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REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

IMAGES AND SENSES OF LONG-LIVED ELDERLY ON THE PROCESS OF TERMINATION OF THE LIFE CYCLE

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ABSTRACT

Objective: to know the senses and images attributed by long-lived elders about the terminality of the life cycle.

Methodology: descriptive research with a qualitative approach. The sample consisted of 30 elderly people, over 80 years old. The collection of data was done through a semi-structured interview contemplating the sociodemographic characterization and questions related to the senses and images attributed to longevity and terminality of life. The *software* IRaMuTeQ 0.7 *alpha* 3 and the Categorical Thematic Content Analysis were used for analysis of the qualitative data.

Results: The senses and images attributed by the elderly were grouped into four symbolic categories: dimensions about the termination of life; dimensions about longevity; attributions associated with old age; senses associated with life cycle stages.

Conclusion: the senses and images of the end-of-life process are ambiguous, sometimes expressing the will to achieve a greater longevity, now being represented by suffering, disease and pain.

Keywords: Aging; longevity; social representations.

INTRODUCTION

The elderly population has increased, not only in absolute numbers, but also in relative numbers, representing a proportionately larger share of the population⁽¹⁾. Data from the World Health Organization estimate that by the year 2050 there will be about 2 billion people aged 60 years and older in the world, most of them living in developing countries⁽²⁾. In Brazil, this population group in 2015 corresponded to 11.74% of the total population, and it is estimated that in 2030 this proportion will rise to 18.62%⁽³⁾.

Aging is conceptualized as being a progressive and dynamic series of morphological, functional, biochemical and psychological modifications, which entails loss of adaptability and greater vulnerability and incidence of pathologies that culminate in death. Aging is classified into: Senescence and Senility. The first is the cumulative result of changes typical of aging and senility that is characterized by modifications incurred by illnesses that frequently affect the elderly person⁽⁴⁾.

Old age can still be classified into three categories: initial; advanced; very advanced. The first includes individuals aged 65-75 years; the "advanced age" corresponds to elderly aged between 75-85 years; the "very advanced age" comprises those who are over 85 years old. From this classification, tertiary aging appears as the period characterized by profound physical and cognitive losses caused by the accumulation of the effects of aging, as well as by age-dependent pathologies⁽⁵⁾.

Advancing age and the junction of opportunistic changes and diseases that affect the elderly population brings about the reality of terminality that deserves new perspectives in the process of creation of human knowledge⁽⁶⁾. In this sense, Thanatology emerged as the science that studies and reflects on death, the relations of man with dying and its consequences⁽⁷⁾.

The present study is relevant in view of the need to know the aspects that involve the termination of the life cycle and the long-lived elderly, along with their perspective on this process. Such an approach is useful to promote plans, actions and practices aimed at these people, so that the additional years may have quality and dignity, especially during the termination of the life cycle.

Thus, the objective of the present study was to know the senses and images that the long-lived elderly attribute to the process of termination of the life cycle, allowing a broad reflection on human aging and its nuances, in order to potentiate the policies and practices directed to the real needs of elderly people.

METHODS

This research is characterized as a cross-sectional, descriptive study, without intervention in the problem, with a qualitative approach of the data, with the goal to identify the perception that the studied elderly have about the terminality of their life. The quantitative evaluation aimed at establishing the inclusion criteria evaluated the cognitive condition and the independence.

The present study was approved by the ethics committee of the Santa Emília College, with CAE no. 35442514.1.0000.5178. The criteria established by Resolution 466/12 of the National Health Council on ethics in research with human beings were respected. The participation of the individuals was voluntary; the doubts of the participants regarding the research were clarified, and they expressed their acceptance by signing the Informed Consent Term, making it clear that personal data would be kept in

absolute secrecy.

The sample was of the non-probabilistic type and delimited by the criterion of data saturation, that is, delimited by the repetition of speeches during the interviews. This study included 30 elderly people of both sexes, assisted by Primary Care and enrolled in the municipal network of Belém, Paraíba, Brazil.

The inclusion criteria for selection of the sample were: being an elderly of any sex over 80 years, residing in the assigned areas of the Family Health Units included in the study; presenting preserved cognitive, sensory and functional abilities to allow them to respond to the research instruments, and agreeing with the survey. Older people that did not fit the inclusion criteria were excluded.

The data were collected through a semi-structured interview, using as instruments a sociodemographic questionnaire, the Mini-Mental State Examination, the Katz Index, the Free Word Association Test (FWAT), composed by the words "Old age" and "End of life", and an interview script with six questions prepared by the researchers.

