

Longevity according to life histories of the oldest-old

A longevidade segundo histórias de vida de idosos longevos

La longevidad según historias de vida de ancianos longevos

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RESUMO

Objetivo: interpretar as histórias de vida dos idosos longevos de uma comunidade, alicerçada na perspectiva do Envelhecimento Ativo e Curso de Vida. **Método:** pesquisa qualitativa, da qual participaram vinte idosos de 80 anos e mais, usuários de uma Unidade Básica de Saúde. As histórias de vida foram coletadas e analisadas segundo a proposta da Entrevista Narrativa Autobiográfica. **Resultados:** no processo analítico surgiram elementos presentes no passado e presente dos longevos, que contribuíram para o desenvolvimento de um modelo teórico: “Construindo a longevidade no curso de vida”. **Conclusão:** a longevidade tem suas raízes no passado, fortemente influenciada pela cultura familiar e curso de vida, os pressupostos do Envelhecimento Ativo são mais expressivos na trajetória atual dos informantes. O teor das narrativas apontou novas possibilidades de intervenção da Enfermagem Gerontológica na Atenção Primária, visando à promoção e à prevenção da saúde, fundamentadas especialmente no respeito à cultura dos longevos.

Descritores: Idosos de 80 Anos ou Mais; Longevidade; História; Cultura; Enfermagem Geriátrica.

ABSTRACT

Objective: to interpret life histories of the oldest-old in a community, grounded on the perspective of the Active Aging and Life Course. **Method:** this is a qualitative research. Participants included twenty seniors 80 years and older, users of a Basic Health Unit. Life histories were collected and analyzed according to the proposition of the Autobiographical Narrative Interview. **Results:** during the analytic process, elements found in the elders’ present and past arose, contributing to the development of a theoretical model: “Building longevity along the life course.” **Conclusion:** longevity is rooted in the past, strongly influenced by the family culture and life course; assumptions of the Active Aging are more meaningful in the informants’ present trajectory. The content of the narratives pointed to new possibilities of Gerontology Nursing intervention in Primary Care, aiming at health promotion and intervention, specially grounded on the respect to the oldest-elders’ culture.

Key words: Eighty-Year-Old Elders or Older; Longevity; History; Culture; Geriatric Nursing.

RESUMEN

Objetivo: interpretar las historias de vida de ancianos longevos de una comunidad, basada en la perspectiva del Envejecimiento Activo y Curso de Vida. **Método:** es la investigación cualitativa. Participaron veinte ancianos de 80 años o más, usuarios de una Unidad Básica de Salud. Las historias de vida fueron obtenidas e analizadas de acuerdo a la propuesta de la Entrevista Narrativa Autobiográfica. **Resultados:** elementos presentes en el pasado y el presente de los longevos, contribuyeron para el desarrollo de un modelo teórico: “Construyendo la longevidad en el curso de vida”. **Conclusión:** la longevidad tiene sus raíces en el pasado, muy influenciada por la cultura familiar y curso de vida, los presupuestos del Envejecimiento Activo son más expresivos en la trayectoria actual de los informantes. Las narrativas han apuntado nuevas posibilidades de intervención de la Enfermería Gerontológica en la Atención Primaria, con la finalidad de hacer promoción y prevención de la salud, fundamentada especialmente en el respeto a la cultura de los longevos.

Palabras clave: Ancianos de 80 Años o Más; Longevidad; Historia; Cultura; Enfermería Geriátrica.

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INTRODUCTION

Human aging has motivated discussion and reflection in the search for better understanding of the determinants of this process, due to the changes in the global and local population configuration. Attaining longevity, regardless of the presence of disease, has become more frequent in the population. Concurrent to the growing number of oldest-olds, a small part of these are inserted in the world of informal and voluntary work, others participating in religious and community contexts and concerned about their quality of life.

According to the projection of the census office, the Brazilian Institute of Geography and Statistics (IBGE), the population of elderly seniors aged over 80 years will grow 8.8% per year for two decades. The number of these seniors amounted to 1,586,958 in 2000, in 2008 this number represented 2,410,106, in 2010, 2,935,585, and for 2050 the projection is of 13,748,708. It is estimated that in 2020 there will be 1.93% and in 2050 there will be 6.39% of oldest-old, and the elderly in general will represent a fifth of the population, that is, 19%⁽¹⁾. The 2010 Census data shows the existence of 24,236 senior citizens over 100 years in Brazil. Paraná is the first southern state of Brazil in number of centenarians (727)⁽²⁾. From 1999 to 2009, the age group with the highest average annual growth in Curitiba was that of 80 years or more, with 10.94%⁽³⁾.

