

OLD AGE FROM THE PERSPECTIVE OF ELDERLY INDIVIDUALS OF DIFFERENT NATIONALITIES

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ABSTRACT: The study aimed to understand how elderly from several nationalities who reside in Brazil conceive the old age and experience the aging process. It was used the Symbolic Interactionism and the Grounded Theory as a theoretical and methodological strategy. The informants were 33 elderly people who reside in Foz do Iguaçu-PR. The results show an old age conception marked by chronological, physical, psychological, behavioral aspects and also by the presence of disease, dependence, inability to work and by situations experienced over the years in the Brazilian context. The way to experience the old age is influenced by the homeland culture, but is related to the quality and to the conditions of life (autonomy, physical and financial dependence), the work valorization, the religious precepts and the family ties/relationships. It was concluded that to conceive and experience the old age, besides the cultural aspects, it's focused on the experiences and singular interactions occurred over the years and that gain significant contours according to the context and the time of life.

DESCRIPTORS: Aging. Culture. Ethnic groups. Nursing. Self-concept.

A VELHICE NA PERCEÇÃO DE IDOSOS DE DIFERENTES NACIONALIDADES

RESUMO: O estudo objetivou compreender como idosos, de nacionalidades diversas residentes no Brasil, concebem a velhice e vivenciam o processo de envelhecer. Utilizou-se o Interacionismo Simbólico e a *Grounded Theory* como estratégia teórico-metodológica. Os informantes foram 33 idosos residentes em Foz do Iguaçu-PR. A concepção de velhice foi marcada por aspectos cronológicos, físicos, psicológicos, comportamentais e, também, pela presença de doença, dependência, incapacidade para o trabalho e pelas situações experienciadas ao longo dos anos em contexto brasileiro. A forma de vivenciar a velhice é influenciada pela cultura da terra natal, mas guarda relação com as condições de vida (autonomia, dependência física e financeira), a valorização do trabalho, os preceitos religiosos e os laços/relações familiares. Conclui-se que conceber e vivenciar a velhice, para além dos aspectos culturais, centra-se nas experiências e nas interações singulares ocorridas ao longo dos anos e que, conforme o contexto e o momento de vida, ganham contornos significativos.

DESCRIPTORIOS: Envelhecimento. Cultura. Grupos étnicos. Enfermagem. Autoimagem.

LA VEJEZ EN LA PERCEPCIÓN DE PERSONAS MAYORES DE DIFERENTES NACIONALIDADES

RESUMEN: El estudio tuvo como objetivo comprender como los ancianos de diversas nacionalidades que residen en el Brasil vivencian el proceso de envejecimiento. Se utilizó el Interaccionismo Simbólico y la *Grounded Theory* como estrategia teórico-metodológica. Los informantes fueron 33 ancianos residentes en Foz do Iguaçu-PR. Los resultados muestran una concepción de la vejez marcada por aspectos cronológicos, físicos, psicológicos, de comportamiento y, también, por la presencia de la enfermedad, la dependencia, la incapacidad para trabajar y las situaciones vividas en los últimos años en el contexto brasileño. La manera de vivenciar la vejez es influenciada por la cultura de su tierra natal, pero guarda relación con la calidad y las condiciones de vida (autonomía, dependencia física y financiera), la valorización del trabajo, los preceptos religiosos y los lazos/relaciones familiares. Se concluyó que concebir y vivenciar la vejez, más allá de los aspectos culturales, se centra en las experiencias e interacciones singulares ocurridas en los últimos años y que obtienen contornos significativos conforme al contexto y el momento de vida.

DESCRIPTORIOS: Envejecimiento. Cultura. Grupos étnicos. Enfermería. Autoimagen.