The answers of the semi-structured interview were organized in a database prepared in a *corpus* at the OpenOffice *software* processed by the IRaMuTeQ program (*R Interface pour les Analyses Mutidimensionnelles de Textes et de Questionnaires*) 0.7, which is an important instrument for data analysis used in researches with symbolic content coming from dense textual materials. The software organizes the most frequent words and divides them into classes according to the relationships existing between them⁽⁸⁾.

We chose the Descending Hierarchical Classification method, creating textual classes and organizing them into dendrograms that allow the establishment of relations between variables. It should be emphasized that the results were interpreted in the light of the theory of social representations.

Quantitative data on sociodemographic characteristics were stored in the *Microsoft Excel for Windows*, and later analyzed by the SPSS (*Statistical Package for the Social Science*) for Windows, version 21.0, where the standard deviation and the simple frequency of the variables was calculated by means of measures of position (minimum, maximum and mean).

RESULTS

There was a predominance of females among the interviewed elderly, with a mean age of 86.5 years. There was also a primacy of widowhood and lack of schooling, as well as a supremacy of the Catholic religion. The reality that we found in the course of this research indicated the predominance of elderly people who lived in their own house, and they were proud of that; another important fact is that more than half of the elderly participants claimed to be inserted in an intergenerational arrangement, that is, living with children, grandchildren, and non-relatives of a generation different from their own.

As for the economic situation of the participants of the research, we observed the hegemony of retirement as the source of income, and the difficulty of the elderly in finding another means of subsistence, which reported by only one participant.

From a *corpus* of 30 interviews, the data produced in the IRaMuTeQ *software 0.7* made it possible to construct 385 Text Segments (TS), using 71.95% of the material analyzed, which points to the relevance of the data collected.

The analysis of the textual set was based on the distribution of words derived from the answers of the interviewees. Only the words that presented a frequency greater than 3 were grouped by the software, resulting in a total of 367 analyzable words that were grouped in contextualized semantic groups, totaling 04 classes of symbolic categories. This process is called the Descending Hierarchical Classification.

The hierarchical analysis gave rise to four classes, denominated with basis on the presented discourse as follows: Class 1 - Dimensions about the termination of life; Class 2 - Impact of aging; Class 3 - Dimensions about longevity; Class 4 - Senses associated with life cycle stages. These categories reflect a thorough appreciation of the way of thinking and acting of the elderly and how they build the sense and the images on longevity and termination of life based on their social and cultural identity linked to their experience built over the lived years.

At Class 1 - Dimensions about the termination of life, which presented 18.1% of the text segments of the analyzed corpus, the participants described the most significant aspects about the termination of the life cycle, associating it with the religious beliefs that God determines the moment of death. This reinforces the narrowing of the bonds between old age, the dying process, and spirituality, which is potentiated to the extent that human beings become longer-lived. *The meaning of death for me is to live until the day God determines. I do not think it's neither a good thing nor a bad thing; it's going to be on the day*

chosen by Jesus. On the day that Jesus wants to call any of us, especially in my age, I'll leave content and satisfied (Subject 01). It's God's will. Because one thing that is sure is that we must go through it, isn't that right? I'm here waiting for the day that God wants (Subject 09).

Words such as Fear, Bed, Fall and Missing also bring the sense that situations of fragility and dependence are refuted by the interviewees, representing one of the greatest fears of the long-lived elderly. *In my opinion, it's not bad at all, I just think the bad thing is a person to live on a bed, depending on the hands of others. I'm very afraid of getting to this point. But if one day I went to bed and were dead by the morning, what a pleasure that would be, I would go joyfully. I am not afraid of dying* (Subject 09). *My daughter, and I know. It is a good thing, and it is not. Because we are alive, and as long as there is life, there is hope. I just do not feel much will to keep living, no longer, to cause trouble to other people, I do not want that. Being in the hands of others, it is not everyone who is willing to struggle with old people* (Subject 22).

