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## EXPERIENCES OF NON-DEPENDENT ELDERLY IN LONG-TERM CARE INSTITUTIONS

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**ABSTRACT.** This article analyzes the perceptions about personal experiences of non-dependent elderly in a long-term care institution. The study uses a qualitative approach: Multiple Case Study. The data production was carried out through several sources of evidence: field diary, script to collect information from medical records of the elderly, and semi-structured interview. The content analysis technique proposed by Bardin was used for data systematization. Four cases were studied, two male and two female, chosen by the criteria of longer stay in the institution and non-dependence. The main results indicate that three of them sought the institution to have it as their residence, since they had fragile family bonds and they were insecure to live by themselves; the other one had no family bonds and was referred to the institution because he was at social risk situation. The perceptions of the elderly about the institution are centered in the safety and in the welcoming process, seen as a protective factor.

**Keywords:** Elderly; long-term care institutions; old age

## VIVÊNCIAS DE IDOSOS NÃO DEPENDENTES EM INSTITUIÇÕES DE LONGA PERMANÊNCIA

**RESUMO.** Este artigo analisa as percepções no que se refere à vivência pessoal de idosos não dependentes em uma instituição de longa permanência. O estudo utiliza uma abordagem qualitativa do tipo estudo de casos múltiplos. A produção de dados foi realizada por meio de várias fontes de evidência: diário de campo, roteiro para coleta de informações do prontuário dos idosos e entrevista com roteiro semiestruturado. Para sistematização dos dados foi utilizada a técnica de análise de conteúdo proposta por Bardin. Foram estudados quatro casos, sendo dois do sexo feminino e dois do masculino, definidos a partir do critério de seleção de maior tempo de permanência e não dependência. Os principais resultados indicaram que três idosos procuraram a instituição como residência, pois estavam com os vínculos familiares fragilizados e manifestavam insegurança em morar sozinhos; outro idoso não tinha vínculo familiar e foi encaminhado à instituição por estar em situação de risco social. As percepções dos idosos sobre a instituição centralizavam-se na segurança e no processo de acolhimento, visto como fator de proteção.

**Palavras-chave:** Idosos; instituições de longa permanência; velhice.

## LA EXPERIENCIA DE LOS ANCIANOS NO DEPENDIENTES EN INSTITUCIONES DE LARGA ESTADÍA

**RESUMEN.** Este artículo analiza las percepciones con respecto a la experiencia personal de los ancianos no dependientes en un Centro de Larga Estadía. El estudio utiliza un enfoque cualitativo, el Estudio de los Casos Múltiples. La producción de datos fue realizada por intermedio de diversas fuentes de evidencia: diario de campo, guía

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para recolección de informaciones del prontuario de los ancianos y la entrevista con guion semiestructurado. Para la sistematización de los datos se utilizó la técnica de análisis del contenido propuesto por Bardin. Se estudiaron cuatro casos, dos personas del sexo femenino y dos del sexo masculino, definidos a partir del criterio de la selección de más tiempo de permanencia y de no dependencia. Los principales resultados indicaron que tres ancianos buscaron la institución como su residencia, pues estaban con los lazos familiares debilitados y demostraron la inseguridad de vivir solos; otro anciano no tenía lazos familiares y fue encaminado a la institución por estar en situación de riesgo social. Las percepciones de las personas mayores sobre la institución están centradas en la seguridad y en el proceso de acogida, visto como un factor de protección.

**Palabras-clave:** Adultos mayores; instituciones de larga estadía; vejez.

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The paradigm of development throughout the *life span* generated knowledge around microtheories and explanatory micromodels on specific fields of aging. Among the models and theories that have guided researchers in the field in order to investigate social relationships in old age, the socioemotional selectivity theory and the theory of convoy social model are highlighted. The socioemotional selectivity theory (Carstensen, 1991) argues that the reduction in the amplitude of social relations network and social participation in old age reflects the redistribution of socioemotional resources by the elderly. Realizing that they have fewer lifetime, they select targets, partners and forms of interaction, optimizing the resources available to them. The selective involvement with close social relationships that offer significant emotional experiences becomes more relevant for the elderly than the amount of social partners.