The conditions of how people reach longevity, if they are only living longer or reaching older ages with quality of life, are questions that need to be further investigated. Additionally, the consequences of longevity are little enlightening, data are scarce, and there is widespread concern that the enhanced longevity represents a problem both for individuals and for societies. Two hypothesis are observed: the increasing proportion of individuals who live a longevous life will lead to an increase in disease and disability; and the second is that there will be long-lived people surviving from the postponement of physical and cognitive disabilities⁽⁴⁾.

The purpose of the studies involving longevity is the view of living a longevous life with health and wellness, given that aging must be understood as the last stage of human development. The oldest-old, as anyone under development, is challenged to conserve and restore his or her life in a meaningful and productive way. The passage of time implies continuous and cumulative deficits for which there is the constant challenge of learning new content and to counterbalance possible losses, valuing and reinforcing what remains or develops⁽⁵⁾.

The need for studies on all forms of changes that accompany the aging process becomes evident, especially regarding the factors that make it possible to add many years to life. Qualitative studies provide an opportunity to hear the individual who ages, the narrative of what was lived and faced by this person, which is considered a significant and complementary part of the structure of understanding and interpretation of longevity. Thus, this study involves the life histories of the oldest-old and their usage in research on nursing, favoring the exercise of listening and the creation of a bond between the nurses and the oldest-old.

Therefore, the research question was: what are the determinants and conditions of active aging - health, participation,

and security - in the life histories of the oldest-old that contribute to the interpretation of longevity?

The aim was to interpret the life histories of the oldest-old in a community, based on the perspective of Active Aging⁽⁶⁾ and Life Course. The life course perspective comprises the interpretation of the processes at the micro and macrosocial levels of people and societies throughout life, uniting the individual and structural contexts, combining historical implications and social structure implications with the social meanings of aging, focused on different life courses⁽⁷⁾.

METHOD

It is a qualitative study, in which we used the methodological approach of autobiographical narrative interview developed by Schütze⁽⁸⁾. The study included a total of twenty elderly persons, clients of a Basic Health Unit in Curitiba, Paraná. They following inclusion criteria were selected: age equal to or greater than eighty years; being registered in the selected health care unit; having cognitive capacity, analyzed through the cutoffs of the Mini Mental State Examination (MMSE)⁽⁹⁾. The exclusion criterion was to have diseases or physical problems that, for whatever reason, prevented the conduct of the narrative interview.

The collection of life histories occurred in the households of the oldest-olds, through unstructured interview consisting of three main parts: the initial account based on a closed question about the history of life, without interruption; later, questions were introduced to explore the issues summarized in the initial account; and in the final part of the interview participants were encouraged, through new questions such as - *why?*, to explore the ability to explain, abstract and theorize the *self*, encouraging the clarification of matters of situational, habitual and sociocultural nature⁽⁸⁾.

Each informant was interviewed two or three times. After transcription of the first interview, we returned to the household to complement the information. This process of repeated visit is a reliability criterion of the investigative process, as it enables the saturation of information⁽¹⁰⁾. Participants validated the analyses. Interviews started after the approval of the Ethics Committee under the registration CEP/SD: 1199.124.11.08 and CAAE: 0128.0.091.085-11. The ethical principles of voluntary, informed, and consented participation were respected.

For the analysis of the histories of lives, the six steps concerning the analysis of autobiographical narrative interview were followed⁽⁸⁾. In the first stage, formal analysis of the text is conducted, with detailed transcripts of interviews and the selection and arrangement of the narrative passages that describe the sequence of events of each life history. In the second stage, there is the development of the structural description of the contents - a thorough analysis of each segment of the narratives to identify procedural structures in the life course. In the third stage, consisting of the analytical abstraction, the abstract structural expressions of each life course are identified to support the reconstruction of the history in the systematic relationship between the abstract expressions of each period or course to the present. The analysis of knowledge occurs in the fourth stage and in it the non-indexed components on the

life history and identity of the informants are explored, taking into account the flow of events, the sedimentation of the experience, and the change between the dominant procedural structures of the life course. In the contrastive comparison, fifth part of the analytical process, the life courses are confronted between them, at first by making the minimum comparison between the texts of the interviews, which indicate similarity in relation to the source text. At the full comparison, texts are selected with contrasting differences in relation to the initial text, but that, however, still retain points for comparison. In the sixth stage, based on the relations of the various categories analyzed, a general theoretical model about longevity is developed, according to the courses that make up the life history of the informants. This article presents the synthesis of the results of the minimum contrastive comparison - part of the fifth stage - and the development of the theoretical model that corresponds to the sixth stage of the analytical process.