INTRODUCTION

Humanity's concern to define concepts to explain the aging process is very ancient and, due to the complexity involved, there are many theories attempting it. This process has been conceived as a heterogeneous, multi-causal and multifactorial phenomenon, marked by changes that take place over the course of life.¹

Even though aging is inherent to the human being, the experience of this phenomenon and how elderly individuals represent their own aging processes are influenced by the interaction of psychosocial, historical, political, economic, geographic and cultural aspects, more specifically, due to differences related to the context of everyday life, beliefs, and personal traits, i.e., particular to each individual. It is believed that there is a direct relationship between society's conception of old age and the aging individual.²

Until recently, these aspects were not considered relevant in our context. However, with the dramatic and irreversible growth in the number of elderly individuals and increased life expectancy of Brazilians, interest in understanding the aging process and the relationships that permeate it to ensure quality of life for aging individuals also increased. Note that up to the mid-century point, research addressing aging greatly valued loss, exhaustion and depreciation at this stage of life, which were believed to be caused by age alone.³

As life expectancy increased, however, new studies began to point to the possibility of a relationship between declines observed in old age and lifestyles, habits, and behaviors adopted over the course of life. In this context, identifying the characteristics of a successful aging process, seeking good physical and mental health, came to be the focus of investigation in diverse fields of knowledge.⁴ Giving a voice to elderly individuals and valuing their perceptions and everyday difficulties emerged as an important and more efficient strategy to obtain data that can effectively contribute to knowledge regarding this phenomenon.

Thus, despite numerous studies, there is still an endless void regarding the definition of this process. Further studies can enable the acknowledgment of other experiences and conceptions, which in turn, will be key tools in the planning of care actions moving toward the promotion and maintenance of quality of life among this population.⁵ Healthcare workers, in turn, need to acknowledge these differences and develop

positive attitudes toward the elderly, reinforcing the discoveries and experiences this stage of life can bring.

Various studies have been conducted in this direction, seeking to verify how different population segments perceive and/or experience old age. Children, adults, and the elderly individuals themselves are driven to manifest how they perceive this stage of life.⁶⁻⁷ Nonetheless, there are no studies, as far as we know, addressing how individuals with different backgrounds perceive aging. These different backgrounds, however, are present in our social and professional lives. For instance, the presence of people from other parts of the country who hold their own beliefs regarding health/disease and expectations regarding healthcare and treatment is common in healthcare services. This context is even more pronounced in Foz do Iguaçu-PR, Brazil because besides the fact the city is located in a tri-border region, individuals from diverse nationalities live in the city together with their descendants.

Therefore, assuming that each nationality has its own culture, associated with different concepts of health and different strategies to cope with threats to health and the experience of diseases and also assuming that each individual outlines his/her own aging depending on a particular context of life, we believe it to be important that healthcare workers acknowledge these issues. Hence, the following questions were raised: does one's nationality interfere in the way an elderly individual experiences the aging process? To answer this question, this study's objective was: to understand how elderly individuals of diverse nationalities but who live in Brazil conceive old age and how they experience the aging process.

METHOD

Grounded Theory (GT) was adopted in this qualitative study as the methodological approach and Symbolic Interactionism (SI) as the theoretical framework. GT has the purpose of understanding social phenomena from the perspective of the studied subjects,⁸ while SI is a theoretical perspective centered on human interactions, seeking to understand the symbolic characteristics of social life and reality through knowledge of one's perception or the meaning one assigns to a given context or object. Its assumptions include: a) human beings act upon things based on meanings assigned to such things; b) sometimes the meanings assigned to things emerge from social interaction with peers; and

c) these meanings are manipulated and changed through an interpretative process, used to deal with things/events that an individual encounters.⁹

This study was conducted in Foz do Iguaçu, PR, Brazil, a city with individuals in its population who originate from more than 50 countries. These individuals were initially attracted to the region in the 1970s due to the region's good prospects of quality of life and work at the time of the construction of Itaipu Hydroelectric and the current commercial possibility enabled by the triple borders of Brazil, Paraguay and Argentina.

A total of 33 elderly individuals participated in the study. They composed five sample groups: ten Brazilians, seven Lebanese, seven French, seven Paraguayans, and four Chinese individuals. These nationalities were chosen because of their relevant cultural representativeness in the city, which like other nationalities, seek to preserve their beliefs, religions and customs among their descendants through associations, communities, and annual festivities. It is worth noting that, despite the presence of individuals from various nationalities and their respective descendants living in the same area, Lebanese, French, and Chinese stand out in the trade business, as do the Paraguayans given the proximity with their home nation's border. Additionally, these nationalities include internationals coming from the three continents: Europe, Asia and South America; the number of descendants from Africa and Oceania in the area is small.