The theory of social convoy proposed by Kahn and Antonucci (1980) emphasizes the importance of understanding the social relations in the context of the course of life just as well to consider them as they are often, but not always, lasting and stable. During the course of life, the individual is accompanied by people, especially spouses, family and friends, establishing a support exchange relation and social protection, making him, sometimes, vulnerable to them. This view is based in the literature on social support and attachment theory, that is, in the idea that the emotional bond that is established between the child and the mother figure contributes to the formation of an internal model or a basic relationship structure to be founded on the future relationships lifelong.

These relationships vary in their proximity, their quality (e.g.: positive, negative), their function (e.g.: aid, exchanges, statement), and their structure (e.g.: size, composition, contact frequency, geographic proximity). The structure, function and quality of convoys are also influenced by personal characteristics (e.g.: age, gender) and situationals (e.g.: demands, roles, norms, values) as they have significant implications for the health and well-being. It is observed that some members remain throughout life on the convoy, others turn away or leave permanently. Thus, people hierarchically organize their social relationships, then it is important to find out how individuals assess the quality of their social relationships, because, although the quantitative and qualitative characteristics of the relationship exert influence on the health, quality characteristics are the most predictive of this welfare. Throughout life, individuals build and maintain social relationships with people who are significant for them.

Individual and social coping resources help the elderly deal with critical events from their experiences, their search and maintenance of pleasurable activities, their performance of relevant social roles, their social support and their adoption of coping strategies, favoring the resilience - understood as an adaptive pattern of functioning before the current risks and accumulated ones throughout life. In this context, the literature on resilience in old age converges with regard to the importance of self-elements (e.g.: self-concept, self-esteem and emotional regulation), and of environmental resources represented by social and family support (Fontes & Neri, 2015).

People who have a good quality of family relationships have an important support resource. However, it is observed that some families are not prepared and available to take on the responsibility of caring for its members in old age and these are supported by Instituições de Longa Permanência para Idosos – ILPI (Long-term Care Institutions for the elderly). In Brazil, there is no consensus on what constitutes an ILPI. The origin of this institution is linked to nursing homes, especially targeted to the elderly people in need of shelter and Christian charity before the absence of public policies (Camarano & Kanso, 2010).

Thus, it is understood that for a long time the asylum institution was responsible for the care of dependents and disabling people, so the institutional routine of that time was confirmed by the impotence of the residents, maintained by a relation of exclusion and segregation. However, at present, the term ILPI, which stands for "Long-term Care Institution" was created in 2002 by the Sociedade Brasileira de Geriatria e Gerontologia – SBGG (Brazilian Society of Geriatrics and Gerontology), to indicate that it is an establishment of institutional integral service (Silva, Mincache, Rosa, & Mutchni, 2010).

According to the Agência Nacional de Vigilância Sanitária – ANVISA (National Health Surveillance Agency), the ILPI are considered governmental and non-governmental institutions, of residential character, which is designed to be the collective household of elderly people with or without family support, under conditions of freedom, dignity and citizenship. In short, ILPI is a collective residence that serves independent elderly in a situation of family and / or income need, as well as those with difficulties to carry out daily activities and also need long-term care (Camarano & Kanso, 2010).

The main reasons that lead the elderly to seek as their housing a Instituição de Longa Permanência – ILP (Long-term Care Institution) are related to loneliness, to contempt and to abandonment, moreover, without their family they can have serious consequences such as depression (Freitas & Noronha, 2010). On the other hand, family members are more outside their home than living with their long-lived, since they are increasingly involved in their work. Sometimes the elderly, ended up isolating from the family environment, since they require special care in their health, affect, among other concerns, needing special attention (Carli et al., 2012).

The emotional repercussions mentioned by Corrêa, Ferreira, Ferreira and Banhato (2012) are also observed, which arises from relationships and health of those who live in these type of institutions. For example, the form of managing time, space, decisions and relationships generally presents itself as a lost way, since it must be according to the organization of the institution. Stereotypes and prejudiced attitudes towards the elderly are noteworthy, so they are considered necessarily sick, grumpy, and unproductive and they also should prepare themselves for the end and for death, that is, they indicate that there is only one way to experience old age (Avelar, 2010).

However, it is mister to reflect on the heterogeneity of old age and its ressignification in the development process when considering the peculiar role of the long-lived in accordance with his life story and with the representation of his senescence in society (Silva, Farias, Oliveira, & Rabelo, 2012). Examples of healthy aging usually are in everyday life. Many of the elderly demand support in the field of information in order to make practical decisions and use solutions available to support and improve their well-being (Neri & Sommerhalder, 2012).