RESULTS

Of the twenty informants, fourteen were women and six, men. All men were married and eleven women, widowed. The age range of the longevous women span from 80 to 94 years and, as for the longevous men, from 80 to 85 years.

In the minimum comparison, parts that had similarities to each other emerged from the narratives, allowing comparisons and groupings in ten categories, which are presented next.

Work as livelihood of everyday life

Participants were mostly coming from the countryside and reported the hard life of the field and of child labor in assisting parents. Family members worked driven by their needs and requirements. The tasks carried out by the longevous women in childhood differed from those of other family members; they were responsible for housework and for the care of younger siblings.

What the land produced was our food, what was left was sold to others who needed. That way we survived with money from sales, we sold a little pig, a chicken, then we bought other things that the earth did not produce. What we harvested, we harvested to eat, we stored corn in a barn built by ourselves, we kept it there to pass the year, until next year. (Male senior 1)

We've always been a humble, working family. My mother helped my father in the fields, cleared it and planted while I remained at home taking care of my younger siblings, and also cooked, washed and ironed the clothes of all. When we were children, we ate rice, beans, manioc, polenta, eggs, poultry and pork meat and also vegetables, food grown by the family, without pesticides, everything was planted, cultivated and raised naturally. (Female senior 17)

Alimentation in childhood was described by the informants as healthy, justified by the fact that they did not use fertilizers, pesticides and fungicides in growing fruits, vegetables and legumes. The animals were raised free in nature, without the use of processed feed.

Large families and consequences thereof

Parents relied on the children for manual work and the more people working, the more food was produced for their own needs and for trade. The composition of large families brought consequences for the lives of their members, especially children. The high number of children, the socio-economic situation, and the production conditions did not allow parents to send all their children to school or that they had opportunity to continue studying in a city with more resources.

Sometimes, when I came to town, I walked by a school, during playtime, I stopped, if I had some time, asked the teacher some questions, wrote and trained math on the ground. I learned from the movement of the world itself. I was working and in my mind I did some calculation, bought and sold, and so I learned, without a teacher. (Male senior 1)

At seven I went to school, learned to read and write, completed primary school at age eleven, and then my studies were interrupted. My parents could not afford to send their children to another city to continue studying. (Female senior 4)

The lack of public educational policies, the lack of local schools, or means of transport to allow access to schools that are distant from the place of residence, were also factors that made it difficult to continue their studies.

The patriarchal family and the education of children

In the excerpts of the interviews that can be compared, we observed family configurations centered on parental authority, his severity, fear and duties of children, referring to the Brazilian patriarchal family model that had its beginnings in the colonial society and disappeared by the end of the 19th Century.

My father was a very strict person, I was punished for disobedience. It was my duty to wash the feet of my father. And if it hurt even a little bit, he'd push the bowl and I'd fall back, the water spilled on my clothes, but I had to go back and continue to do the work. (Female senior 8)

My father was angry and energetic with us even as very young children, that to impose respect. At that time, we helped our parents, we did some work and received some coins, and at the end of the month all the money we earned was handed to father at home. (Male senior 20)

The paternal authority was evidenced in the narrative, manifested by participants as fear of the patriarchal figure. All owed obedience and non-compliance with these principles represented disregard for established standards.

Political conflicts witnessed in childhood - A culture of silence

The oldest-old narrated passages relating to political participation of their parents, as well as the repercussions in their lives of conflicts in the national and international levels. The events, though different in relation to the time and place where they occurred, when compared, had similarities as for

changes in the everyday life. The difficulties faced by the family in the time of war were also expressed in the accounts.

