





Perceptions of the elderly and their relatives about aging

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Abstract

Objective: to identify the meaning of aging as perceived by the elderly and their relatives. *Method:* an exploratory, descriptive and qualitative study was carried out in 2014, based on semi-structured interviews with eight elderly participants of a social group and five relatives of elderly people. The information was synthesized using Bardin's content analysis, from the description of the subjects' speech in terms of units of significance. *Results:* content analysis revealed two thematic categories: the meaning of aging in the perception of the elderly and human aging in the understanding of the relatives. *Conclusion:* the perceptions of the interviewees regarding aging refer to successful, dignified and active aging, with autonomy, independence and the possibility of accomplishment, considering the specificities and difficulties of understanding the process of living and coexistence between family members. The caregivers reported concerns about the future of the elderly in terms of health, dependence, and physical, psychic and social limitations, with a combination of positive and negative feelings, but recognized their responsibility of care.

Keywords: Elderly;
Caregivers; Family; Aging;
Perception.

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INTRODUCTION

The Brazilian population is aging rapidly yet has not solved its social and political problems, inheriting a history of inequalities and elitism¹. With a larger elderly population, a greater number of poor elderly persons are envisaged, as the “socioeconomic, political, and cultural transformations that occurred in society in the 20th century have brought significant changes in the lives of individuals”².

Such a demographic scenario triggers new medium and long term demands. Public policies, training institutions for professionals and researchers, society and family groups will be increasingly called upon to contribute to healthy aging, which is the art of living well with a good quality of life. Among the main factors in this process of aging are the maintenance of functional capacity, the practice of physical activities, the control or absence of chronic diseases, the acceptance of biopsychosocial changes, health, autonomy, independence and creativity, avoiding depression, being happy with one’s home environment and having friends, social insertion and seeking means of learning.³

Of the innumerable problems of the aging process, some are more directly related to the areas of social and human sciences. They are concerned, by their nature, with perceptions of the different ways of dealing with old age, and depend on socioeconomic profile, schooling and family configuration.

The family environment is considered a priority area for the permanence and care of the elderly person. However, in order to understand the process of aging, it is necessary to take into account life history and the family, social, economic and cultural reality of the individual, especially the role of women as caregivers^{4,5,6}. Thus, for Carvalho and Neri⁷, the role of the family caregiver is an “enterprise that unfolds in day-to-day, individual and family time, competing with the work, social participation and family commitments of the caregiver”.

The family institution has undergone profound transformations, becoming increasingly dynamic and less homogeneous. In historical terms, family ties exceed parameters of consanguinity, as they are also based on affectivity, coexistence and mutual relations

of care and protection between individuals. The contemporary family is characterized by different compositions of the family nucleus. The idea of the nuclear family, composed of father, mother and children, is no longer a relevant model. However, the family continues to play an essential role in the lives of individuals, generating identity, language, culture and care^{2,6,8,9}.

The purpose of this study is to understand the meaning of aging in the perceptions of the elderly and their family caregivers.

METHOD

An exploratory, descriptive and qualitative study was performed, based on semi-structured interviews conducted with eight elderly people from a social group and five family caregivers of the respective elderly people, carried out in 2014. The participants of the study were randomly selected from a total of around 60 elderly persons in the group, based on probabilistic sampling. The inclusion criteria were: age 60 years or over and, for the family members, living with the elderly person and performing the role of caregiver. The interviews were performed by the authors of the study, according to the availability of each participant, and recorded and transcribed, subject to the signing of a Free and Informed Consent Form.

The study was approved by the Research Ethics Committee of the university (Opinion No. 732.873). The script of the interviews with the elderly comprised questions about age, level of schooling, past life, daily life, aging and relationship with family. For caregivers, the interview was based on age, kinship, occupation, the aging process and difficulties in the daily care and routine of the elderly.

Data from the interviews were analyzed using the Bardin content analysis technique¹⁰. The practice of content analysis involved the description of the content of the discourse, identifying indicators that allowed knowledge of the different perceptions of aging of the elderly and their family caregivers to be inferred. According to the research objective and as a result of the information, two categories emerged: the meaning of aging in the perception of the elderly and human aging in the understanding of family members.

RESULTS AND DISCUSSION

The meaning of aging in the perception of the elderly

The age of the participants ranged from 64 to 77 years. All were married, had children, were retired, and lived in their own homes, with a relative as a caregiver. Four resided in the rural area and three in the urban area of the municipal region. The average monthly income was equivalent to the minimum salary.

The narratives of the elderly revealed their perceptions about the process of aging, considering it a normal, natural and inherent step of the human condition:

“For me, aging is that when we are born we are children, and then we mature, and so we reach old age” (E 1).

“I don’t care much about getting old. I know that everyone will one day grow old. Those who are young today will one day be old” (E 6).