Overall, the elder resident in the ILP inhabits a place often represented by strict rules with explicit routines, at pre-scheduled time, standard operational procedure and similar to the large accommodations or total institutions (Alves-Silva, Scorsolini-Comin, & Santos, 2013). Goffman (2010) considered "total institution" as an establishment that captures part of the time and the interest of its participants, symbolized by closed doors and high walls. Therefore, institutionalization may generate long-lived who are submissive to a limited social life, what prevents them from being independent and autonomous.

Given the above and the importance of exploring the issue in question, the aim of this study was to analyze the perceptions regarding the personal experience of non-dependent elderly people in an ILP. Taking into consideration the increase of this population segment and hence the number of ILPI, this study may provide theoretical and practical basis for professionals working in the area, besides favoring reflections to public policy proposals.

## Method

**Design:** this is a qualitative research based in Study Multiple Case type, produced and analyzed for achieving common evidence.

**Participants:** four elderly people, from a total of 55 residents in 2013, two female and two male. Inclusion criteria were: a) be elderly (a); b) independent; c) be at least 08 years in ILP. For ethical

reasons, it was decided to replace, in this study, the names of the subjects. The profile of the participants is the following:

**Amanda:** Born in Pará, 78 years old, single, incomplete primary education, retired, tied to the institution as a pensioner. She lived with her nephew and his mother. After her nephew's wedding and the death of his mother, she voluntarily sought the institution. She used medication due to the diagnosis of insomnia, however, on medical advice, she changed the drug for a herbal medicine. Her friends and her nephew visited her and she also visited them. She participated in all activities in the institution and referred to it as a place of shelter and social interaction.

**Anara:** Born in Pará, 78 years old, widow, retired, incomplete primary education, tied to the institution as a pensioner. She optionally sought ILP due to live in conflict with the nephews and also for security, because she felt hesitant to live alone elsewhere. She found confidence, peace and care in the institution. She participated in all the activities offered by it. She had married before and had a son, but both (husband and son) died, as well as her employers and her siblings. She had a friend and considered him as a son.

**Josias:** Born in Acre, 94 years old, single, illiterate, retired and under the State control, he had an anomaly in his feet (femoral anteversion). He was resistant to medication use, since herbal was his preference; he had back problems and did not accept to wear glasses. He had friends and a niece; his siblings were dead. He voluntarily sought the institution because of a marital conflict. For a while, he asked ILP to withdraw from it in order to return to live with his partner, however, he returned to the institution due to mistreatment. He reported that he found protection in the ILP.

**João:** Born in Pará, 66 years old, single, incomplete primary education, retired and under the State control. He lost his residence that he shared with two friends and he begged on street market in the city of Belém; and he was an alcohol user. One of the fairground men triggered a shelter and he was later sent to the institution. He had a daughter who died and a 30-year-old-granddaughter who was not still located. He had treatment to stop smoking, but alcoholism he had already controlled. He had a couple of friends who always used to take tours. He had the project of leaving the institution to return to his city of origin. He mentioned that he found shelter and care in the ILP.

**Local of study:** In an ILP with two types of residents: the pensioners, who contribute financially to stay; and the others, who are under State benefit

**Instruments:** 1) Field diary: it is a dynamic character instrument, which records events in the search field that allows the access and the rereading of important events that may contribute to the construction of the investigated study, that is, from a consideration of the first field notes, the understanding and the development of research allows more than a reproduction of the studied events (Beaud & Weber, 2007); 2) Observations records: observations emerged in the research field right after the interviews and research of medical charts were recorded, in order to minimize the loss of relevant information. Besides reflections of impression of data collection, all aroused interest of the studied field were observed and noted; 3) Script for collecting the elderly medical chart information: the analysis of the records was carried out by means of a script prepared by the researchers, in which it was investigated: name, age, origin, spontaneous demand or referred, reason and length of stay, family reference, previous housing, occupation, the elderly health, benefits, family relationships, violence and violations of the elderly rights; 4) Open Interview with semi-structured script: the advantage of a semi-structured interview is related to the combination of closed and open questions that allow one to ponder on the subject without being tied to formulated research (Flick, 2004).

**Procedures:** initially, there was a contact with the directors of the institution in order to request permission to conduct the survey. Upon acceptance and approval of the Research Ethics Committee of Universidade Federal do Pará (UFPA) – Pará Federal University, the subjects that met the research inclusion criteria were selected. After the selection, they were invited to be part of the study, then the aim of the study was explained to them and the Consent and Informed Form was carefully read what was accepted and signed by the participants. Then, the realization steps, the implementation way, time and places available for interviews were explained individually in a room without interference from others.

