






# The middle-aged adult and their own old age: a structural approach to social representation

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## Abstract

*Objective:* characterize and analyze social representations of middle-aged adults over their old age. *Method:* Qualitative research supported by the Theory of Social Representation. The field of study was the marginal urban jurisdiction of the Toribia Castro and San Martín Health Centers, in the Lambayeque district, in Peru. Two hundred people between 40 and 59 years old were participants in the study, 50% males and 50% females. Data was collected using the Free Word Association Technique, with the inductor term “my old age”. The data was analyzed with the EVOC 2003 software. *Results:* middle-aged adults generated a similar representation of their old age with the use of the following elements: disease, family, uselessness, loneliness. The concepts of protection and fear only appeared in the probable central nucleus of the representation of men, while in that of women, sadness was the one that appeared the most. *Conclusion:* The probable central nucleus of old age shows negative representation overall and, depending on how the person copes with it in the course of their life, the meanings assigned to it will vary. Health promotion policies that highlight self-care and communicate a positive and autonomous image of old age can contribute to reconfigure such representations.

**Keywords:** Adult. Health of the Elderly. Aging. Psychology, Social. Health Police.

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## INTRODUCTION

The aging process as it is among Peruvian population has encouraged the local government to come up with a normative framework and the *Ley de la Persona Adulta Mayor* (older people's law), which takes care of its political duties towards aging among the national population; however, very little has been effectively done to look after this age group. Of even lower interest to the government is the middle-aged adult group, who are left as second choice, given the prioritizing of other age groups by the present government. Up to recently, the adult phase of one's life – if we consider that this phase finishes when we reach 60 years old – would correspond to an average of 40 years. However, if today we are living up until 80, 90 and even 100, it becomes evident that developing programs that could support the quality of life of people who are going to live 40 or 60 years more would make much sense.

It is evident that there is massive presence of adults everywhere and that they deserve different levels of attention. The middle-aged adult group (40 to 59 years old) represent 21% of the general population, a very important group within the demographic pyramid. In addition, they will be the ones to start the old age stage sooner, thus, becoming the elderly people of the future<sup>4,5</sup>. Such situation is of concern in developed countries, where some changes have already taken place. However, in developing countries, where higher levels of growth can be observed, not all adults are able to age in a positive manner. A great number of people reach old age under circumstances of inequality and imbalance, which affects their quality of life and social wellbeing.

Aging is a multidimensional process, which involves looking after different domains, like maintenance of physical and cognitive capabilities as well as maintenance of social commitment and participation, including participation in productive activities in situations that can change throughout life so that one is able to reach old age smoothly<sup>6</sup>. In order to be successful in that regard, it is necessary to pay attention to predicting and determining factors as well as understand the impact caused by extrinsic factors. Thus, implementing effective promotion strategies will be possible if done in a holistic fashion

and if those strategies cater for the role of changes in an adult's lifestyle along the way<sup>7</sup>.

Old age as a phase of life within a population group is a well-known reality. Differently, the middle-aged adult situation is not so visible, even though it is an important phase as well. In order for one to age properly, it is necessary to be assisted by implemented strategies and care throughout one's life<sup>6</sup>. It is a fact that people in this age group will be able to use 10 to 20 years to restructure their lifestyles. That fact *per se* forecasts the need for permanent assistance so they can make the most of this phase of their lives in order to work preventively towards a healthy situation during old age. Then, they will be capable of living with autonomy and independence and will have to cope with very little frailness, limitations and other physical or mental problems<sup>8,9</sup>.

The overall increase of longevity around the world has required a reassessment of the concept of old age in itself. Depending on the social, economic, cultural and ideological context, old age definition has been changing substantially in the past decades. The general sense regarding the concept of old age is now influenced by the way people themselves take concrete action towards their own wellbeing, their lives and their aging processes.

Aging is a dynamic, multifactorial, heterogeneous, irreversible process which is inherent to every human being. Notwithstanding being a natural phenomenon, it is not always captured as an innate reality. The concept allows for imprecisions within the limits of its definition since it is understood according the cultural environment and stratum where it takes place.