It was also recognized that “getting old” is part of existence and that it is impossible to turn back the clock, meaning that it is necessary to adapt to this new reality and experience the moment as it presents itself. For Sá et al.², human aging is a universal, complex, dynamic, progressive, multidimensional, interdisciplinary process with “biological, social, psychic and spiritual aspects.” It is a phase that requires adaptation and acceptance of one’s specificities, and can be lived through healthily. The participants also understood that aging is a process that begins in childhood and that the experiences of the past reverberate today.

“All the work we did in childhood, working from sun up to sun down, with no rest, threshing soy, plowing with an ox, it was all the start of our illnesses, pains. So today everything hurts and comes from that time. We did not take care of ourselves, we hardly went to the doctor. Ever since I was 12 years old I have worked a lot,” (E 8).

“There were days when I was in the fields all day, weeding, because we didn’t have any poison then,

I got home very late, very tired and then there was no food. I went to bed hungry so many times. All these difficulties reappear today and reverberate in our lives. [...]. It’s impossible to be healthy.” (E 7).

From these words, it can be inferred that if the elderly had had less difficult adolescences and childhoods, they could have reached a healthier old age. Thus, there are those who are 60 years old and no longer work; while others, aged 90, are still active. For the WHO³, the problems of old age are linked to the social determinants of aging, and the limitations between health and disease. This concern can be seen in the discourse of the elderly.

On the other hand, if the elderly individual has positive health conditions, they can experience old age with a good quality of life^{6,2}, with autonomy, independence, family life and social groups. In this way, negative representations are still a reality in terms of health conditions. For Tong et al.¹¹, the perceptions of aging are synonymous with the limiting and loss of one’s social role, which is still common, as the discourse reveals:

“Aging is a time of change, we no longer have the same agility we had when we were 18 years old. [...]. In these situations you can see that elderly people need care, as we end up becoming depressed, if isolated. After I turned 40, I realized that my body had changed.” (E 6).

“Aging is a process of wear and tear, limitations, pains arise, we begin to look ugly, we have difficulty walking. Depending on the day, sometimes it’s so hard to do things that we don’t even want to get out of bed” (E 4).

The main changes identified include a lack of agility when performing daily tasks, pain, discomfort, poor motor coordination, cognitive decline and memory loss. Afram et al.¹² emphasized that the changes of the aging process, especially the reduction of functional capacity and cognitive decline, are not accepted by the elderly. There is, however, a need and challenge to adapt to the new reality and seek resilience.

Concerns about isolation are also mentioned, as this can generate anxiety and depression:

“Lately, due to the aging process, I’ve ended up isolating myself, because I find the process a bit sad, I don’t see any happiness, only difficulties” (E 3).

“I always felt really happy, but when I got older, things changed a lot, and sometimes we suffer. When I saw that I couldn’t do some things that I like, I felt bad and only thought about silly things, so much so that I had to take medication, I was going crazy, it’s sad” (E 7).

The feelings described reveal a loss of friends, changes in the body, and the lack of coexistence with the family. Feeling sad is a common response to the limitations of solitude, social isolation, and difficulties in keeping up with societal changes^{6,10}. In this sense, contact with others, dialogue and care are fundamental for dealing with this existential phase. Sharing experiences, expressing frustrations, and talking about anxieties and distress are healthy forms of therapy, capable of generating autonomy, empowerment and self-esteem¹².

Another factor mentioned was depression. Studies show that living alone produces social isolation and increases the possibility of triggering depressive symptoms, a condition that affects health, well-being and lifestyle^{9,5,3}.

Work was also one of the themes most mentioned by the elderly. They described memories of “the old days”. Work has always been a part of life, and with aging the elderly exhibit feelings of failure. However, they did not express a desire to stop performing their activities:

“I suffered a lot because of depression, after I stopped working, and over time I saw that I couldn’t do anything [...], I couldn’t take this life” (E 6).

“Work is what gives us the energy to continue. We forget about our problems. If I stay still I’m sure I’ll get sick. I think that people who have worked since childhood can’t get rid of the habit. [...]. When I work, I’m happy.” (E 7).

A diminished ability to work is one of the causes of depression and suffering. According to Derrosso and Oliveira¹³, “with an increase in life expectancy, the elderly tend to remain in, or seek a place in the labor market. [...]. Retirement means major losses, both because of the need to maintain their income and that of their family,” as well as the loss of individual and social identity. In contemporary society, a person is valued for their production and wealth:

In western and capitalist society, any valuation is based on the basic idea of productivity inherent in capitalism itself. In this way, the individual, with the diminution of working strength characteristic of old age, becomes someone who is incapable of producing, losing their role in society, where values related to the capacity for work and independence predominate, and their condition is devalued¹⁴.