The interview collected personal data from the respondent (name, sex, age, occupation, education levels and in-patient care) and addressed questions like: How would you describe your arrival here?

Talk about your routine: Do you have visitors here? The interviews were recorded in audio form, by an iPod. The duration of them ranged between thirty and forty minutes. The elderly were consulted about recording his speech and they agreed.

Data analysis form: the content analysis technique proposed by Bardin (2009) was used, which aims to raise emerged categories of the words and meanings of the subjects on the constitution of the elderly. This technique is defined as "a set of communication analysis techniques... that allow the inference of knowledge related to the conditions of production / reception (inferred variables) of these messages" (Bardin, 2009, p. 9). Thus, the content analysis allows the researchers to make inferences about any of the communication elements. After transcribing the interviews, the *corpus* of the research was set up. In the pre-analysis, a *fluctuating reading* was made. The following rules were carried out in order to analyze the material: (a) completeness - all communication was exhausted, and any information was not left; (B) representativeness - the universe of the sample was represented; (C) homogeneity - the data referred to the same subject. They were obtained by the same techniques and applied for similar subjects; (D) relevance - the interviews were adapted to the research aims; and (e) exclusivity - an element was not classified in more than one category. Qualitative data analysis will be presented in this article.

## Results and discussion

Overall, it was found that all interviewed elderly: a) were active people without support to perform the activities of daily living; b) showed a perception of healthy aging; c) lived in an environment which they said it provided care, safety, respect, confidence and peace; d) were people who showed resilience; e) half of them had family sorrow. Through content analysis, a thematic approach was made constituting two groups that sought to respect the most of the content and meaning of speeches. It is focused on the first grouping the semantic meaning of the recording units (phrases), until the rating could point an adequate semantic approach, or by the sense of the phrase. The second grouping had as criterion to meet keywords from the first thematic group. From this dynamic, the empirical categories named emerged: 1- Independence / dependence of the elderly; 2 - From house to ILP: what there is over there, there is not here; 3- Familiar Reference and 4- Health Aspects.

### Independence / dependence of the elderly

The concept of independence is associated with the functional capacity, that is, to perform all activities without support from the other. To be independent, it is not essential to have autonomy, but to be a determined person who takes his own decisions (Neri & Sommerhalder, 2012). These characteristics were observed in the elderly in this present study, according to the reports:

*I do everything by myself (Josias);*

*Well, I do everything. I go to the doctor alone, I cook my porridge. As they serve the meal at 6pm, I prefer to eat later (Amanda);*

*I water the plants, I clean my room and I watch television (João);*

*We have some classes here like drawing, painting...now I'm getting ready for a surgery, so I am not attending them ... I do not feel isolated... (Anara).*

Therefore, the studied elderly performed their daily activities and they little request for support of the institution, as well, they showed an independent routine from that established in ILP, that is, they decided about their own daily life. This finding contrasts with the configuration of the aging in the nursing homes of the nineteenth century, to the images of harmless, apathetic and unable elderly just waiting for their finitude (Goffman, 2010). Commonly, the dependence is stimulated by employees in ILPI

environments, who prefer to carry out the activity for the elderly rather than wait for them to complete it. However, the search for the autonomy of the elderly, can be encouraged in ILPI as a health promotion policy, being necessary to deconstruct them as mere derivations of asylums, promoting critical readings that favor a special area of development for the elderly. Thus, they should also be recognized as learning and development just as well health promoters' spaces (Alves-Silva, Scorsolini-Comin, & Santos, 2013).

### **From house to ILP: what there is over there, there is not here**

The reasons for the elderly to go to the institution and consider it as their housing were mainly directed to protection, to peace, to the signs of quietness, well-being and a life away from troublesome, as well as social life, as evidenced in the reports of the interviews:

*If I want to go to someone's home, I go. I close here. I know that no one will touch in my stuff; I am not worried about assault or invasion (Amanda);*

*Here is a quiet place, nobody bothers me, there with my nephews I just lived scaring myself, and here we sleep peacefully (Anara);*

*Nobody orded to me come. I come. I left everything there where I lived. I came to spend some time, and I sold and I did give my stuff. I came up only with the clothes on my back (Josias);*

