







# Self-esteem and aesthetics in the perception of older adults from Social Assistance Reference Centers

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## Abstract

**Objective:** To analyze the perception of older adults regarding their body image and self-esteem. **Method:** A qualitative, exploratory, and descriptive study conducted with 28 older adults in the Social Assistance Reference Centers of Araucária, Paraná, Brazil. A structured interview with a questionnaire comprising 10 questions addressing feelings about aesthetics in aging and its repercussions on self-esteem was administered. Data analysis was performed using the IRAMUTEQ® software. **Results:** The analysis of perception regarding aesthetics and self-esteem in aging resulted in 5 classes: Class 1 (19.8%) "Self-esteem vs. self-image", Class 2 (20.7%) "Feelings and sensations experienced", Class 3 (20.7%) "Aspects beyond appearance influencing self-esteem", Class 4 (18.1%) "Reasons for engaging in aesthetic care", and Class 5 (20.7%) "Types of interventions and aesthetic care". Elevated self-esteem was found in an economically vulnerable population. Many older adults reported changes in how they are treated with aging; however, this was not solely perceived negatively. **Conclusion:** Despite societal promotion of a beauty standard, older adults can live satisfactorily with high self-esteem without being negatively influenced.

**Keywords:** Aging. Older adult. Self-esteem. Aesthetics.

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## INTRODUCTION

Aging is a natural process in which individuals are susceptible to bodily changes and the effects of socio-cultural influences, including predetermined aesthetic standards<sup>1</sup>. Among the influential factors, media and social networks play a significant role. These platforms filter life experiences, present, and impose an aesthetic ideal of youth and beauty, thereby rendering aging an invisible reality<sup>2</sup>.

Despite socially determined aesthetic standards, Adela Cortina<sup>3</sup> asserts that "it can never be allowed for a group, no matter how minority, to restrict the individual freedoms of its members, forcing them to maintain a lifestyle they do not desire". The ability to resist socially determined aesthetic standards is associated with self-esteem. Self-esteem is understood as the consideration or feeling that the individual has about oneself, how one sees oneself, and how one feels<sup>4</sup>. Analyzing and discussing the relationship between self-esteem and the aesthetics of aging from the perspective of those who are aging is crucial, recognizing that aging is not experienced uniformly among older adults, as many reject it, feeling undervalued.

Among minority groups, those living in poverty stand out. According to data from the Brazilian Federal Government in 2020, 69% of older adults lived on an income of up to two minimum wages<sup>5</sup>. Poverty in this age group is a significant challenge, as fewer financial resources correlate with increased health fragility and dependency in older individuals. Poverty not only compromises material and financial needs but also encompasses other dimensions of older adults, including the social, cultural, and relational aspects in general. This can have repercussions on various levels, including the existential dimension, potentially leading to low self-esteem<sup>6</sup>. In this study, poverty is a reality for the participating population, with economically vulnerable older individuals being considered.

According to Adela Cortina<sup>7</sup>, full citizenship requires a connection with one's peers, an acceptance of differences, as it "integrates a legal status, a moral status, and an identity, through which a person knows and feels belonging to a society". The author further

states that identity is not something given; rather, it is something negotiated through social struggles that make recognition a reality. However, mere recognition of the other is not sufficient; it is essential for the individual to choose and define their own identity<sup>8</sup>. In a modern society that aspires to equality among its members, each individual should be empowered to determine which affiliations they consider most defining. In this context, the aim of this study is to analyze the perception of older individuals regarding their body image and self-esteem.

## METHOD

A qualitative, exploratory, and descriptive research was conducted with 28 older individuals registered at two Centers of Social Assistance Reference (Centros de Referência de Assistência Social - CRAS): Industrial and Califórnia, in Araucária, a municipality in the state of Paraná. The CRAS is a unit of the Unified Social Assistance System (Sistema Único de Assistência Social - SUAS) responsible for providing services, programs, and benefits aimed at preventing situations of risk and strengthening bonds in areas of social vulnerability.

The sample was established by convenience, a non-probabilistic and non-random sampling technique employed to create samples based on ease of access. Inclusion criteria encompassed individuals of advanced age, with a minimum age threshold of 60 years and no specified maximum age limit, of both genders, affiliated with one of the CRAS facilities in Araucária. Exclusion criteria were applied to preclude individuals with any pre-existing cognitive limitations that might impede comprehension and response to the questionnaire. Forty older individuals were approached as they sought assistance or engaged in activities at the CRAS. Twelve individuals declined participation, culminating in a final sample size of twenty-eight.