Such sociocultural influence provides a diverse meaning and sense to old age as it absorbs conceptualization based on the social imaginary, which brings along stereotypes, myths and preconceptions and could even foster antagonistic perceptions. In some cases, these perceptions are related to life experience and knowledge, whereas in other cases they are related to assumptions such as illness, vulnerability, limitation and/or incapability. In a modern and productive world as we know it, these sociocultural influences tend to promote

behaviors that are adopted by people regardless their level of awareness about them<sup>11,12</sup>.

Identifying someone as old differs among gender and social groups. This reality is reflected in public policies, but in practice, one same person or society might display discriminatory behavior even before reaching old age. Under such perspective, the construct that is formed around the idea of old age becomes a product that reflects different imaginaries molded within a particular society. Common sense knowledge allows for the understanding of how people elaborate, transform and interpret old age<sup>11</sup>.

Middle-aged adults are aware of the fact that they are within a transition phase about which the social imaginary is strongly negative and that they influence the construction of social representations. Those constructs about such representations within group interactions build meaning to objects or phenomena prone to be integrated into their social practices. Therefore, there is the generation of behaviors that translate their participation in a set of social relations<sup>13</sup>.

Our objective is then to characterize and analyze all elements that contribute to these social representations of middle-aged adults in what refers to their old age.

## METHODS

This study is of qualitative descriptive nature. It makes use of the structural approach based on the Social Representation Theory<sup>14</sup>. Two hundred people were participants in this study and they were selected under the following criteria: middle-aged adults (40 to 59 year old) and residents in the *Departamento Lambayeque*. This area comprises three districts: *Chiclayo* (capital), *Ferreñafe* and *Lambayeque*. More specifically, the urban zone of the *Lambayeque* district, in Peru, was the setting for the study. The district hosts two health centers that provide care according the age range of the patient. Moreover, they provide sanitary strategies as well as total primary health care. These urban zones we referred to can count on basic services like electricity, water and sewage systems but they do not have roads, sidewalks or sanitation structure.

Those people in the neighborhood who had cognitive or other problems that could hinder their comprehension in general or their reading ability were not part of the study. These conditions were documented in the clinical history of potential participants and which were read by the researchers so they could select the group of participants. The convenience sample was made of 100 females and 100 males. It is important to mention that the number of participants was the one recommended for the prototype recall analysis needed in research based on the Social Representation structure for verbal data<sup>15</sup>.

Data was collected from January to April 2018. Participants were invited to be part of the study when in the waiting room before their medical appointment. After their acceptance to be in the study, an interview was scheduled to happen in their homes. As an average, each interview took 25 to 30 minutes.

Participants responded a questionnaire so personal data could be collected: age, marital status, occupation, education level, number of elderly people living at respondent's home. Likewise, the free word association technique was applied during the session. Such projective technique allows for access to elements that are part of the semantic universe belonging to the represented object in a very spontaneous fashion. Respondents had to write down the first four words that came to mind when they thought of their own old age. Afterwards, they had to circle the word that was more important and explain why so a later interpretation of the responses would be easier to be done.

Data analysis was done with the software *Ensemble de programmes permettant l'analyse des evocations* (EVOC), 2005 version. It receives data and then distributes the recalls in quadrants, taking into consideration the average frequency while presenting the ranges of more or less frequent words. It also figures out the amount of average order of recall, building on a four-quadrant table<sup>14</sup>.

Within the left upper corner quadrant are the words forming the probable central nucleus, the most frequent and the most important ones. Those words characterize the representation persistent part, which is more consensual and less sensitive to change due to external contexts or subjects' daily

practices. Such words are directly related to collective memory and the group's history, thus, defining homogeneity<sup>14</sup>. The central nucleus functions are: generating, organizing and stabilizing. From this nucleus, the meaning of other elements are created or transformed. It also determines the links among the meaning of all the elements. It is, therefore, the stabilizer of the whole representation<sup>14</sup>.