At Class 2 - Dimensions about longevity, which presented 35% of the text segments of the analyzed corpus, the observations made by the interviewed elderly allowed to identify the negative senses attributed to the biological changes brought about by old age, although such considerations do not reinforce the rejection for this stage of the life cycle, often associating them with disease and disability. *From the age of 50 until now, up to the age of 50, my body was still the same as when I was single. I do not think I'm beautiful, but when we're young it's too good, but then everything changes. The hair is gone, the color that we had is gone, and everything shrinks. We look at ourselves in the mirror and imagine what it was like, and it is not there anymore. If we could go back in time, it would be wonderful* (Subject 02). *People say that I was too fat, I used to weigh was 176 pounds. I do not know what changed so much, I only know that I got older and uglier. My hair was black and now it's done. I used to like horse-riding and today I am not even able to put my step foot into the stirrup. But if I did I would still go for a ride* (Subject 21).

Still in this class, the semantic units reinforce the idea that, although the changes brought about by old age are associated with diseases, longevity has a positive meaning. The participants highlighted the desire to live longer and to reach, chronologically, more than 100 years of age. *I think death is not a very good thing. Man, I do not want to die now, no, it's fair enough to live like this. I just wanted to live at least 20 more years from now. Even if for that, I have to be in the hands of others, in the hands of the family* (Subject 02). *I'm old, but if it is God's will I'm going to live a lot. My old age is not so easy because I feel a lot of bone pain* (Subject 15). *I think it's good to live this time, I still want to live a lot more. I do not want to die in 10 years, I want to live over 100* (Subject 16).

At Class 3 - Attributions associated with old age, which gathered 20.2% of the text segments of the analyzed corpus, words like Suffering, Sick, Pain and Losing reflect the attributions given to participants to Old Age. *I think of dying, because when we are too old, what else have we to think about? Only on the day that God wants to take me. I do not have much health, but I can keep living like this, we have to be content* (Subject 02). *I suffer from many diseases, from arthritis, I have had surgery on the gallbladder, prostate, a lot of things* (Subject 14). *I think about health, because in old age we always lose health. We have to take good care not to lose health* (Subject 16). *My health is bad, I have pain in the legs, weakness, I live quite sick* (Subject 29). *It is because old age brings many different things: my body had no wrinkles, the bones were all covered, the veins today are all jumped, and they were previously hidden. But, I understand that old age is this, and I am satisfied* (Subject 23).

In the view of the elderly of the study, aging is an event associated with changes in the body that cause constant illnesses, such as joint pain, sight problems, and limitations to perform tasks they used to do in youth. Thus, the negative senses attributed by the study's elderly participants are anchored in physical losses and body changes. However, they attribute to old age the satisfaction of living many years, associating the present state of happiness with contentment and conformity to the changes brought by time. *The vigor that youth offers, the old person must be calm because the time has come, and former times do not come back. But I'm not spiteful, no, I'm content* (Subject 25). *I think my end is coming and I am walking to join my True Father. But I'm far satisfied, I have much to thank my God, happiness lives inside my house* (Subject 23). *My daughter, I'm still waiting for this old age, I'm 91 years old and I've never been disappointed, I never needed help, I was working until one of these days, my memory is very good, I remember everything* (Subject 28).

At Class 4 - Senses associated with life cycle stages, which presented 26.67% of the text segments of the analyzed corpus, the interviewed elderly associated the whole life course with a long journey of hard and daily work, since youth, with activities related to agriculture and commerce. It is also observed a division based on gender roles, given the socio-cultural and historical context in which the interviewees lived during their youth. Through kinetic and functional changes, aging limits the willingness to continue working. *My daughter, I worked in the fields and took care of the farm, my husband working far and I in the field, with three children to send to school. My days were in the fields and the nights in the sewing machine to survive, so much that I lost some of my sight by working at the nights and with gas light with the smoke only coming to my eyes* (Subject 23). *I worked a lot, when I was 7 years old the school that my father took me to was the farm, I would clean bush, pick up beans, fava, thresh corn. All this I have done in my life, today there are girls here who have no clue of what the work in the plantations is like* (Subject 19). *The only thing I want to do and I can not do is to work* (subject 21).

DISCUSSION

The elderly population aged between 80 and 90 years was a milestone in this research, and the growth of the elderly in this age group - the so-called octogenarians - is a palpable reality in Brazil and in the world⁽⁹⁾. In the gerontological literature, the octogenarians, nonagenarians and centenarians correspond to a specific group of beings who have experienced aging, the "older elders" or simply the "long-lived ones"⁽¹⁰⁾.

The analysis of the long-lived elderly by gender showed a feminization of old age, which is justified by life expectancy at birth, which is notably greater for women than that for men⁽³⁾.