The qualitative approach provides three possibilities: documentary research, case study, and ethnography<sup>9</sup>. This work employed what is known as a case study, as it adopts an exploratory and descriptive focus, aiming to demonstrate the multiplicity of dimensions present.

Given the qualitative nature of the research, aimed at capturing the multiple dimensions of a phenomenon, the concept of saturation was not employed. Instead, the objective was to substantiate the research comprehensively and in-depth, thereby providing a thorough exploration. According to Minayo<sup>10</sup>, in qualitative research, the certainty of discovering the internal logic of the study's object – which is also a subject – should prevail in all its connections and interconnections.

The Consolidated Criteria for Reporting Qualitative Research (COREQ) guide, in its Brazilian version<sup>11</sup>, has been employed since the project's planning phase. This tool, created by the Pan American Health Organization (PAHO) and the Equator Network, aims to establish indicators for the planning, execution, and reporting of qualitative research. It comprises 32 items across three domains: characterization and qualification of the research team, study design, and analysis of results<sup>11</sup>.

The research technique employed was structured interviews with audio recording. The research instrument consisted of eight sociodemographic questions and an interview script comprising 10 questions addressing feelings regarding aesthetics

in aging and its repercussions on self-esteem. The interview script utilized for the interviews is presented in Chart 1.

The interviews were conducted between July 2022 and March 2023 by an auxiliary researcher who functions as a psychologist in the CRAS. The auxiliary interviewer underwent specific training to ensure the impartiality of responses and to adhere strictly to the predetermined script. Impartiality was monitored through the audio recordings of the interviews. The interviews took place in a private setting, with no individuals present other than the participant and the interviewer. The interview audio recordings were captured in MP4 format, with a duration ranging from 4 to 9 minutes. Subsequently, the interviews were transcribed in their entirety, and a cleaning process was undertaken, involving the correction of grammatical errors and the transformation of figurative language into textual form, all while preserving the content of the narratives. It was imperative to listen to the interviews at least three times to ensure comprehensive assimilation of all data for subsequent discussion. For data analysis, the open-source software IRAMUTEQ® (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires) was employed, enabling statistical analyses on textual corpus<sup>12</sup>.

**Chart 1.** Structured interview script conducted. Araucária, Paraná, 2023

1) Share your thoughts on aesthetic interventions undertaken by individuals as they age (such as hair coloring, aesthetic treatments, cosmetic procedures, plastic surgery, etc.).	6) What aspects of your current appearance bother you the most, and what do you appreciate the most?
2) Do you engage in any form of self-care or aesthetic intervention? If affirmative, could you specify the nature of these practices?	7) Are there aesthetic practices you engage in because you feel obligated or demanded by others?
3) Do you believe that the aesthetic care practices you undertake for yourself are driven by personal preference or societal expectations?	8) How do you perceive yourself when looking in the mirror?
4) How do you currently perceive your appearance? Please elaborate on your feelings.	9) Would you describe yourself as confident in terms of your appearance? Please explain.
5) Does your appearance influence how you are treated by people (family, friends, strangers)? In what ways?	10) How do you perceive your self-esteem as you age? Please explain.

Source: Figueira, 2023.

The data presented in the Descending Hierarchical Classification (DHC) are graphical outcomes generated by IRAMUTEQ® from all grouped interviews (textual corpus). In the DHC, various aspects are analyzed, including the number of texts, text segments, distinct forms, occurrence frequency, average frequency of forms, number of classes, and retention of text segments<sup>12</sup>. It delineates classes, with each class comprised of vocabulary that is both similar within itself and different from other classes. Distances and proximities are computed through chi-square tests ( $\chi^2$ ). Based on this analysis, the software organizes the data into a dendrogram.

Participation authorization was secured through the Informed Consent Form (ICF) based on Resolutions 466/2012 and 510/2016 of the National Health Council<sup>13</sup>. The identity of participants was safeguarded, with names modified to initials (e.g., MLS). It was explicitly communicated that participants had the freedom to terminate the interview at any point or choose not to respond to specific questions without facing any inquiry from the interviewer. The research project received approval from the Research Ethics Committee under protocol number 5.445.753.