The study participants were referred by other elderly friends, by the Elderly Community Center, Basic Health Care Units, and French language schools. The inclusion criterion adopted for the internationals were having immigrated to Brazil at least 30 years ago and, for the Brazilian individuals, that their parents and grandparents were native Brazilians. The participants also needed to have the cognitive ability to discuss the study's theme.

Note that the sampling criteria and theoretical saturation criteria proposed by GT were used to compose the group. That is, the sample is not established before beginning the study, but during the process of the study because data analysis guides the settings and actors to be included in the study. Theoretical saturation was established when no new or relevant data were provided by a given group.⁹

Data were collected between February and August 2011 through open interviews conducted at the elderly individuals' households so that a

familiar domestic environment and related habits could be observed to better capture the meanings and relationships of these individuals with their environment. The interviews were initiated with two guiding questions: do you consider yourself to be old? Why? What does old age mean to you? Diagrams and memos were developed during data collection to support new interviews.

Data were analyzed as they were collected and involved open, axial and selective coding. In the first coding, data were rigorously analyzed, line-by-line, and compared to reveal similarities and differences. Conceptualization as conducted in this phase was the abstract representation of a fact, object, or action/interaction identified as important,⁸ which was then included with other aspects to be addressed in the interviews that followed. For instance, all the participants of the interviews conducted with Brazilian individuals from the Elderly Community Center were active, healthy, and independent, which led us to seek in Healthcare Units for elderly individuals with physical limitations. Then a relationship between aging and dependence became apparent. Based on that, an interest developed to investigate how elderly individuals with disabilities who do not live with their families conceived old age. Hence, the elderly residents of a long-stay institution became part of the Brazilian group.

Data, divided in the previous phase, were regrouped in the process of axial coding and the relationship of categories to subcategories was established. Finally, selective coding sought to integrate and refine categories to allow the later identification of a core category to express and give meaning to the whole data set.⁸

Note that the theoretical model that was developed, with its categories, subcategories and elements, was presented to the participants and they did not propose significant changes, approving the explicative model, as they recognized themselves and their perceptions and experiences.

Ethical guidelines were complied through the study and the project was approved by the Institutional Review Board at the State University of Maringá (Referee report n. 739/2010). All the participants signed two copies of free and informed consent forms and were assured of their anonymity. The first letter of the participant's country of origin followed by a number indicating the order of the interview within the group was used to identify the reports, together with M or F to indicate whether the participant was Male

or Female, respectively. Finally, the age of the participant is also recorded.

RESULTS AND DISCUSSION

The 33 elderly individuals were 60 to 96 years old: 18 women and 15 men. The main reasons for the internationals to migrate to Brazil were political or religious conflicts in their countries of origin, which led their parents to choose Brazil to ensure improved living conditions for their families. Many did not directly immigrate to Foz do Iguaçu. They initially went to the North of Paraná and Curitiba. The average time since these individuals immigrate to Brazil was 40 years ago.

Of the ten Brazilian participants, all were retired and two still had a paid job. They experienced poor socioeconomic situations given the low retirement pensions received and a lack of help from their families. Among the seven Lebanese, three still worked in the trade business and all had a stable financial condition. Of the seven French participants, six still worked and had the best socioeconomic conditions. Among the five Paraguayans, only two still worked and of the four Chinese participants, only one reported not having a paid occupation, though every day he still helped in the family's restaurant by serving costumers.

With regard to religion, most Brazilians and Paraguayans reported being Catholic and were devotees of Our Lady of Caacupê; six of the seven French participants were agnostics; most of the Chinese participants followed Buddhism, and most of the Lebanese were Muslims.