Within the other quadrants are the peripheral elements of representations, which are more sensitive to changes due to variations in context. Within the left lower quadrant (contrast zone) are the words enunciated by a lower number of subjects, referred as very important ones. On the right upper quadrant are first periphery elements, considered as more relevant, more frequent, but less important. On the right lower quadrant are the second periphery elements, the least frequent and less important ones.

Compliance with ethics principles were guaranteed by this researcher, assistants and members of the

thesis committee. All participants signed the consent form voluntarily and were guaranteed anonymity.

## RESULTS

The majority of participants were married or living with a companion, 66.5%. Single participants amounted to 24% and widowers amounted to 9.5%. As per occupation, 47.5% are construction workers or small business owners, 26.5% take care of their own homes and 26% are qualified workers on either the technical or the university level. A larger percentage of the group of participants, 74%, mentioned not living with an older adult, whereas, 26% confirmed that they do.

The results related to the applying of the free word association technique generated 800 words, distributed throughout two four-quadrant tables. The distribution by gender shows females in Table 1 and males in Table 2.

**Table 1.** Four-quadrant table based on the results after the inductor term “my old age” was presented. Responses from a group of 100 middle-aged females. Lambayeque, 2018.

	Central Elements			First periphery elements		
	Range < 2.5			Range > 2.5		
	Recalled Term	Frequency	OME	Recalled Term	Frequency	OME
≥20	Left upper quadrant			Right upper quadrant		
	Central Nucleus			First periphery		
	Illness	44	2.409	Concern	29	3
	Family	26	2.472	Fear	28	2.786
	Uselessness	23	2.435			
	Loneliness	31	2.358			
	Sadness	30	2.867			
	Left lower quadrant			Right lower quadrant		
	Contrast elements			Second periphery		
	Nostalgia	6	1.667	Abandonment	16	2.625
	Companion	11	2.273	Trust	11	3.364
	Health	14	2.357	Money	14	2.571
	Tranquility	13	2.077	Death	16	2.563
				Protection	12	3
			Quiet life	12	2.75	

Source: Report from Evoc software OME (Spanish): Recall average order.

**Table 2.** Four-quadrant table based on the results after the inductor term “my old age” was presented. Responses from a group of 100 middle-aged males. Lambayeque, 2018.

	Central Elements			First periphery elements		
	Range < 2.5			Range > 2.5		
	Recalled term	Frequency	OME	Recalled term	Frequency	OME
≥20	Left upper quadrant Central nucleus			Right upper quadrant First periphery		
	Illness	55	2.418	Death	22	2.727
	Family	45	2.444	Concern	22	2.4545
	Uselessness	24	2.417	Sadness	22	2.5
	Protection	21	2.476			
	Loneliness	26	2.423			
	Fear	24	2.458			
	Left lower quadrant Contrast elements			Right lower quadrant Second periphery		
	Self-care	9	2	Abandonment	11	2.727
	Money	8	2.25	Strength	19	2.579
	Health	15	2.133	No work	14	2.786
	Quiet life	8	2.4	Nostalgia	9	2.889
				Companion	12	3
				Tranquility	15	2.667

Source: Report from Evoc software. OME (Spanish): Recall average order.

For women, the meaning of old age is strongly evidenced by negative meanings, indicated by words placed in the left upper quadrant. Those words characterize a possible representation central nucleus.

The word *illness* presents one functional dimension of human body and denotes the aging process vulnerability. The element *uselessness* reveals the stigma that still exists around the phenomenon. It triggers feelings of *sadness* and *loneliness*, thus, indicating that women have a crystalized negative representation of old age. Such elements might be connected to negative experiences lived in society, within own family and/or with an elderly adult with whom they share ties of kinship.

Among the terms within the first periphery, words like *concern* and *fear* were found. Within the second periphery, among contrast elements, we see the reinforcement of a negative image, memories of old age as *abandonment*, *death* and *nostalgia*. However, at the same time, we found elements that could trigger

positive functionalities and attitudes towards old age: *protection*, *money*, *trust* and *quiet life*.