## DATA AVAILABILITY

The entire anonymized dataset supporting the findings of this study has been made available on OPENICPSR and can be accessed at <https://www.openicpsr.org/openicpsr/project/194962/version/V2/view>.

## RESULTS AND DISCUSSION

As this study is qualitative in nature, results and discussion will be presented concomitantly.

### Characterization and sociodemographic distribution of participants

The sociodemographic characteristics of the participants are illustrated in Table 1.

According to Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e

Estatística - IBGE)<sup>14</sup>, the current population of Brazil is 203,062,512 people, and in the state of Paraná, 11,443,208 people reside, with 11% of this population comprising older adults. A population with low educational attainment was identified, as expected, given the prevalence of illiteracy, which currently affects 6% of the Brazilian population, particularly within economically vulnerable classes.

In this study, data congruent with what researchers refer to as the "Feminization of Aging"<sup>15</sup> were identified. The reasons behind this phenomenon in the Brazilian population are not entirely clear; however, it is suggested that it may result from various factors, including a higher proportion of women in the Brazilian population and a longer life expectancy for women compared to men.

Regarding housing, 43% live with family, while 46% live alone. The fact that a significant portion resides independently suggests that these older adults exhibit good autonomy and maintain their functionality. On the other hand, living with family does not necessarily imply a loss of autonomy.

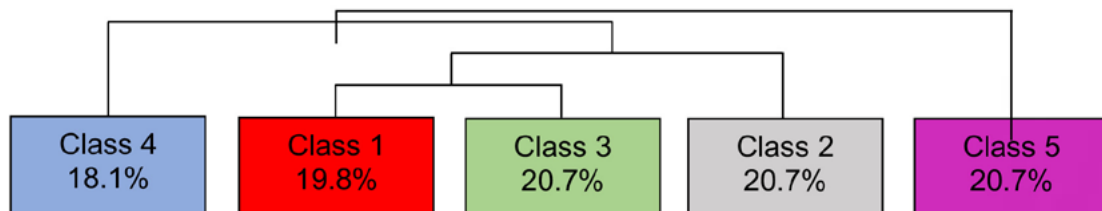
### Analysis of the perception of older adults regarding their self-image and self-esteem

The IRAMUTEQ® software organized data and identified 278 texts (interviews from 28 participants, each comprising 10 questions, with two questions left unanswered), 327 segments of text (ST), and 7,375 occurrences (words, terms, or expressions). These occurrences were further categorized into 572 active forms, 118 supplementary forms, and 5 class numbers. Of the 327 classified text segments, 232 were deemed usable, corresponding to 70.95%.

From the analysis conducted using IRAMUTEQ®, thematic groups of subtopics were formed, emerging from the statements of the interviewees that gave rise to the following classes: 1. "Relationship between Self-Esteem and Self-Image," 2. "Feelings and sensations experienced," 3. "Aspects beyond appearance influencing self-esteem," 4. "Reasons for engaging in aesthetic care," and 5. "Types of interventions and aesthetic care," as illustrated in Figure 1.

**Table 1.** Sociodemographic characteristics of participants (N=28). Araucária, PR, 2023.

Variables	Number	Percentage
Gender		
Female	25	89
Male	3	11
Age group (years)		
60-64	7	25
65-69	13	46
70-74	6	21
75-79	1	4
80-89	1	4
90 and above	0	0
Living arrangements		
Spouse	3	11
Family	12	43
Alone	13	46
Others	0	0
Marital status		
Single	2	8
Married; common-law marriage	6	21
Separated; divorced	6	21
Widowed	14	50
Education		
Illiterate	10	35
Incomplete Elementary Education	15	54
High School	3	11
Paid employment		
Yes	4	14
No	24	86
Trabalho voluntário		
Yes	3	11
No	25	89

**Figure 1.** Dendrogram of the Descending Hierarchical Classification

Class 1: Relationship between Self-esteem and self-image; Class 2: Feelings and sensations experienced; Class 3: Aspects beyond appearance that influence self-esteem; Class 4: Reasons for engaging in aesthetic care; Class 5: Types of interventions and aesthetic care.

Source: IRAMUTEQ® 7.2 Software, 2023.