The participants' reports revealed that their conception of old age is related to the reality each experienced and that was constructed based on multiple factors, such as physical, physiological, behavioral and sociocultural. That is, these conceptions involve different realities, which may or may not be related to the participants' nationalities. Two categories emerged and are presented as follows:

Age and disability as a landmark of the aging process

No specific age was identified in the participants' reports as determining being old or aged: *when we reach a certain age, we have to confess our age, if you are aged, you're old [...]* (L3, M, 75 years old); *being old is being aged. I considered myself old at the age of 50 and now that I'm almost 100 years old*

[laugh] I guess I'm really old indeed (B6, F, 96 years); *[...] I guess that aging has to do with your age. I guess that after the 70 years of age. As I approached old age, I realized I was getting old* (P2, F, 74 years old); *I consider myself an old person, of course, I'm already 65 years old* (F2, M, 65 years).

Regardless of nationality, the reports show that the participants perceive themselves as being old, and in determining that, they basically consider the chronological factor. The term elderly may give an immediate sense of some biological characteristics so that the individual may be considered "old" given signs of senescence and a gradual decrease of functional capacity, which is progressive and increases with age.⁴ Thus, in most cases, an elderly individual is a person who reaches 60 years of age, regardless of his/her biopsychosocial state. The concept of age, however, is multidimensional, and as is the case for the aging process, has other dimensions and meanings that exceed the dimensions of chronological age.²

Nonetheless, other participants do not perceive themselves in the same terms, suggesting there is no universally accepted threshold age determining old age. Note that some conditions, such as economic status, and especially cultural level, seem to influence these perceptions, because those with higher educational levels were those who, despite more advanced age, did not consider themselves to be old.

It is in this context that SI serves to improve understanding of the phenomenon under study, since it takes into account the interpretation of people, the meanings they assign to activities and environments and how these are relate to their own experiences and the experiences of others. Like all human situations, old age has an existential dimension that changes the ties of people with time, generating changes in their relationships with the world and with their own history. Therefore, old age is also understood as a cultural fact,¹ and the greater number of investigations among different peoples show that this is a phenomenon strongly influenced by culture.¹⁰

For some of the seniors addressed in this study, old age is associated with decline, dependence and an incapacity to perform simple activities of daily life, such as walking, dressing, doing housework, and taking care of grandchildren. It is worth noting that this is the predominant image of old age in Brazilian society's imagination. *[...] I'm old because I can't expect to do things I can no longer do* (B5, F, 90 years old); *We feel old because after the*

age of 60 we lose balance, are unable to lift weight, have lost almost 50% (P1, M, 74 years old); At this age, it's harder to work, to walk, we seem to be less productive. Sometimes, if I have to get up on a stool, I can't, I have to get some support because my legs won't help (L2, F, 60 years old).

One study conducted in Belo Horizonte, MG, Brazil, to describe the epidemiological profile of the elderly population in the city, reports that functional dependence is not a factor inherent to the aging process.¹¹ An individual may be dependent but autonomous at the same time, as in cases of severe sequelae resulting from a stroke without cognitive changes, such that one is able to make decisions concerning life despite physical dependence. Therefore, investment is needed in the development of social programs and actions focusing on maintaining the functional ability of seniors together with multidisciplinary actions to detect diseases early, in the search for better quality of life and a healthy and active aging process, one characterized by independence and autonomy, essential goals not only of the government but of all the sectors in the society.

Understanding the real meaning of old age and changes that accrue from this process based on reflection upon the reports provided by the elderly individuals enable planning strategies to promote health and prevent diseases based on the reality these individuals experience. Further, it allows healthcare workers to propose activities intended to maintain the autonomy and independence of seniors.⁴

Dependence in the performance of everyday activities, especially dependence that result from some chronic disease that is progressive and irreversible by nature, represents a landmark concerning the perception of old age: *an old person is someone like me. For everything, we are unable to do anything. I think like...can't go much further* (B8, F, 86 years); *I consider myself old because I can't do much. If I'm not feeling well, I can't do anything. When I'm not sick, then, I'll do a little something* (P3, F, 80 years old); [...] *I feel old because I can't see. In the morning, I change clothes to watch the Chinese news, then... I have lunch and... what else can I do? Only lie on bed* (C2, M, 70 years old).

