empathic attitude towards elderly people affected a better representation about them. Findings from the second study confirmed our hypothesis referring to the role of Empathy. In fact, Knowledge did not play any mediator role, instead, Empathy played a remarkable one.

Taken together, the results from both studies may provide important advice in order to address the educational needs of those young people who could take care of the elders in their professional future.

As we have pointed out before, it is likely that our students' national life context influenced the overall results. Actually, overall findings seem show more open social attitudes towards elderly in the Spanish considered context than in the Italian one.

Limitations

As literature has already highlighted, taking in account elderly people's perspective would be a priority when we intend deepening issue related to ageing and when we intend improve elderly people's Quality of Life as well. And this is a good point of our first research, which involved a consistent number of elderly people.

But, at the same time, the issue closely regards one of the limitations of itself. In fact, in more specific terms, we used a structured questionnaire with the typical limits of structured measures. More properly, if, on the one hand, they guarantee a major reliability of findings, on the other hand, they do not allow us to have more accurate and deeper information. This issue is particularly important when attitudes are involved, when we are interest in not "facts" but emotionally connoted facts; in other words, when subjectivity is involved.

With regards to the second research, we did not make enough difference between students at the beginning and ending of their studies. In the light of the differences which emerged as regards to Theoretical Knowledge on ageing, it could be argued that the opportunity to take in account this other variable should be found.

In addition, we had only limited information about "contact" ("contact hypothesis", Allport, 1954) between our students and at least one elderly person (among family or friends of theirs). Instead, as literature has largely stressed, quantity and quality of contact play an important role in decreasing stereotype attitudes and enhancing inter-group relations as well (e.g. Pettigrew, et al., 2011; Stathi & Crisp, 2010).

To finish and continue

In summary, a general social context that welcomes seniors may result in individuals who live their age better and this would be true also for the elderly. In other words, a favorable life environment, both in objective and subjective and inter-subjective terms may result in elderly individuals having a better self-perception.

It is worth specifically referring to Jame's perspective. In his opinion, an individual in the world perceives not objects but relationships; individual perceives other objects not regardless to oneself, but in relation with oneself. Definitely, cognitive processes are full of emotions. Hence, environment is made with objective elements, but they are assumed not per se, but through our emotions. In this sense, life environment may be a context where the elderly feel themselves welcomed, in which they may trust, a context where they may try to realize their own project of Well-Being.

Yet, an applicative plan suggests that greater emphasis on designed domains would be a fruitful direction for future political choices in advantage of the elderly. This is the mainly why efforts should be addressed towards improving social rather than individual domains.

Promoting successful ageing involves age-related stereotypes, and changing these stereotypes and prejudices is not simple.

First of all, we should consider that changing stereotypes is a process that also involves elderly people's attitude towards themselves. In this case, we talk about self-stereotypes (in addition to hetero-stereotypes) and these may also influence elderly people's life-course: a life wholly lived rather than a life lived as a waiting period before passing away.

Secondly, we should be conscious that changing is a process, it is almost never linear but discontinuous. As it mostly deeply involves our representations, which have an essentially cultural origin, changing processes should be slow in order to be deep and real.

Finally, we should think about methodologies that on an applicative plan are able to involve individuals, as "competently active subjects" (Licciardello, 1994). In this sense, psycho-social training could help against the negative effect of later age. On the one hand, it could be useful to wake up to one's own stereotype attitudes or behaviors and enhance more positive attitudes towards elderly and ageing. More specifically, recent research, which involved different kinds of group and also elderly people, have showed that intergenerational "imagined contact" (Crisp et al., 2010; Turner et al., 2007;) can eliminate stereotype threat: in fact, an active engagement of participants in mental simulation of the contact experience (or imagined contact) reduces anxiety related to inter-group contact (Vezzali & Giovannini, 2012; Turner et al., 2007). Training process should involve all people who, for different reasons, are professionally engaged with elderly people on the other hand, psycho-social training could be useful for helping individuals to exploit their inner resources to shape their life environment in the best way and, hence, improve elderly people's Quality of Life.

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