Many elderly persons became emotional when discussing old age. They expressed the joy of living in a group and reaching old age, but also sadness due to a lack of vitality and being dependent, and mentioned the possibility of transcending these difficulties and living happily. They emphasized that meaning lies in living in the moment, valuing the knowledge and wisdom inherent in life and having projects, such as spirituality/religiosity and spaces of sociability. Almeida et al.⁹, in a study carried out with 40 elderly people from a social group on feminization in old age, found that aging brings benefits, such as “being healthy, going out and taking trips, going to *farró* dances, walking, carrying out one’s ordinary activities and having one’s own money”. A study by Jonsén, Norberg and Lundman⁸, with ten elderly persons aged 85-95 years, using interviews, also revealed that satisfaction with life requires self-esteem, self-care, and a passion for beauty, joy and happiness.

Human aging in the understanding of family members

A total of 60% of the family members were aged between 20 and 35 years, and 40% were between 35 and 50. Of these relatives, 40% were single and 60% were married. In terms of degree of kinship, 80% were daughters and 20% were daughters-in-law. Despite the new family configurations, male figures continue to perform the role of working outside the

home. Although women are increasingly present in the labor market, they are still expected to assume the role of caregiver for the elderly¹⁵. It should be emphasized that this role of family caregiver has been historically constructed and is based on the “cultural and social values of the first half of the last century, in which women assumed a domestic role, and therefore did not need to study”⁷.

The family is present in the process of aging, being responsible for care, among other things. The conceptions of aging are perceived from the particularities of each family arrangement, socioeconomic conditions and cultural and moral values. In view of this, the family caregivers interviewed were all female and lived with the elderly persons. Cardoso et al.⁵ stress “that care is exercised, most of the time, by women ... - wives, daughters and grandchildren.” Furthermore, all the caregivers had jobs and did not depend on the income of their elderly relative. Thus, the income/benefits of the elderly are, in principle, used for their own livelihood. It should be noted that in the case of the elderly contributing to family expenses, is considered “a little extra help”. The narratives of the family caregivers reveal that once one has defined who is responsible for the care of the elderly, this responsibility is not only seen as an obligation but as repaying the dedication of parents experienced throughout life:

“I feel good taking care of the elderly, because one day we will get old too and will need to be taken care of in the same way” (F 3).

“I do not see any problem in taking care of my father and my mother, after all they still look after themselves. All my brothers and sisters would take care of our parents, because they recognize the importance they have had in our lives.” (F 5).

“I feel good when I take care of my mother, after all she gave me life, taught me the values, that make me the human being that I am today” (F 2).

In a study on the same theme, Cardoso et al.⁵ emphasize that care is seen as a form of repaying the dedication of parents in the past. The family interviewees reported that the care given to the elderly person is an example for other generations, who will receive the same care in the future.

It was noted that the time spent by family members meeting the needs of the elderly did not represent a barrier to their professional activities. However, due to the complexity of the care process, we sought to identify the relationship between the relative and the elderly person:

“Our relationship is not the best. I think I leave a little to be desired, but also the elderly person should respect the people they live with” (F 1).

“The relationship is quite relaxed. Sometimes we argue, but soon we understand each other, I like the culture and the process. I accept them the way they are. Of course we cannot forget that there are days when the relationship is more conflictive” (F 3).

“I get on well with him. I always try to understand the elderly person, although I can see that we are different to each other, this is because he has the habits from his time, which was different. Sometimes this change causes conflicts because my children think that the elderly have to adapt to modernity” (F 2).

For Cardoso et al.⁵ and Carvalho and Neri⁷, there is often burden in the activities of caregivers, accompanied by a lack of free time when taking care of their private lives, as well as physical and emotional exhaustion resulting from conflicts. The study by Afram et al.¹² also describes the burden of informal caregivers, especially those who care for the elderly with dementia.

The family members identified that there is a cultural shift associated with the process, as the elderly have their own worldview, inherent in their culture, and conflicts are often unavoidable in everyday relationships. There are cases where the elderly lack freedom and autonomy; while in other situations they make the decisions, as reported below:

“My mother wants to be in charge of everything: how to do things, how others should do them. If she sees that someone is abusing an old man, she gets involved, and I say, “Mum, be quiet, why do you say these things; sometimes I am embarrassed [...]. I admit it! I will often turn my back on her.” (F 2).

“Sometimes we sit down to decide a family problem, and then mum and dad tell us what they think. One day my son told his grandfather to be quiet, that he doesn’t know anything. Then we argued with him and among the family and made it clear that while his grandfather had limitations, he couldn’t say what he wanted” (F 5).

It was identified in 80% of the interviews with relatives that the decisions are made by the elderly, while only 20% said that the elderly person is no longer listened to, claiming that “they’re no longer aware of their actions.” As such, in relation to the question “How do you view the aging process?” some excerpts from the discourse are shown below:

“It is a stage in the life of the person, because you start as a child and develop and old age is another step. A child has one way of life, a teenager another, while in old age the experience is also different” (F 5).