This perception is shared even by those who still do not present these conditions: *I think, old is that person who can't do anything, who depends on somebody else to live* (C3, M, 67 years old); *an old person is someone who can't do anything, has to ask others to do everything, even if it's your child, but if*

you depend on others, then you're a little old person (B2, F, 74 years old).

Diseases that accompany the aging process, even if they do not lead to dependence, also represent a landmark. *I also feel old because I have health conditions, there's pain here and there, I was operated on this side, have only one kidney and there's a cyst on my right side, so it's a lot of difference [...]* (P1, M, 74 years old); *If I were healthier, things would be better. Disease makes you feel older. I miss doing things as I did before but that time won't come back* (B6, F, 96 years old).

Some social representations regarding the aging process have a negative influence on the experience of this phase.¹² Feelings of worthlessness and loss of autonomy directly influence quality of life because an elderly individual perceives him/herself as oblivious to the decisions that concern his/her own life. This perception is a reflection of a hospital-centered culture, which puts preventive practices and health promotion on the background.

This is so because healthcare systems are not prepared for an approach that takes into account the physical, biological, and psychological characteristics inherent to the aging process. They are even less prepared to treat chronic diseases that may accompany the population's demographic profile. In this context, the big challenge for health policies is to deconstruct the current model and seek a new management model with an emphasis on population aging and chronic diseases in order to ensure sustainability of quality healthcare delivery.¹³

We also observed nostalgia among the participants, who usually recall their youth as a period of vitality, vigor, and strength, and often healthier.¹⁴ Note that according to the reports of this study's participants, old age is not always associated with disease and disability, but whenever there is this association, the individuals tend to hold negative images of it.

The existence of a stigma for old age is linked to loss, disease and disability, often reported by the elderly individual him/herself, including by those who consider themselves to be old. In these cases, at the same time as they use strategies to deny their condition, they see the "old" on the other. This conception seems to be associated with the sociocultural context. *I don't consider myself to be old for absolutely nothing. Because I'm strong and I have willpower and a project of life. When I was a teenager and my father would say that my uncle, my*

grandfather was 80 years old, another was 60 years old, another 90, I thought it was like an eternity, I'd say: wow! When will I be 60!!! And I got here and didn't even notice it (L4, M, 60 years old).

In this specific case, having a life project is a differential, because it implicitly exists for those who still work and have a social life, and see themselves as meeting conditions for that, since their lives were not marked by limitations or physical or mental disabilities. L4 for instance, is professionally active and responsible for the family's business.

It is the role of healthcare workers, together with seniors and their families, to acknowledge these conditions and devise strategies that favor the demystification of the image of an aging process fraught with negative points. After all,¹⁵ all stages of life involve losses and gains, and how one experiences the moment makes all the difference.

It is worth noting that one of the Brazilian seniors, despite her advanced age, being blind for 20 years and facing difficulties walking, held a differentiated perception of old age. For her, having intact cognitive ability was more important than her physical limitations and dependence. *I've a sister who bothers me, she says I'm getting old [laugh] but I don't think I'm old because I'm still alive, my mind and my senses are normal. If I become old it's God's wish (B9, F, 94 years old).* Note she was a highly regarded healer in her community and received visits all day long. Her report reinforces the assumptions of SI that the human beings' actions are based on meanings assigned to life. That is, everything one perceives as being his/her world and the way perception takes place, and the meanings assigned to objects or people, these things determine one's behavior, also a result of social interactions.

The poor economic conditions that accompany a significant portion of Brazilian seniors were also reported as a factor that limits autonomy in old age. This aspect was also stressed by some elderly participants, who, for being internationals, are not entitled to social security benefits. *After getting old, we need help, our children have to take care of us in old age because we do not get a retirement pension (P2, F, 74 years old); I don't have a pension and after my husband died, I'm responsible for everything, so I think I can't become old because I have to work (C1, F, 60 year old).*

Financially depending on others or not having the reassurance of a guaranteed income, causes elderly individuals to feel insecure and to hold a

perception that their lives could be better. Income, therefore, is a factor related to the maintenance of seniors' autonomy, i.e., the possibility to make decisions concerning their own lives¹⁶ and, consequently, an essential factor to be considered in the planning of actions intended to promote the quality of life of this population.