Table 2 shows a uniform distribution of the elements in each quadrant, very similar to the female group. Consequently, in the probable central nucleus we see the words *illness* and *loneliness*. The main difference between results is that in the women's group the word *sadness* is placed in the right upper quadrant. However, due to its value (2.5) close to the OME value (2.5), this word could be put together the central nucleus, which reinforces the permanent part of the representation.

As part of the central nucleus, the recall word *uselessness* could be related to a crisis during a loss of role, exclusion from the work group or loss of any physical capability that affected social linkage. Within the male group, the word *protection* is placed as a central element. Even though it is less frequent, it clearly shows one of the expected roles within a male group. Such situation, in many cases, highlights

the social pressure males suffer in order to continue in their social role of breadwinner within the family.

It is important to stress that the representations by males denote a greater negativity since in the first periphery we see *death* and *concern* as elements, which corroborates the hypothesis of an old age negative representation for males. This is probably due to their social responsibility of protecting their families and, likewise, they feel vulnerable to the threat of an illness that can cause death. All these elements that revolve around the social environment lead middle-aged adults to consider old age as a period and a process of losses. Certainly, this represents a deep-rooted and unfavorable social imaginary, which interprets old age in a negative way.

The elements within the second periphery disclose norms developed within the family and are translated by the words *abandonment*, *no work*, and *nostalgia*. At the same time, the second periphery presents contrast elements like *strength*, *companion* and *tranquility*. In both cases, it is possible to relate to feelings and attitudes belonging to family dynamics. Within the contrast zone, the elements *health*, *self-care* and *quiet life* come up in opposition to *illness* demonstrating proactive and positive behavior towards old age.

The structure of old age representation shows itself similar among males and females, except for the element *protection*, which shows up only within the central nucleus of males. The definition of centrality in both groups is evidenced by *uselessness* and *loneliness*, but especially by *illness* and *family*. This is due to their condition of being generating elements, which implies an organization apart from the other elements. Four dimensions are then defined: functional, evaluative, normative and social.

The functional dimension is an outcome of the words *health* and *illness*. Such dimension is related to the functionality of human body, considered vulnerable to events that might lead to *death*. Therefore, acknowledgment and sensitizing take place because this kind of event affects self and family as well as gives space to *fear*.

The evaluative dimension emerged from the word *family*, taken as central element in the representation

of males and females. The word *family* also generates the normative dimension due to the dynamics of cohabitating, where socio-affective and ideological elements are in place in a positive or negative fashion. Positive practices are highlighted in the elements *companion*, *tranquility*, *trust*, *protection*, *quiet life* and *strength*. Whereas negative practices are established through the elements *loneliness*, *sadness*, *nostalgia*, *abandonment* and *concern*.

Finally, the analysis part will be enriched by the social dimension, seen as the fulfillment of material and symbolic needs in the core of family and society. This dimension comprises the element *uselessness*, directly tied to the situation of *no work* and the limiting situation of earning or not earning *money*, determinant to the level of *protection* and *care* towards family and self.

## DISCUSSION

From the total population of Peru, 50.9% are made of females, even though this percentage might vary depending on the group age. Up to 44 years old, this percentage might be slightly below male population in every age group. From 45 years old on, the percentage increases and stays like that until old age<sup>17</sup>.

In Biological Sciences, there is the belief that development is related to growth and aging is related to deterioration. Social and Behavioral Sciences reject the idea that aging is an indicator of loss and deterioration. To those sciences, aging is an active process that takes place throughout the course of life<sup>1</sup> and old age is another stage for development and a chance for renewing social, cultural and subjective experiences. It is also when earlier events influence later experience and trajectory.

This approach could bring many benefits to this specific age group, who is going through a challenging phase, if it triggers new behaviors and disposition to intervene in the framework of certain conditions. Moreover, if these changes happen at an earlier age, chances are that better results and cumulative results can be reached during the old age stage<sup>19</sup>.