*I actually I came here. I abandoned a house that I built in the suburb where I lived with another elder, who died and his son who was a thief came to live with us and made our house a "crack house". Then, the police went there and I went to the fairground, there they gave me food, I earned for drinking rum and for eating. There was a lady who was selling roasted chicken and called the charge the asylon who brought to over here (João).*

According to the residents, the institution has become a place in which suffering and discomfort are significantly minimized. It is recognized as a space that promotes the well-living for those who seek it or have been referred, as verbalized in the statements of residents:

*Many people here are old man, and the children do not want to stay with them. Out from here, there is a son and a wife and this old man lives on the street, completely dirty and sweaty (Josias);*

*In no corner, we have what we have here (Anara);*

*Out from here, it is full of people who have no one for them (João);*

*I like bingo game so much, the celebration of the birthdays of the month from whom live here, there are some souvenirs. It is pretty cool (Amanda).*

According to the theory of socioemotional selectivity, the elderly tend to decrease their network of social relations, but the quality of relationships and the quality of engagement are maintained by selection process and optimization. The elderly seek choosing activities that feel more competent, less threatened and more like his contemporaries, or whose performance promotes self-esteem and self-efficacy. They relate to people who offer them emotional comfort rather than invest in the search for information and social status (Scheibe & Carstensen, 2010).

The participant Anara emphasized that she does not feel isolated, as she stressed about her purpose of having a place that offers her security, as stated in the interview: *"If I rent a kitchenette to live I will not have tranquility. Just turn on the television and you watch news like the assassin killed a so-and-so woman, the old woman died strangled, then these are the cases, it's just what we listen, but here it doesn't happen".* Amanda already evidenced in interviews about the habit of not celebrating her birthday, but when attending this kind of event promoted by the institution, she experienced feelings of joy and comfort. Male seniors considered that out of the ILP they were not well

cared. Thus, the well-being and life satisfaction were experienced in ILP favoring the resilience of these people. As expressed by Fontes and Neri (2015), resilience encompasses beyond the self-resources those that are related to received social support, quality of relationships and integration into the community.

According to Kahn and Antonucci (1980), the elderly can get good well-being levels through significant social contacts. The asylum institution as a place where they also experience social relationships is also understood socially by the symbolism it carries, but to be understood as a space in which the end of a career is not practiced, it induces to reflect as support alternative for those elderly who wish to live their lives independently (Debert, 2012). As an example, Amanda stated in the interview: *"I was alone, I was 65 and as there were other people of my age, I decided to stay"*. She confirmed the need for a healthy social life that could be found in the institution, and in that sense, she believed that the search for a contact with another would be a way to overcome isolation.

Social relationships ensure the elderly the feelings of being and belonging. They can reduce isolation, promote the maintenance of health, stimulate and strengthen the sense of the meaning of life. *"What there is over there, there is not here"* (Anara) was a confirmation of how the resident herself noticed with regard to her stay in the institution, in addition, it reflected on one experienced life in a place that promotes safety and care for the elderly. For these elderly, ILP was an environment in which piety and charity were replaced by acceptance and dignity. In this context, the satisfaction of the elderly in an ILP, according to Carli et al. (2012), is also a result from the care provided by the institution's servers, that is, they represent safety in the asylum environment.

The satisfaction in elderly care is directly related to the understanding that the caregiver has about aging with a process, which allows and ensures a healthy and peaceful contact. The emotional attachment is a major factor in determining who will receive and who will exercise the care (Neri & Sommerhalder, 2012). Therefore, the permanence of the elderly in an environment that provides care, security, respect, confidence and peace intensifies their desire to live in a place like the ILP.

## Family Reference

The literature highlights the family as a complex interactive system which will be responsible primarily for encouraging the learning of social codes, specific rules systems, values, patterns of relationships and bonds, although in different cultural contexts, the familiar social structures may be different from those known by the more developed societies. Family support can be evaluated by favoring affective, informational and instrumental features (Connor & Rueter, 2006). In this sense, personality factors, as well as, gender relations, history of personal life, degree of relationship, socio-economic conditions, historical and cultural aspects and presence of mental disorders are also associated to the quality of relationships and to the interaction among family member throughout the life cycle (Falcão & Baptista, 2010).