In this context, the perception of being able to work, for instance, makes individuals who are 60 years old or older feel they are not seniors and, therefore, they feel able to contribute, generate income, and be useful to society. *I don't consider myself old. I'm 60 years old and still intend to work a lot (L7, M, 60 years old); I don't personally consider myself old. I don't stop working, or being active (F1, F, 63 years old); I don't feel old because I still work in my profession and do other non-philanthropic activities. Productive work has been my religion (F4, F, 63 years old); If I were healthy, I'd be working and I wouldn't feel old (B10, F, 74 years old); If you can't work, then you're old (C2, M, 70 years old).*

This perception of utility and power to generate income differs considerably from what was observed in the 19th century, a time when an elderly individual was seen as incapable of being self-sustaining, a time from which this notion of old age linked to disability to produce and work was inherited.¹⁷ Reports related to labor show that defining old age only from a biological view means considering the elderly population homogeneously, without considering the complexity of the context in which these are inserted.¹⁴ Note that this view or meaning people assign to seniors, i.e., that they are incapable and unable to perform certain activities, was constructed in a historical and social context. For this reason, it is the role of healthcare workers to help deconstruct this concept of incapacity, including older individuals in activities that promote health and encourage their inclusion in the social sphere and job market.

In the current context, however, that of a capitalist society, labor is seen as what promotes quality of life, which is apparent in the report of the senior participants when they define old age as something related both to physical and intellectual capacity, that is, someone who no longer thinks, produces, or does something for others and themselves, becomes old.

Finally, still in regard to the perception of old age, an interesting report received was that of one 75 year-old Lebanese for whom old age suddenly settled in after the loss of a brother, when he withdrew from social and family activities. [...] *I used to*

walk all day long downtown, happy, had many friends and attended weddings, shows, got out frequently. Now, I stay quiet at home; I'm no longer interested in parties, or anything else. When my brother died, I was so sorry, my joy was over [cried...] he was my brother, dad... he was everything for me... everything was gone when he died... that's why I'm old (L3, M, 75 years old).

Even though only one participant referred to morning as a factor determining old age, we cannot deny the importance of this information to understanding the relevant role nationality and culture play in the perceptions of individuals concerning old age. In the case of the Lebanese, the family connection was very strong and apparent in all the interviews and in this specific case, the brother who died was the oldest. According to Lebanese culture, the oldest is the one who assumes the commitment to take care of the family, younger siblings and mother, at time of the father's death.

Note that this phase of life is frequently accompanied by multiple and significant losses and, from a perspective of finitude, raises anguish and distress, requiring a complex labor of elaboration and re-adaptation on the part of the individuals.¹⁸ The experience of death of a family member or close friend, however, has different values and meanings depending on each culture, which should be understood and valued by healthcare workers.

It is in social actions that individuals, through the individual construction of meanings, seek to understand the symbolic characteristics of social life and reality, in addition to assigning meanings, interpreting situations, manifesting judgments, and making choices.⁸ In this sense, it is possible to infer that for the Lebanese, the loss of the oldest brother leads them to reflect upon old age/finitude, making them feel older, in addition to psychological changes that may emerge due to their relationship with cultural issues present in the care provided to the family.

Growing old or becoming "old": the difference between physical aging and psychological aging

In addition to biological aspects related to aging, the psychological aspects that involve reasoning ability, regardless of other factors, were reported as determinants of aging. This was from the perspective of others. *Aging is in people's minds, it's on ineffectiveness, that does not need to be mechanical or physical, but could be intellectual ineffectiveness*

(L4, M, 60 years old); [...] it's when a person no longer thinks, reasons, meditates, has initiative, courage, is no longer bold, entrepreneurial, one gets old (L7, M, 60 years old); I'm not 80 years old, I'm 4 times 20 [laugh]. Old is the one who says: 'ah, I'm old, I can't, ah, this is not for me...' this is an old person, regardless of age; I've seen 40 years old people like that; wow, 40 years old! (F7, M, 80 years old).