The old age representation based on negative elements like pain, illnesses and overall decline is a consequence, nonetheless it reinforces preconceptions and stereotypes which, when supported by the epidemiological reality of older adults, encourage the idea that many will be ill when reaching old age. Earlier, responses to a questionnaire by different age groups showed that males represent aging in a negative manner, bringing up constructs like illnesses and disabilities. They also associated this phase with retirement which, to them, would be the period of life where there would be losses related to health, social contacts and physical ability<sup>20</sup>. Differently, old age has also been considered the “best age”, a gratifying period with potential to allow for the fulfillment of plans towards happiness and gains that deconstruct its association with illnesses, death and inactivity<sup>21</sup>.

Aging is a phenomenon influenced by the course of life, which is impacted by various factors<sup>7</sup>. Research results emphasize ambivalent posture towards old age, with losses and gains<sup>20-22</sup>. Within such context, illnesses are not only a personal biological condition, but also a social and cultural construct, which induces each person to experience it according to one's individual characteristics and sociocultural construction. The perception of loss and closeness to illness is a representation owned by older adults as well as younger people<sup>23-25</sup>, who also carry a negative idea about the aging process<sup>23</sup>, loss of youth, vigor and strength.

The only few studies developed together with middle-aged adults have focused on losses along the process, identifying almost exclusively a stage marked by physical decline, dependency, loss and lack of social role. If those representations are not transformed, young people and adults will have very few chances for an active aging process in their future. If we think about middle-aged adults, who are naturally approaching that stage, such negative future is an expected reality towards self, family and society<sup>25</sup>. Hence, public policies geared towards middle-aged adults and which promote health in general have the potential to change such representations.

Within the negative context, the relationship which revolves around the expected reality is felt and

reacted upon based on the context where older people are, which might involve the presence of parents, family members and/or neighbors who generally live with some sort of chronic disease. The closeness to this specific context leads to stereotypical images of ill elderly people. Consequently, middle-aged adults absorb the entire emotional and financial load tied to the elderly figures as they witness decline and death. The representation of their own old age stage is then reinforced when facing events linked to death and awareness of finitude.

Family is another element that rules the core of old age representations during the middle age stage. What is peculiar here is that middle-aged adults are in between two other generations (sandwich generation), being the link between aging parents and growing children. Progressively those children will be gaining independence but adults will still be pressured to care for aging parents who need attention, care and financial support.

To be placed between two generations and having twice the amount of responsibility makes the adult of the family to be forgotten. Almost no one think about this adult and their needs. It is assumed that middle age comes and develops without problems and that there is stability, fulfilment and positive reference.

Middle-aged adults feel the need to respond to social norms which determine that they have to have a companion and a quiet life as well as have to protect their own family members. In general, people try to meet those social requirements and feel that they have failed if they are not on top of those norms.

The so-called social clock is then questioned<sup>28</sup> because it presents a cultural recipe which requires obedience to a strict linear development model that ratifies old age as a sociocultural construct supported by social preconceptions. Representations forward group culture, language, logic, behaviors and practices towards a social object. Likewise, they rule our relationship with the world and others, steering and organizing social conduct and communication<sup>29</sup>.

It would be ideal to rescue beliefs that praise an imaginary of productivity, maturity, wisdom and tranquility since reality would be organized

according to those constructs. Family becomes the core of human development and it is not exempt from negative or positive influences. It is within families that the most important dynamics and complex transitions towards old age take place. These dynamics and transitions bring to light all that we inherit when we are born, all that we take along our lives and all that we construct while living in society. In the process, we learn behaviors from what we absorb from the world and from the reality that is presented to us<sup>3,28</sup>.

Due to those typical middle-aged episodes, this phase sets the stage for notorious disposition for the so-called mid-life crises. Such crises might trigger conflictive and complex situations among family members who might be experiencing the impact generated by the old age stage of a member. We are not isolated and in a social vacuum as we share our world with others who might be our support. Therefore, within the sharing of views and behaviors there might be conflict or not. Even so, this is the way we learn to understand, administer and cope with life experiences. Hence, this is why representations are social and so important in daily life<sup>23</sup>.