“I realized that the aging process brought changes, because before my mother did the chores, but now I see that she can no longer do anything, she has limitations, pains in her legs, arms and spine” (F 2).

The answers revealed that the majority identified aging as a process of changes, most of which are physical. The respondents know that the body changes and feel that the family needs to understand these changes, avoiding frustration for the elderly. Ferreira, Bansi and Paschoal¹⁶ state that there is still a mentality of associating old age with disease. In this sense, the family has concerns about the likelihood of illness in the future.

“So far everything is alright with my mother, I’m just afraid that from now on she will start to get sick because she’s already a good age, and if she gets sick then it’s going to be difficult. I took care of my father before he died, spent days in the hospital, but I’m not ashamed to say it, the worst part of aging is sickness” (F 2).

“My mother-in-law spends her life at the doctors, skin disease, everything. After she reached the age of sixty, she began to get sick, and it’s continued, it’s always about her health. When she was younger she wasn’t so sick. I realize that my routine has changed because of her health” (F 5).

For caregivers, the relationship between old age and health appears as a central concern, because illness can affect their professional activities. However, it was observed that this situation also occurs because the relative is not prepared or equipped with information to provide a quality service. Thus, “for care to be performed well, the preparation and proper choice of the caregiver are fundamental”¹³.

There is a need to consider the family as rights holders, based on public policies of care for the elderly:

“I believe that the policies are effective, but I think that if you invest more in prevention, information and support, the elderly will be much better taken care of.” (F 2).

“I can say that the elderly have been protected, they have laws that guarantee that they are well taken care of, but we are human beings too, right, and we also need rights, that someone listens to us, because they don’t” (F 5).

The institution of the family needs to be protected so that it can protect its members. The protection of family members does not depend only on family relationships, but also on the State, through work, housing, food, health conditions, and safety^{3,5,15}. The relatives reported that the aging process has benefits, such as life experience, retirement, specific health care and access to rights:

“I think when they reach this age, they have a lot to tell us, they have very important values and life stories, which are the basis for our life. We learn to live from their teachings” (F 3).

“I love to hear my mother tell old stories. They have lived through so many things and for them to tell them how they faced them is very gratifying. They know many things that we don’t” (F 4).

In general, family members expressed positive feelings towards the elderly in this stage of life and believe that they have the wisdom to make a contribution, through their prudence, balance, knowledge and life experience when faced with day to day challenges. However, there were some feelings

of insecurity, fatigue and fear among caregivers, in relation to their excessive daily workloads, with no time for fun or relaxation^{10,8,14,15}. The WHO³ document points out the need to understand the specificities, rights and expectations of the elderly and their families.

However, the following statements reveal the conflicting feelings of the family, regarding care, responsibility and imminence of death: fear of the death of the elderly person (F 1); fear of not being able to help my parents, of losing my strength due to the exhausting nature of care (F 2); uncertainty regarding my personal life (F 3); fear of the aging of the elderly and insecurity about the future (F 5). For this reason, daily time management helps “caregivers” to organize themselves, have a sense of the continuity of life, maintain a sense of control and to feel secure in relation to the tasks they perform every day”⁶. With advancing age, death has a different meaning, as it appears as the possibility of impossibility, in other words, as it becomes imminent, all existential projects cease, as “its presence is taken for itself, in the disposition of anguish, revealing itself in an original and profound way”⁴. Finally, with the passage of time, the responsibilities of relatives in relation to care, responsibilities and search for biopsychosocial well-being with their elders increase.

CONCLUSION

According to the objective of the study, which is to understand the meaning of aging in the perception of the elderly and their families, the

elderly participants perceived the aging process as on the one hand involving a sense of achievement and the autonomy, independence and willingness to overcome daily difficulties, and presented an active, dignified and healthy social imaginary, different from the commonly held conception. On the other hand, however, the impairment of functional capacity, diseases, diminished work performance, intergenerational conflicts and cognitive decline were presented as limiting, but inherent to life.

The family caregivers mentioned the fear and insecurity related to the possibility of the elderly being dependent in terms of functional, psychic and social capacity, requiring greater and greater care. They are aware that, according to the National Policy of the Elderly and the National Health Policy of the Elderly, the family or the caregiver, no matter how limited, is responsible for the integral care of the elderly. Therefore, it is necessary to prepare family members for the future, providing them with information and enabling them to share their experiences and emotions, minimizing the conflicting aspects of these relationships, as it is the family, which is undergoing structural transformations in its modes of living and exercising care, that is responsible for caring for its elderly.

It is also necessary to mention the importance of further studies on the subject, expanding the sample, both with the elderly and their family caregivers, and investigating more deeply issues such as finitude, religion and religiosity in the behavior of the elderly, realities and values that are inherent to the process of human aging.

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