In 1932, they invaded our farm and took everything, we had to escape in an armored train and went to work with other families in a large farm. The work in this farm consisted of planting, harvesting, cleaning and processing coffee. In the beginning, we starved and slept on the floor. (Female senior 8)

When I started in school, World War II was starting. Usually, we were very hungry, because the food was sent to the war zone, we had no flour to make bread, and we only had cornmeal. No sugar. (Female senior 4)

The difficult and embarrassing situations to which the families were submitted, such as deprivation of food, loss of crops, and expropriation of land belonging to them were found in the accounts. The land did not belong to them anymore and they had no access to food needed for their livelihood. It was necessary to silence and bow to the power of a minority holding power.

The use of cultural healing practices as an alternative in health care

Cultural healing practices were present in all life courses of the oldest-old, used in childhood - teas, potions, as well as different sorts of healers. The health care of the family, especially of the children, was carried out by mothers, a social construction that accompanies the role of women over history.

In my childhood, as there was no doctor all we had was homemade remedy to cure cold as a child, my mother used orange tree leaf. My father knew and grew many herbs to cure jaundice, dysentery, pneumonia; nowadays I drink herbal teas from herbs I plant in my backyard. (Female senior 19)

In the countryside, health care was rendered by the healer and when the children had flu or stomach ache, my mother used homemade teas, especially lemon with honey. Nowadays, I follow medical guidelines for the treatment of skin cancer, but I also go to the healer. (Female senior 17)

In the life histories one realizes that the cultural healing practices have their perpetuation on current life courses, used simultaneously with traditional medicine. The oldest-old believe that the combined use of such practices contribute to the healing process or minimization of suffering.

The rural exodus as expectation of improvement of life

Rural exodus occurred in the adulthood of the participants, for different reasons, however presenting similarities between them, with respect to the initial difficulties they faced in the urban area. Others came to the city to provide more education to the children, some to accompany children and grandchildren who had already migrated.

I left the countryside when I was 17 years old and went to the city, found work as a maid, I didn't know how to

do anything else because I had had little education. In my time, women were only prepared to do house chores or take care of children. (Female senior 12)

We all came to the big city so our child could have education. The beginning was very hard, my husband sold lemon and plastic flowers in a wicker basket on the streets. I and my oldest daughter sewed for a big store in city. (Female senior 17)

One reason reported by the oldest-olds as justification for the rural exodus was the difficulties faced by the families, as small farmers, a life of hard work and few instruments to develop the cultivation of the land. They believed that the work would be less straining in the city and that there would be more education, health and leisure opportunities.

Losses and clashes throughout the course of life

The accounts of the oldest-olds told of losses over life and the consequences that these have generated for the discontinuation of education, family breakdown, change of place of residence, and even suicide attempts. Loss situations throughout life showed to be irreparable in people's lives. During the interviews, some of the elderly seniors showed feelings and emotions that had been restrained for a long time, sharing these life courses with the researcher.

When I was seven my father died there in the field, working. At that time, there was no doctor. After the death of my father, I started to help my mother more intensely at the work in the fields and could not continue my education, but the little I learned in school and at work in the fields helped me a lot in life. (Male senior 1)

One year after my mother had passed away, my father separated the sons, leaving one in each house of relatives. They are episodes that mark people's lives, but helped me to shape the direction of my life with independence. (Male senior 4)

The histories told constituted a set of sorrows, joys, losses, and gains. The internal and external course of events that brought emotion and suffering the most were the accounts of personal loss, the death of loved ones, and how they overcame those events. The accounts showed sedimentation of the experiences and knowledge of the oldest-olds as life wisdom.

Religiosity and its representation in the oldest-olds' life course

Religiosity was considered by the elderly seniors as a driving force in their lives. The attachment to religion denoted beliefs, traditions, values and ways of protection. During the interviews, the elderly seniors showed their faith with support in Biblical citations and religious songs, expressing their religiosity as unconditional truth.

Even married I still went to dances, smoked and drank, up to 23 years old. So, I thought that that wasn't right, that wasn't good in my life, and already as a married man, already starting a family, I thought I'd better break free of all vices I had. I converted myself to God and was baptized in the waters, and was freed from all. (Male senior 1)

Since my youth, on Sundays I am in church praising the Lord. In my prayer, every day I thank God for the daily bread and health, strength, peace of mind, and love. I pray for this all day, so in the next day I have the strength to do the things. (Female senior 8)

The presence of the sacred in the lives of the oldest-olds can be seen as responsible for spiritual and material support, and to have it and earn it is necessary to ask and thank you. God is seen as the Supreme Being, which frees and protects them from all evil.