## Class 1: Relationship between self-esteem and self-image

Authors describe that older adults may exhibit low self-esteem due to dissatisfaction with their bodies, linked to physical, functional, and social losses<sup>4,16,17</sup>. In this study, it was observed that older adults refer to their health as a significant determinant of self-esteem.

The connection between health and self-esteem became apparent in statements such as:

"I used to enjoy dressing up..., but not anymore; I am very ill, facing many health problems" (Question 01, Response 15);

"When I feel good, it's because I know I am in good health" (Question 09, Response 28);

"My self-esteem is good... I take medicine to sleep, and I don't need to take it" (Question 10, Response 08).

Self-image can interfere with self-esteem due to a stigmatizing and prejudiced view of the individual aging in relation to their own body<sup>18</sup>:

"I feel ugly; I look different after aging" (Question 04, Response 15);

"I see that I don't have a good appearance; I am too old, I am worn out" (Question 04, Response 21).

The presence of physical and social problems generates insecurity, negatively impacting self-esteem. Low educational attainment, prevalent in various regions of Brazil, compromises access to health education and social mobilization, thereby influencing the potential for improved quality of life and, conceivably, self-esteem<sup>19</sup>.

Twenty-one older adults were found to feel good about themselves, while only seven do not feel good about their appearance. Among these seven, statements such as the following were observed:

"I don't feel good; if I could, I would change" (Question 4, Response 09);

Despite the negative perception of some, the majority maintains a positive outlook:

"I feel good as I am, naturally" (Question 4, Response 02);

"I think I am beautiful; I am happy" (Question 4, Response 05);

"I live very well with my age; I love myself a lot and enjoy dressing up" (Question 4, Response 06);

The majority of the interviewees reported feeling good (21 out of 28), as indicated by statements such as:

"My self-esteem is high; I don't let myself be discouraged" (Question 10, Response 02);

"My self-esteem is good; I find myself beautiful, and my body is also appropriate for my age" (Question 10, Response 04).

It can be observed that, regardless of age, a significant number of them feel good, acknowledging the aging process, with some expressing a desire or even undergoing aesthetic care, yet without attempting to conceal the aging. These individuals are aware of the passage of time, wrinkles, associated clinical comorbidities, and they confront them. This outcome aligns with findings from other studies reviewed by Yokomizo and Lopes<sup>20</sup>, where older adults seek not to victimize themselves in the face of the inevitability of aging and accept old age without bitterness over the end of youth.

However, older adults with impaired functionality tend to have low self-esteem:

"My self-esteem is not so good because I am becoming debilitated... I am slower" (Question 10, Response 07).

Dissatisfaction with self-image was observed to be directly associated with the social and economic vulnerability profile of this population:

"I feel bad when I go out with other people; I want to eat in secret" (Question 10, Response 01);

"I don't have all my teeth, so I am ashamed to eat in front of others" (Question 06, Response 01).



It is crucial to understand that every human being possesses a narrative identity, shaped by their history, the passage of years, and the accumulation of experiences. This implies that one cannot comprehend an individual without grasping their history, life stories, as these constitute the key to their worldview, context, and current state<sup>21</sup>. The marks of time and the aesthetics of aging are these stories, lived experiences, and encounters. When society imposes alterations to the appearance of older adults, it suggests an attempt to conceal their genuine life experiences.

## Class 2: Experienced feelings and sensations

In the pursuit of comprehending the self-esteem of older adults, varied sentiments and sensations were observed. Distinct manifestations of coping mechanisms were discernible, a phenomenon delineated by the concept of emotional intelligence as the stress-coping methodology employed by each individual<sup>22</sup>.

Among the various strategies employed to cope with the aging process, diverse approaches to acceptance have been observed. Many older individuals establish a connection with religion, wherein their relationship with God assumes a pivotal role. In the described interaction with the divine (and/or God), numerous individuals express an acceptance of their current situation, attributing it to the divine will—a form of religious coping. Pargament<sup>23</sup> has defined religious coping as the utilization of religious/spiritual strategies to navigate situations of stress and suffering.

Religious coping manifests in the discourse of some, as evidenced by their statements:

"I am old, and I feel that I am closer to God" (Question 04, Response 08);

"I feel beautiful because I am evangelical, and I feel beautiful before God" (Question 04, Response 26).