Within this daily practice with social representations, middle-aged adults interpret, make decisions and eventually come across negative elements – loneliness, concerns, sadness or nostalgia – related to old age while trying to balance their lives. As such, loneliness is a present subjective experience, perceived as negative and that normally comes along sadness, bad temper or anxiety. Men keep a more objective relation with their surroundings, whereas women tend to be more affectionate and expressive<sup>31</sup>.

Difficulty in accepting changes in aging parents and the feeling of being overwhelmed and pressured might trigger other negative states: anger, impotency, guilt and distress, which if expressed direct or indirectly can hinder the quality of relationships. If the middle-aged adult does not take responsibility towards leading their life in a gratifying fashion, they will have to cope with emptiness or abandonment as well as will have their social, family or couple lives affected.

Now, let us have a look at the social dimension. Differently from the other dimensions where the

central elements were similar for both males and females, middle-aged males highlighted the term *protection*. It is a social norm the fact that males provide financial support as well as material and symbolic necessities to the family through productive work. Such representations become something natural through discourse, vocabulary or media images. They socially permeate thoughts, expressions and behavior and, consequently, conduct pressure towards social compliance.

Men and women perceive the aging process differently. On the one hand, women prioritize family social bonding. Men represent their old age beyond the individual dimension. They worry about the other members of the family and hope to be able to be the financial, material and structural provider for their families<sup>32-34</sup>. Society has assigned them the roles of protector, financial provider, and strong person instead of displayer of feelings. With the approaching of old age, they feel they might not be able to provide anymore and that protagonism and social position are lost.

According to cultural patterns, this absence of social roles make them feel symbolically useless and frustrated. Here we have the negative objectifying of old age, linked to the self-perception of useless and not able to protect. In this study, these beliefs, ideas and images construct the representation nucleus of old age for middle-aged males.

One aspect that should be brought up is that results showed the absence of the word *health* in the representations of both groups. That *per se* reinforces a representation of aging as a loss process, health being replaced by illness. It would be necessary, though, to expand this study to other social groups in order to investigate if this scenario is a trace of the social representations of this group, middle-aged adults who live in a marginal urban area or if is a social trace of old age.

The fact that the word *health* did not show up in the recalls could indicate a silent area of social representations. That is prone to happen when the object of a study involves moral values or social norms within a specific group. What respondents say might be what is politically correct or socially expected. However, the absence of such important



term to educate public policies towards proper aging deserves the expansion of research techniques through the replacement and displacement of the participant from the normative context which poses pressure<sup>35</sup>. It would be possible to weigh if the word *health* is a non-normative term.

The limitations of this study revolve around methodological options for the investigation object and the chosen field, the Lambayeque district periphery. Expanding this study to other zones will allow for results related to other personal and social profiles. In doing so, there will be contribution to a more ample debate about old age Social Representations and, consequently, about public policies.

## CONCLUSION

The representation of old age was proven negative as it was supported by elements like *illness*, *uselessness* and *loneliness*. *Protection* and *fear* are present in the Central Nucleus of males' representations, whereas

in women's *sadness* was found. All those elements are capable of influencing the way in which people hope to age and how they invest or not on personal care. Depending on how a person faces old age during their life, this person will chose the meanings they want to give to it. Being aware of the fact that middle age is a challenging stage due to the many expectations towards the future, while assuming a positive conduct about the aging process as early as possible, will bring better outcomes when old age actually comes.

Studies of Social Representation contribute to reveal the ideas and thoughts of social groups as well as their derived actions. Because of such studies, it is possible to add to the debates promoted by Geriatrics and Gerontology about proposals for strategies and actions that could feed public policies oriented towards aging. Health promotion policies that highlight self-care and communicate a positive and autonomous image of old age can contribute to reconfigure such representations.

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