This population share in the Brazilian reality is often marked by low schooling and income. A survey conducted with long-lived elderly people living in the community in a Brazilian capital showed that a large part of the sample was originally from the rural area, which they found to be the main reason for the low schooling and income because this caused them to drop the studies since very young age in order to be able to work and contribute in the domestic income⁽¹¹⁾.

The catholic and evangelical hegemony found in the present research, with respect to religion, is confirmed and corroborated by a study where 83.4% of the interviewed elderly presented one of these two religions as life practices; such research still reports the feminization of old age and longevity as a reality at the present time, also reinforcing the data found in the present work⁽¹²⁾.

A harmonious coexistence with the family and intergenerational relationships are important markers of quality of life for the elderly. These aspects make them feel valued through affectionate care within the family⁽¹³⁾; the family manifests itself as an environment marked by intimacy, closeness and reciprocity, acting positively in the process of adaptability to stress, providing the elderly with emotional and support, sharing affection, esteem and gratification⁽¹⁴⁾.

However, the coexistence of generations of the same family denotes differences in the way the world is viewed, and the way of behaving before situations, which may result in intergenerational conflicts that, depending on their severity and extent, may lead to the preference of the elderly to live alone⁽¹⁵⁾.

The economic situation of the elderly is also a factor that causes concern. Their income is insufficient when used to the maintenance costs of their home, and they face the reality of having a worse financial condition than in youth, when they used to work, for the retirement is usually not enough to cover the expenses. Moreover, these specific group has difficulty to find a means to complement their income⁽¹⁶⁾.

As regards the analysis of the textual set, spirituality becomes stronger and more relevant for life in the elderly. In this sense, a research approaching this theme inferred that the participants associated the process of "death" and "dying" with spirituality, considering that spiritual practices prepare their souls for eternal life, after the destruction of the physical body and the permanence of the soul beyond life on earth⁽¹⁷⁾.

In class 1, the fear of dependence and loss of functional capacity was highlighted by the interviewed elderly. This same fear was observed in an analysis performed with a similar sample, where it was observed that the greatest motivation behind fear was the impossibility of performing pleasurable activities, being this a determining factor for the maintenance of quality of life in the case of the participants⁽¹⁸⁾.

These elderly people considered old age a synonym of discontinuation of practices that were once satisfactory to them, besides being associated with chronic-degenerative diseases and suffering, when functional losses are followed by pain, causing impediments to carrying out their activities of daily life or leisure⁽¹⁸⁾. The present study confirms such a statement. *I used to like horse-riding and today I am not even able to put my step foot into the stirrup* (Subject 21).

Concepts such as "finitude", "illness" and "problems and limitations" are common among the elderly, leading to fear of becoming dependent on others and rejected, making old age an unwanted experience. The self-perception of "ugliness" is remarkable in this population. It is a product of the narcissistic process that society in general lives, devaluing and expressing a certain aversion to the old⁽¹⁹⁾.

Longevity brings an ambiguous dimension to human beings: the desire to live for as many years as possible and the fear of disability, and thus an important implication for quality of life. The elderly population is the one that is less likely to live a dignified life, either because of the social image that old age brings, or because of kinetic, functional and physical losses, or because of illiteracy, insufficient income and neglected opportunities. Despite all this, there are still seniors who feel content with their life. To measure the quality of life of the elderly, it is necessary to make a tailpiece between what the long-lived elderly accomplished of what he had planned in his youth, and analyze if that corresponds to the degree of satisfaction he has with his life⁽²⁰⁾.

CONCLUSION

In the study group, the senses and images that the longevity brings in relation to the process of termination of the life cycle were investigated through interviews with questions prepared by the authors, and the sociodemographic profile of these elderly was also drawn through the questionnaire.

For the long-lived participants in this research, the senses of the end-of-life process - the way in which these elderly perceive the world around them - are positive and represent rest, wisdom and the will to become even older, reaching the mark of 100 years or more. However, the images that correspond to the way these beings process the changes brought about by aging are negative and associated, for the most part, with functional losses, pain, suffering and struggles.

Based on the data presented herein, this study is relevant for physiotherapist and other health professionals, caregivers and family members by showing that we need to know our target audience better in order to provide them with adequate care, seeing them beyond their kinetic and functional limitations, but rather as a whole, full of experiences that will bring enormous meaning of life.

Given the lack of scientific literature on the study of longevity as a limitation, the authors suggest that further research be developed with larger samples, aiming to know this population that is in imminent growth even better, besides providing scientific insight for its readers.

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