The current life course - a differentiated representation of aging

In the current life course of the oldest-olds, concerns about health care are seen as priorities. They try to eat healthily. In the Basic Health Unit, they undergo evaluations, examinations, consultations, dressings, receive medications, follow what is prescribed by the physician, but also combine with folk medicine. The elderly seniors know by name the nurse, the physician, and the community agent in their area, which denotes a closer relationship between professionals and clients.

A significant portion of the informants worry about staying active through regular physical activity, understanding that this movement implies better quality of life. The activities performed involve different forms and environments of participation, such as volunteer work, crafts, memory workshop, tours and parties organized by the religious community and the Basic Health Unit. Concern about food, physical activity, and security are also reported as priorities.

I participate in community activities to enjoy the company of other seniors. When they meet, go on a tour, have a party, I participate. I go to work and come back on foot. We're a united family, I have a daughter from my first marriage that lives in a house behind mine, and she helps to take care of my second wife who had a stroke. (Male senior 1)

My diet is based on natural products, plenty of fruits and vegetables. I do volunteer work, I exercise twice a week. I also participate in activities in the religious community and events promoted by the health unit. I feel safer living in my house, built in the same grounds of my daughter's. (Female senior 17)

Most of the oldest-olds live in homes run by them, in the same grounds or near their sons and daughters. There are elderly seniors that own and share the grounds with their children and grandchildren, and then there are children who share the grounds with their

parents. When comparing life courses, it is clear that this situation brings security to all and promotes mutual aid.

The future life course and life projects

Future projects sound like ideations of continuity of life and the expectations of what they can and what they aspire to do in a context of desires, longings and declarations of love for life. The admiration for their country and the desire to know it, as well as the desire to live happily, are highlighted in the accounts.

Time goes by and catches up with you. I joked to my family and other newcomers - I was old and did not even see. In the future I want to keep my job, my health, friendships and my belief in God. (Male senior 10)

I am Brazilian at heart. If I had money, I would like to enjoy my country. I want to continue traveling to see the family of my son again. I wish to preserve my joy, I am not 80, I am 40 years old, because I love life. (Female senior 4)

In the histories, the informants revealed their life projects, even in old age, discarding with this the model of inactivity, of wait for the end of life. The life of today is described with a gaze directed at tomorrow.

Construction of theoretical model

The synthesis of the contrastive comparison enabled the construction of a theoretical model about longevity, according to the interpretation of the oldest-olds' life histories.

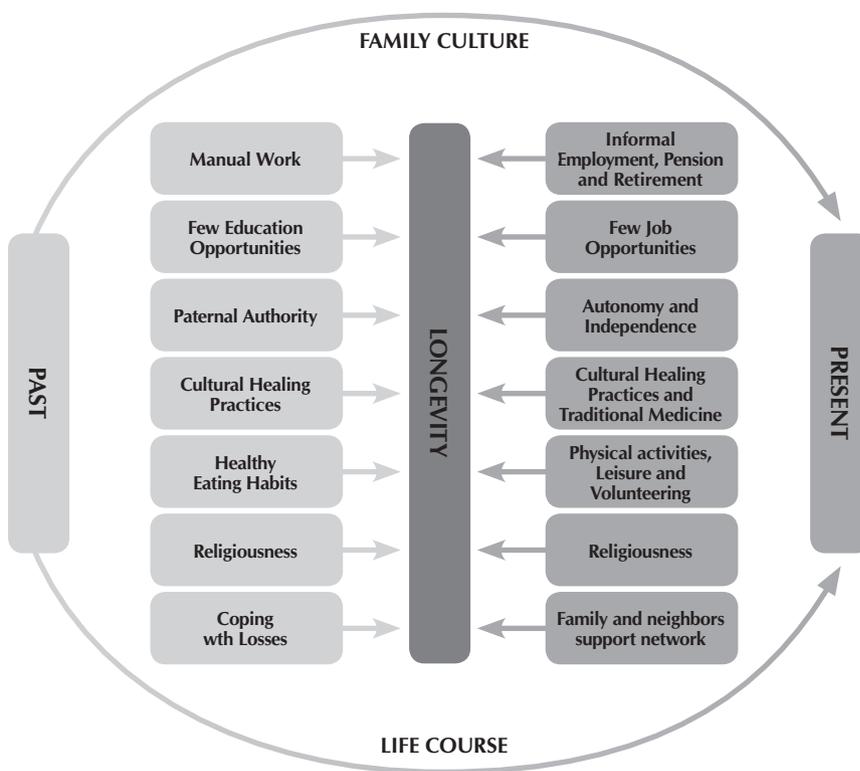


Figure 1 - Graphical representation of the theoretical model “Building longevity in the course of life”