It seems that old age is perceived as a state that characterizes the condition of being. Note that even though the body provides the individual's physical characteristics (grey hair, baldness, wrinkles, etc.), other non-apparent features, intrinsic to the aging process, do not depend on age.¹⁹ Therefore, old age should be considered in its plurality of individual and social experiences as a singular phenomenon of human beings' lives, which impede us from adopting unique concepts. In this sense, they indicated the option of being. *The indolent, wimp, and lazy ones are old, regardless of their age* (F4, F, 63 years old); *The person gets old when she wants to because it is in your mind that you become old or young* (L5, M, 72 years old).

Old age is also perceived as a lack of enthusiasm for life. *Old is not leaving home, not participating in activities, feeling exhausted, not having energy to leave the house* (B3, F, 65 years old).

The reports of this category show that, regardless of nationality, similarities in the perceptions of old age show that the construction of this concept goes beyond cultural aspects and is mainly centered on experiences acquired over the years. Through these interactions, the individual is able to define, direct, and control situations actively, to selectively assigning meanings according to what these experiences mean to them at a certain point in time, which base the assumptions of the theoretical framework used in this study (SI).⁸

Nowadays, the manifestation of old age allied with activity and the dynamism of life is distant from that observed in the past, in which social representations linked old age to rest, stillness and inactivity.²⁰ Today, elderly individuals do not recognize themselves in these images because of the activities they currently perform in their everyday routines. This is a result of a historical process that involves population aging, demographic growth, the importance of information, informatics and knowledge.

Therefore, as opposed to the former concept of old age as synonymous with inactivity and passivity, post-modern seniors tend to feel alive, even in advanced age, ready to move, act, think and

participate in family life. In this context, cultural aspects influence the lifestyle adopted by elderly individuals and determine how they live in society. *Age is a mental, not a physical, state. Mental states leaves us old, but of course, the mental and physical are interconnected* (L6, M, 72 years old); *Old is in your head. It's not age that makes you old; it's what you have in your head. There are people, like, I'm not going here, I won't put on make up, they are old since birth and there're others who, holy cow! They're 80 years old and are mowing the lawn, doing something or surfing the net, it's in your head* (F1, F, 63 years old).

Knowing the perceptions of elderly individuals regarding the aging process is useful for proposing social activities directed to this population, since culture influences how health and senile degeneration is perceived. It is through comparative analysis with other individuals that the condition of health and old age is outlined.

In the line of thinking, there are seniors who attribute physical changes to old age. *The body ages faster than the mind. I'm of age but my reasoning, my mind is normal, I don't forget things or say things I'm not aware of* (B7, F, 75 years old); *The mind and spirit don't get old, it's the body that feels the age* (C2, M, 70 years old).

These reports show how complex defining old age is. The perception of being a senior is conditioned by ideological attitudes and practices of society in regard to oneself and, for this reason, being old it is a worldview. The reports reveal that even though some participants consider themselves to be seniors, they do not consider themselves to be old. It shows denial of old age, the perception of which, based on what one observes of others, is associated with loss, disease and disability,²¹ which does not fit the perceptions they hold of themselves.

The stigma concerning old age is demonstrated in physical appearance, wrinkles, and marks of suffering experienced over the course of life. For this reason, some seniors state: *I guess I'm starting to get old, because I look at myself in the mirror, my hair is all white, this is age [laugh...]* (C4, M, 63 years old); *I'm old but I forget it, unless I look at myself in the mirror* (F5, F, 69 years old); *We look in the mirror and see we're getting old, but deep down we don't feel old* (L5, M, 72 years old); *You just need to look in the mirror to see that time has passed, stamina is not the same, the illusion of changing the world is gone... but we carry on, enjoying the grandchildren and disagreeing that we are in the best age!!* (F3, F, 62 years old).