The feeling of sorrow for the elderly in relation to the family is something surrounding in the contemporary everyday life of respondents, especially the elderly women, according to the following lines:

*My mother was sick. She spent ten days in the hospital then I asked my wife's nephew to stay with her. I asked only a couple of times, but she came up the time I had asked, and she sometimes said that she needed to go somewhere I do not know where. She would like to say indeed that I should not count on her. My mother spent a lot of time in bed and she went as a visitor. I am not in a position to adapt myself to her (Amanda);*

*My nephews are over there, they are not relative (Anara).*

In the story of Anara and Amanda, the sorrow still remained. In the case of Anara, the nephews had an economic interest of keeping her with them because she could help in the house, so that, during the whole interview, she expressed the choice by the institution as something positive. Morangoni and

Oliveira (2010) noted that disagreements about the coexistence may be exacerbated when in the environment the dialogue among members of different generations is not focused. A good condition of affective life in the family needs to be more flexible and open. Therefore, belonging to a family implies sharing feelings of affection and loyalty, and when this takes place in an inappropriate manner, both for family and for the elderly entails, in most cases, the sorrow.

Regarding Amanda, the bond kept with her nephew went very smoothly, despite the existence of a conflict with his wife. Santos (2013) emphasized that the meetings of the elderly with their family can be providential in their quality of life, that is, the maintenance of family bonding with long-lived in the ILP, even occasionally, is extremely beneficial, since visits have become an extension of the formed bonds, particularly in situations where family members were involved in the care of their long-lived.

To Josias, his family acted as main support in his life. The following statement illustrates this feeling: *"My mother taught me everything. This arrangement that only woman can do things at home while man just stare... it will not work! And if you stay alone? Have you thought about this idea? Then, I learned everything"*. According Faleiros (2013), the right to family is primordial to person, the strength of his emotional ties, the recognition of his origins and his personal development. The more active elderly, especially with family support, provide opportunities for their achievements with greater quality of life. Therefore, the family in protective function to the elderly acts as an individual and social survival plan of its components.

From a model built in the family, the individual begins to follow it and perpetuate it for generations. As mentioned by Cerveny and Berthoud (2002), routines and rituals that are part of everyday life, enshrine the family system and ensure continuity from one generation to another, in the midst of external changes. However, João declined to expand his family upon witnessing how most of the children treat their elderly parents today: *"Thanks be to God, I do not have children... the time they need to take care of their parents, the children do not care and leave them here"*. It was observed that he seemed to have fear of abandonment. He was the last living member of the family, so that he showed more nostalgia and a lonely walk.

In this aspect, the affective value built in the family in the contribution of feelings like sorrow and longing can be examined. According to Falcão (2012), with the passage of time, the person confronts with a number of changes in the family institution, such as retirement, loss of friendship, outgoing of members, low socioeconomic conditions, limited health and institutionalization. Thus, the challenges faced by the family in relation to old age requests, depend on how the family system has been adapted over the years, and how it can adjust to the new requirements of this process. In addition, in relation to that streamlines on the giving and the receiving, it can happen that a family member becomes debtor in relation to another, which inevitably forces him to reciprocity. Though cultural norms and expectations of care vary according to family obligations or branch, caring for the elderly of the family is commonly seen in the context of family solidarity. However, these exchange relations are not always equivalent or reciprocal. Family relationships are dynamic, with long-term coexistence, formed often by different generations, divergent demands and expectations and they do not always meet the real needs of the older members.

## Health Aspects

The uniqueness can be considered as a common thread in the apprehension of meanings related to the health of the elderly. As noted in the narratives of the subjects of this study, by the time of the interview:

*Everything hurts in me, then I want to throw it away. I have osteoporosis, but I walk and I'm doing crosswords, I listen to the National Journal and at the same time I am doing the crossword. I took sleeping pill, but was advised by the medical students and according to the indication of their supervisor, by phytotherapics medicines. I'm doing weaning (Amanda);*



*You know, some people here have done cataract surgery and they recommended that I should not watch television and wear dark glasses, I will do it (Anara);*

*I sleep well and I even dream about my mother and my brothers. I always had home remedy, that's what I take. I never went to the doctor, just once because I had back pain and rheumatism, then he said I had no cure (Josias);*

*I take some pills that actually I do not know to what it works, I think that is for quitting smoking (João).*

Along the way, an elderly who finds ways to cope with the pain of a worn body was noted: *"I want to throw it away"* (Amanda). The resident in question did not have physical activities and, at that moment, she decided to carry out them for the purpose of improving her quality of life. There was also the routine of the institution to provide care for its residents, for example, João who, for a long time, made use of alcohol and continued to smoke. He came to ILP with his health compromised, as reported in his medical record, and since then he has been receiving drug treatment. It is considered that the care in health is present throughout development, that is, it does not end in one stage of life, as the individual has the dimension of the need to care for himself, his health is likely to be less committed in the senescence.