DISCUSSION

Informants and their family members, in the past, worked and lived in the countryside, used manual force as a working tool in activities exercised in the field and in household chores, with no help of machines or work facilitating elements. Intense movements of the productive working practice coupled with other aspects present in the field, such as contact with nature, animals, clean air, contributed to the development and strength of the body structure in the biological, physiological and ecological aspects.

This work represents the biological process of the human body. The activity of work is understood as the human metabolism with nature, aiming - in addition to subsistence - at the life of the species. The human condition of labor is life itself. To keep the immediate needs of the body, man maintains a condition of submission to work throughout the course of life⁽¹¹⁾. Work, at present, appears as informal, a lighter form of execution. Job opportunities offered to the elderly at the moment are very restricted, and those that still work do so informally. Most elderly seniors receive pension or retirement.

The education opportunities in the past were hampered by the lack of local rural schools, or by their distance, by having large families, and also by the need for manpower in generating family income. The educational models adopted in Brazil were inaccessible to the children of rural workers, since the elites believed that education was unnecessary to conduct agricultural work. Life went on in geographical and cultural boundaries, "denying the field as space of living and constitution of citizens"⁽¹²⁾. The low educational level or lack thereof, in the past, is reflected in the lack of professional qualification and the scarce job opportunities faced by older seniors in the present.

According to the family culture, in the past, the education of children was focused on obedience to parental authority. Informants believe they learned much from their parents and those lessons helped in leading a righteous life. In the patriarchal family model⁽¹³⁾, authority was exerted only by the man, being exerted in relation to the wife and children, who owed him submission.

Healthy eating habits in childhood, rich in nutrients, are also described as positive for having achieved longevity. Some mothers breastfed their children, others were fed goat or cow milk, animals raised freely. Foods like milk and eggs were abundant. Cultivation of fruits, vegetables and cereals was carried out naturally, with no pesticides.

Most eating habits are learned in the early childhood and, thus, the role of family in food education of children and adolescents is very important. Healthy eating in childhood and adolescence is responsible for proper growth and development and prevention of diseases related to eating habits⁽¹⁴⁾.

The health care modes in the countryside are evidenced by cultural healing practices, permeated by natural treatments based on herbs and teas and also by healing rituals, performed by healers, faith healers and chanters, which were effective practices, considered as healthy by the oldest-old. Given the importance of culture in relation to health care practices and especially in a multicultural country like Brazil, professionals

working in the care of older seniors must be prepared to take care of a variety of cultural groups. This knowledge is necessary to understand how cultural factors influence health behaviors⁽¹⁵⁾.

At present, health is seen as an asset to be preserved, as a means of sustaining life. The correct use of medicines and having physical, mental and spiritual health are considered by them as essential for health preservation. The family culture of care is used concomitantly with traditional medicine. Autonomy and independence are present in everyday life of most informants in the aspect of managing their own lives, in taking care of themselves and of others.

Health is the subject of common and collective interest and the promotion as a process that enables the oldest-old to control and improve their health. Care of diseases includes prevention and treatment of diseases. According to the World Health Organization, as much of the elderly population lives in communities, health services need to be offered in Primary Health Care, and to this service is attributed the duty of referral to secondary and tertiary care. In addition to health promotion and disease prevention, primary health care needs to provide equitable and long-term access, with quality⁽⁶⁾.

Coping with the losses and important passages in the past occurred through the help of family and friends, as well as of religion. Overcoming these events resulted in learning and contributed to strengthen the informants and their families. The elderly rely on religion when faced with negative events or events that escape their control. Resorting to religion in difficult times brings them closer to other members, which can bring them comfort and help when suffering⁽¹⁶⁾.