Changes in the image seen in the mirror express changes in body appearance, revealing the feelings of seniors in regard to what happens to them, what does not impede them from carrying on with life; they do not feel less because of these changes. In current society, stereotypes of beauty that are imposed by the media actually privilege youth and may or may not exclude or devalue seniors in the community, but often trigger an uncontrolled search for mechanisms capable of improving one's appearance, such as dyeing the hair,²¹ or even plastic surgery and more invasive treatments, to feel younger.

One cannot, however, disregard the significant losses accruing from the aging process, such as those that result from diseases, widowhood, and decreased vitality and strength, which can affect self-esteem, determine the loss of social roles and lead to isolation and conformism in the face of this process. Each context has its particularities that change the senior's lifestyle and reveal different styles and meanings regarding old age. As a multifactor process, the way old age is experienced will depend on one's history of life, affective support, social networks, personal values and lifestyle, reinforcing even more the assumptions of SI that human beings interact, interpret, define and act according to the meanings assigned to experiences.⁹

With regard to death, for instance, seniors perceive and acknowledge it as a certainty. *Old age has to be at the end of life* (B3, F, 65 years old); *Being old is leaving everything behind, is thinking that you won't live much longer* (B5, F, 90 years old). Therefore, death is a singular event and should be seen and understood as such, as part of life. Some defense mechanisms, however, are presented by the participants, which enable them to ignore death, hindering the perception of finitude. *I think it's good to live this long but I wish, they [family members] hadn't died so soon* (B5, F, 90 years old).

One study compared the social, political, economic and health conditions of the elderly populations in Brazil, Spain, and the United States and reports strategies used to show the good side of aging, such as experience, wisdom, and tranquility, showing that old age is a necessary rupture. It stresses, however, that people do not necessarily have to abandon projects to reach old age.¹⁹

Finally, reflecting upon the aging process and the dimensions that surround it, in addition to the ability to understand its meanings, enables researchers to compare the different facets of aging, seeking to identify and determine the reasons

for these differences. It is opportune to note that healthcare workers, especially nurses, play an important role in the care provided to seniors. With proper qualification, nurses can meet the needs inherent to this phase of life, which in turn, can facilitate the implementation of integral healthcare directed to elderly individuals²² and their families.

FINAL CONSIDERATIONS

The results of this study indicate that, for seniors of different nationalities, the concept of old age was constructed based on multiple factors such as: chronological, physical, biological, behavioral, and sociocultural factors, and mainly, experiences acquired over the course of life, interactions they established with the context in which they lived. Because these individuals arrived in Brazil at least 40 years ago, regardless of their nationality, their perceptions of old age are also related to the Brazilian context.

It was possible, however, to perceive how the culture of their countries of origin impacts their conceptions, especially in the way they experience old age, because the relationships among family members and with the community to which they belong help them to assign meanings to this process. In summary, for the Chinese, working is an opportunity for them to keep alive and autonomous. For the Lebanese, the experience of aging is linked to religious assumptions and family ties. The French show that aging means freedom for introspection and quality of life. Paraguayans and Brazilians consider aging to be marked by negative aspects that result from chronic diseases accompanied by physical limitations, financial dependence, and loss of autonomy.

Note, however, that seniors from the same nationality cope with and experience aging differently, which is understandable because, regardless of their positive or negative perceptions regarding aging, each individual lives his/her own aging process just as for any other phase of life. Based on that, they redefine their roles in society and in the construction of a common sense regarding old age.

Hence, understanding different conceptions concerning old age held by seniors of different nationalities is a challenge, especially because this process involves particularities that result from different contexts of life. In regard to nursing professionals, it is believed that understanding habits and cultural values of seniors can support the construction of theoretical bases that are feasible

to be implemented in nursing practice directed to seniors, who are increasingly present in our social and professional routines.

Identifying the different dimensions that involve the conception of old age can encourage healthcare workers to adopt evidence related to the care provided in the health/disease continuum resulting in improvement and qualification of the care delivered to seniors. After all, acknowledging the history of the patient is essential, to the delivery of humanized healthcare which is different from that of any other patient, and among other aspects, acknowledges the recipient of care: who is this person, where is s/he from, what does s/he think about her/himself and others, considering their context, social network and personal dimensions.

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