Regarding self-care, Josias illustrates this when states: *"I wash my clothes, I cut my fingernails, I just do not cut my hair."* Anara, during the interview, sought information on cataract surgery by means of information from one of the nurses of the institution. For Santos et al. (2012, p.748) "self-care is the practice of activities that the individual starts and runs for his own benefit, in the maintenance of life, health and well-being." Thus, it can be inferred that this practice is combined with the apprehension of dispositions towards oneself with regard to the conservation of life itself. Therefore, self-protection is a predisposition of human beings. From taking care of himself and the other, the man takes a meaning to his life. Besides, healthy in a human subject is considered and assessed on the basis of his relationship with the environment in which a singular particular time is recognized, preserved, enriched and confirmed (Figueiredo, 2011).

The weakening of memory to Zarit and Zarit (2010) is the indicator in the diagnosis of a possible dementia. Then, when forgetfulness becomes common in everyday life it becomes a cause for concern. It is understandable, but not every elderly suffers specifically from dementia or other disorders that impair cognitive functioning. Changes in memory occur, but not only them points to a dementia. Interestingly, most of the time, people for being young at that time, do not consider important forgetting names and keys, for example, their attention is only focused for these factors when in old age, that is, memory commitment is only recognized when they are elderly.

For a long time, dementia was associated with older people, as explained Zarit and Zarit (2010) that being old was being demented, but there are some elderly who lived for a long time and the effects of this aging do not occur. Mr. Josias, 91 years old, is an example and he reports: *"I came here in 1940, during the war. Everything was very hard and I came to get a job. I knew nothing"*. In this speech, it is highlighted the experience that took place in a historic moment of great impact as the World War II, that proves a memory, that is preserved in events that occurred in the past and rescued by the elderly, today.

It was noticed in this investigation that active aging does not mean being immune to disease, but the elderly participants look for alternatives that provide a better quality of life. Fontes (2010) reported the recovery capacity in the face of adverse situations faced by the elderly, granting the deconstruction of the myth of decline in old age. This recovery capacity is in resilience which comprises a type of related plasticity to the maintenance and recovery potential of adjustment levels. In this study, the ways in which the long-lived were experiencing their daily lives, managing an optimized health coping and living with a body in the aging process.

## Final considerations

Studying a not dependent elderly resident in ILP involves getting near someone who is unique and intriguing, since the nursing home is organized through strict rules and carries the assistentialist stigma. However, it was met in this study a long-lived as an active person, with desires, and especially creative in the face of changes to his daily life, understood as forms of coping which provides a better way of life to be experienced. The elderly respondents signaled to have found in this place a kind of insurance and kindness port as the search for an environment that would provide them security and welcomed was something common in their speeches. In addition, family conflicts, hurt feelings and disappointment with the world outside the institution and fear of urban violence were observed.

In this context, this study contributes to the demystification of elderly people residing in ILP, as just being dependent, weak or sick people. Therefore, the fact of seeking, on one's own initiative the ILP as housing, indicates that old age can be experienced in an institutional context when one does not have conditions to stay with family members or at home. It is also considered that the contemporary elderly person, who is living a healthy aging, allow him to meet his choices and as a result he looks for places and people who understand him, promoting a better quality of life.

These findings indicated that, gradually, the ILP came to consider the long-lived as someone with autonomy, able to set up on his own in a place that would give him besides new experiences, friendship circles, unlikely from that elderly person identified in the asylums of the nineteenth century as a passive, helpless and harmless being, a victim of his aging (Goffman, 2010). In this sense, the structure of active aging requires a scenario that provides the elderly person, autonomy, adversity coping and achievement of personal goals. It is true that all this might be carried out from the ILP, however, the study in question pointed out that the well-being and satisfaction with life can also be experienced by elderly residents in a nursing home, recognized by respondents as a protective and caring place.

Finally, this study of exploratory character presented important limitations as to its population and sample. The information presented cover a small part of a larger universe, limiting the amplitude but not the validity of the results. For future research, it is recommended, for example, to investigate other long-term care institutions, enabling understanding other contexts and realities.

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Received: May. 05,2015  
Approved: Nov. 25,2015

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