Sixteen older individuals were identified as perceiving a change in the treatment they receive based on their appearance, while twelve did not sense

such a change. However, not all who observed the change regarded it as negative:

"My appearance changes how I am treated; I feel that I am viewed positively" (Question 5, Response 03);

"I receive compliments because of my age, and it makes me very happy" (Question 5, Response 06);

"I believe I am treated well because I am tidy and cheerful" (Question 5, Response 17).

Some perceive this change negatively:

"Some people say I am old, make jokes" (Question 5, Response 08);

"It does change; people say I look worn out" (Question 5, Response 13).

Among the 12 older individuals who do not perceive any change in treatment, expressions such as the following can be noted:

"It doesn't change; people like me just the way I am" (Question 5, Response 12);

"It doesn't change; everyone treats me normally" (Question 5, Response 24);

"Everyone treats me well; no one cares about my appearance" (Question 5, Response 28).

## Class 3: Aspects beyond appearance that influence self-esteem

The relationship between self-esteem and aesthetics was prominently highlighted. However, other significant factors for this population's self-esteem were identified, such as family relationships and autonomy. In articulating their self-esteem, numerous older individuals addressed autonomy in two dimensions: functional autonomy and as a bioethical principle.

Functional autonomy was mentioned:

"I can still go out; I come to participate in activities" (Question 04, Response 02);

"I am active, I do various tasks... I don't stay locked up at home" (Question 04, Response 25);

"I still have strength and autonomy; I feel well" (Question 06, Response 07).

Functional autonomy in older individuals is extensively discussed in the literature due to its paramount importance during this life stage. The significance of maintaining autonomy as a means to promote quality of life in aging has been well-established<sup>24</sup>, along with the preservation of functional capacity for healthy aging<sup>25</sup>. A study conducted in Fortaleza, with 821 individuals aged 60 to 100 years, found that higher income is associated with a lower likelihood of illness<sup>19</sup>. Therefore, social and health inequalities require increased attention to achieve equity in care, ensuring that older individuals in economically vulnerable situations can maintain their functional autonomy<sup>19</sup>.

Autonomy as a bioethical principle is recognized as a right for older individuals, both under the Elderly Statute<sup>26</sup> and the Universal Declaration on Bioethics and Human Rights (UDBHR), which stipulates that no one should be discriminated against or stigmatized for any reason, under penalty of "violation of human dignity, human rights, and fundamental freedoms"<sup>27</sup>.

The importance of preserving the decision-making regarding one's own life is evident in the statements:

"I do what I want and because I want to, not because I'm forced to" (Question 07, Response 22);

"I don't accept orders from anyone, not even from my children; I am the one in control of my life" (Question 07, Response 25);

"I don't like being told what to do; I don't like being told whether I can or cannot do something just because I am old" (Question 06, Response 24).

Another aspect valued by older individuals is the relationship with family:

"The children keep telling their mothers that they are old, and that's not nice... because mothers are aware that they are aging; there's no need to keep talking about it" (Question 05, Response 18).

It is understood that the way an older individual has built their relationships has a direct influence on how they will experience them in old age.

#### Class 4: Reasons for engaging in aesthetic care

The majority of the interviewees state that they do or do not undertake certain care based on their personal desires. This aligns with research conducted with 50 older women aiming to assess the motivation for undergoing aesthetic surgery, which observed that those who underwent surgery cited physical discomfort and dissatisfaction with self-image as the primary motivators<sup>28</sup>.

In the discourse on aesthetic interventions, several motives for engaging in aesthetic care can be identified:

"I think it's nice for those who don't want to show the signs of aging and to appear younger" (Question 01, Response 18);

"The aesthetic care I take for myself is because people expect it from me; if I don't groom myself, I don't feel good in the midst of others" (Question 03, Response 01);

"People expect this from me; my boyfriend even said I should dye my hair" (Question 03, Response 15).

Exacerbated by societal pressure for beautification, those lacking financial resources may experience feelings of shame or guilt<sup>20</sup>:

"I feel too old; I wish I had the money to undergo plastic surgery" (Question 01, Response 21);

"I would like to change, but since I don't have the money, I have to stay this way" (Question 04, Response 09).

Low self-esteem and social rejection may underlie the emergence of feelings of loneliness, which can be experienced with anguish. This is because older individuals may feel alone despite being surrounded by others, sensing a lack of support, particularly in the emotional realm<sup>29</sup>.