Religious belief in the current lives of the oldest-old is characterized by strong convictions and meanings; they attribute to religion (God) their existence and permanence in the world, as a source of transcendence and security. It also acts as encouragement to overcome adversities, a form of resilience. A study conducted in the Midwestern region of the United States, in order to investigate the relation between spirituality and resilience in old age, involved six women, 80 years old or older, with 30 interviews. The most significant result found was that the elderly ladies use spirituality as a mechanism to promote and maintain resilience in old age⁽¹⁷⁾.

At present, family relationships are seen as a device capable of promoting a security net, woven in the care of the elderly, children, grandchildren, great-grandchildren, and neighbors.

The family is a system of unity of cultural values, in which personal relationships and exchange of affection are presumed, forming an ideal desired by everyone, as a safe haven for the life experiences of its members⁽¹⁸⁾.

A research carried out in order to obtain a comprehensive knowledge about the life experiences of 16 persons aged 85 or older, living in the city of Rio de Janeiro (Brazil), found that for older seniors, family and religiousness represent sources of comfort, care, support, and protection. The oldest-old seek to avoid depending entirely on family members and want to be helpful, in addition to maintaining hope in the uncertain future⁽¹⁹⁾.

The informants understand security as a safe physical environment for living and in this respect the proximity of their homes to those of other family members is seen as an element of maintenance of security in the private context. On the other hand, the participants whose homes were built in a risk area feel threatened and demand more security from the constituted authorities. The Active Aging policy considers safe and appropriate housing and neighborhood as key for the well-being of all people, especially the elderly. Family contexts near the residence location facilitate interaction and coexistence, preventing social isolation. Safe housing also implies adequate models of construction that must take into account the health and security needs⁽⁶⁾.

Currently, the oldest-olds participate in volunteer work as well as physical, leisure, religious and community activities. These activities are carried out mostly in the religious community, in community groups. The oldest-olds claim that in these activities they become part of groups, preventing their social isolation. The imposition and the need for physical activity in urban life are configured as requirements to prevent a sedentary lifestyle. The oldest-olds consider these activities a pleasant and conscious practice that brings health benefits and, consequently, aging with quality of life. In the document prepared by the European Union to commemorate the European year of active aging and solidarity between generations, it is emphasized that "volunteer work promotes, in addition to socialization, the mental well-being of the elderly"⁽²⁰⁾.

The life courses of the oldest-olds direct the alternation of determinants and pillars of the Active Aging, elected by the World Health Organization⁽⁶⁾ as a priority, and there is no totality of these factors present in the course of life. The assumptions appear more clearly in the current life course by personal, family, and community initiative. Family culture played a significant role in the life course of the informants, in the cultural health care practices, in the respect for traditions, and, especially, in the religious culture of each one. Similarly, cultural differences between past and present emerge from the prior life in different cultural backgrounds in the countryside and the city.

It is evident that the main source of support in the lives of the elderly consists of the family network in the aspects of protection and financial aid. Despite the conflicts caused by the presence of younger generations, they manage to live

in harmony, help each other, and there is intergenerational solidarity.

FINAL CONSIDERATIONS

The textual information of the life histories presented in this study show that longevity is the result of living conditions in the past and the prospects for living well in the present and in the future. Such possibilities are confirmed in procedural structures found in the life courses of the oldest-old, in the work they have always performed, in the way of acting, in the exercise of plurality through participation and interaction, intrinsic to the human condition. Moreover, the family culture is the link between past and present, in the construction of longevity in the course of life.

Interpretation of life histories allowed a broader view of the course of life, as well as the construction of knowledge in a novel area of research. The use of narrative interviews constituted an important technology for capturing relevant information in the reconstruction of the oldest-old's life histories. Results are considered a local knowledge and this means they can be used for the long-lived population of the Basic Health Unit, as the participants are clients of the same unit. It is hoped that the information obtained in this work contribute to the proper implementation of geriatric fostering and care aimed at older seniors, based especially on respect for the culture of these individuals and their role.

This work shows its applicability to Nursing, because this knowledge is essential to rethink and modify the ways of addressing health, social and cultural participation, as well as the geriatric care actions to maintain the autonomy and independence of the oldest-old. The construction of a theoretical model and the development of research directed to this population segment indicate the need to create a specific approach, a middle range focal nursing theory for assistance to the oldest-old.

Further research with different approaches and methodologies is recommended; however, this research should have congruent points in order to confirm or disagree with policies and their determinations such as those discussed here on Active Aging in the theoretical perspective of Life Course.

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