As a society, it must be understood that ethics opposes indifference, and an ethical society is obligated to care for older adults who are the most vulnerable. Although many older women feel free to choose their appearance, some authors suggest that the association of aging with illnesses has resulted in anti-aging practices for women as a constant construction of gender identity<sup>20</sup>.

In associating aging with illness, they seek aesthetic procedures with the aim of disguising age. Women appear to bear the stigma of aging more acutely, falling victim to the heightened concern for physical appearance, wherein the care for bodily aesthetics becomes synonymous with happiness, and the body is elevated to cultural, symbolic, social, and economic capital<sup>30</sup>.

Nevertheless, recent research has indicated that many older women, regardless of social class, perceive old age as a period of heightened freedom<sup>31</sup>. This enthusiasm may be one of the reasons why a segment of this population manages to break free from social impositions, expressing their aging in a manner that suits them.

Despite the stigma, there appears to be a shift in the perception of old age. As women break free from these impositions, they begin to find fulfillment in the construction of life rather than appearance, and they start to occupy spaces that were previously vacant, such as cultural and recreational domains<sup>32</sup>:

"I have never liked to stretch my eyes, stretch my forehead, stretch my neck; I want to be who I am" (Question 03, Response 04);

"I like to be natural" (Question 03, Response 07).

Culture possesses a transformative force and establishes behaviors regulated by norms, sustained by a set of values that legitimize and render them comprehensible, institutionalized<sup>8</sup>. However, culture is not absolute; it is born, transforms, and can perish when it lacks the capacity to respond to new challenges presented by its surroundings<sup>8</sup>.

## Category 5: Types of Interventions and Aesthetic Care

Aging wears a feminine face; women are more numerous and live longer<sup>33</sup>. For this reason, it is necessary to provide a social, community, and personal response of care, attention, and responsibility. Ethical consideration of older women necessitates contemplating care as a response.

Older women were more numerous in this study and were able to express their perception regarding the need to modify or accept aging. The premise is that the stereotype may not only be linked to prejudice but can also be understood as a widespread belief resistant to changes or new information about personal attributes of a group<sup>34</sup>. The majority of respondents reported coping well with these characteristics:

"Only face cream for me and never dye my hair" (Question 02, Response 05);

"I like makeup, painting my nails" (Question 02, Response 06);

Among the 28 interview participants, 19 affirmed not dyeing their hair.

Older women placed significant importance on the use of cosmetics and makeup, even those who claimed not to dye their hair, indicating a concern for appearance that may not be directly linked to conveying youthfulness. Despite female aging being rooted in persistent patterns of inequality, there is an observable shift in the mindset of these women who take on the role of protagonists in their lives.

In literature, philosophers have also liberated themselves from social constraints, matured in their works, and produced significant texts after the age of 60. At the age of 66, Immanuel Kant published *Critique of Judgment* and *Religion within the Bounds of Bare Reason*. After the age of 60, Plato produced significant works such as *Sophist*, *Statesman*, *Timaeus*, *Crito* and *Philebus*, the latter completed at the age of 74. Through their examples, they demonstrate the greatness that can be found in old age. Cicero also speaks of the 'art of aging,' as the skill to find pleasure in all stages of life.

Given that this study employed a convenience sampling method, taking into account the availability of individuals to participate in the research, it is acknowledged that the participants and results may not necessarily represent a representative sample of the entire Brazilian population.

## CONCLUSIONS

In this study, a high level of self-esteem was found within an economically vulnerable population. Many older individuals perceived changes in how they are treated due to aging. However, these changes are not solely perceived negatively. Some recognize benefits in appearing their age, such as respect and care from family and friends. A resilient population was observed, accepting aging and employing their resources to cope with it.

With the aging of the population, more studies on self-esteem and aesthetics in aging are necessary. To truly establish a just society where older individuals, have their citizenship respected, it is imperative to include them in the discussion.

This research identified an autonomous population of older individuals, aware of their

achievements, and capable of coping with the losses and limitations associated with aging.

## AUTHORSHIP

- Olivia Figueira: conception and design, article writing, responsible for all aspects of the work, ensuring that issues related to the accuracy or integrity of any part of the work are resolved;
- Carla Corradi Perini: critical review; approval of the version to be published;
- Anor Sganzerla: critical review;
- Paulo Sergio Marcellini: critical review; approval of the version to be published.

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