
AGING AND DEATH: PERCEPTION OF ELDERLY WOMEN FROM A SUPPORT GROUP

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ABSTRACT. Aging is a stage of life which, according to an individual's experiences, starts with a decline in his/her functioning. The elderly see their possibilities reducing and the likelihood of their death increasing. Considering such aspects, the aim of this study was to understand the perception of seven elderly women participating in a social group from the *Região das Hortênsias*, state of Rio Grande do Sul, Brazil, about aging and death. Data was collected through the focus group technique, with a pre-established script, and data was analyzed by means of Bardin's methodology (2010), generating five thematic categories and fifteen thematic subcategories. Results show the inclusion of these women in the social group as something positive, allowing the expansion of their friendship circles and giving them more energy to perform activities. Their perception about this stage included a feeling of freedom (time to go out, to be with their families), pleasure in discovering new activities, ambivalence and presence of denial related to aging. It was also observed that they have a concern about their health and hold on to religiosity, which appears as an important resource for them to face this stage. With regard to their perception of death, although denial is present, they are also aware of the possibility of it happening, which is seen as something natural, but mysterious. A desire to travel, take care of their families and work is part of these elderly women's plans. We expect that this study promotes reflections, contributing to breaking taboos surrounding the matters of aging and death and, therefore, improving their quality of life at this stage.

Keywords: The elderly; aging; death.

ENVELHECIMENTO E MORTE: PERCEPÇÃO DE IDOSAS DE UM GRUPO DE CONVIVÊNCIA

RESUMO. O envelhecimento é uma etapa do ciclo vital em que, de acordo com as vivências de cada um, inicia um declínio no funcionamento do indivíduo. O idoso percebe suas possibilidades diminuídas e a probabilidade de morte se amplia. Considerando tais aspectos, objetivou-se conhecer a percepção de 07 (sete) idosas participantes de um grupo de convivência na Região das Hortênsias/Rio Grande do Sul, sobre o envelhecimento e a morte. Na coleta de dados, utilizou-se a técnica de grupo focal com roteiro pré-estabelecido e, para a análise de dados, a metodologia de Bardin (2010), gerando 5 (cinco) categorias e 15 (quinze) subcategorias temáticas. Os resultados evidenciaram a inserção no grupo de convivência como algo positivo, permitindo a ampliação do círculo de amizades e disposição para a realização de atividades. A percepção desta etapa envolveu a sensação de liberdade (tempo para passear, estar perto da família), prazer na descoberta de novas atividades, ambivalência e a presença da negação relacionada ao envelhecimento. Observou-se também que há preocupação com a saúde e apego à religião, que se apresentam como um recurso relevante no enfrentamento dessa etapa. Relacionado à percepção sobre a morte, apesar da negação estar presente, existe também consciência da possibilidade dela, sendo encarada como algo natural, porém misterioso. O desejo de viajar, cuidar da família e trabalhar faz parte dos planos dessas idosas. Espera-se que este estudo promova reflexões, contribuindo na eliminação de tabus que rodeiam os temas envelhecimento e morte, e, portanto, possibilite uma melhora na qualidade de vida nesta etapa do ciclo vital.

Palavras-chave: Idosos; envelhecimento; morte.

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ENVEJECIMIENTO Y MUERTE: PERCEPCIÓN DE ANCIANAS DE UN GRUPO DE CONVIVENCIA

RESUMEN. El envejecimiento es una etapa del ciclo vital en la cual, de acuerdo a las vivencias de cada uno, se inicia un declive en el funcionamiento del individuo. El anciano percibe sus posibilidades disminuidas y un aumento en la probabilidad de muerte. Considerando estos aspectos, el objetivo es conocer la percepción de siete (7) ancianos integrantes de un grupo de convivencia en la Región de Las Hortensias / Rio Grande do Sul, sobre el envejecimiento y la muerte. En la recolección de datos, se utilizó la técnica de grupo focal como guía preestablecida y análisis de datos, la metodología Burdin (2010); lo cual generó cinco (5) categorías y quince (15) subcategorías temáticas. Los resultados evidenciaron la inclusión en el grupo de convivencia como algo positivo, permitiendo la ampliación del círculo de amistades y mejor disposición para la realización de actividades. La percepción en esta etapa involucra el sentido de libertad (tiempo para pasear, estar cerca de la familia), placer en el descubrimiento de nuevas actividades, ambivalencia y presencia de negación relacionada al envejecimiento. También se observó la preocupación por la salud y el apego a la religión, que se presenta como recurso importante en el enfrentamiento de esta etapa. En relación a la percepción de la muerte, a pesar de estar presente la negación, también existe conciencia de posibilidad de ella, siendo encuadrada como algo natural, sin embargo, misterioso. El deseo de viajar, de cuidar a la familia y de trabajar, son parte de los planes de los ancianos encuestados. Se espera que este estudio promueva reflexiones, contribuyendo a la eliminación de tabúes que rodean los temas de envejecimiento y muerte y, por tanto, mejoren la calidad de vida en esta etapa del ciclo vital.

Palabras-clave: Ancianos; envejecimiento; muerte.

Introduction

People are living longer and better thanks to advances in medical technology and improvements in public health. Accounting for 10.08% of the total population, Brazil has about 20.6 million elderly people now, and the country is estimated to have 58.4 million seniors by 2060. Brazilians' life expectancy has also increased in recent years: in the 1940s the average life expectancy was 50 years of age; in the 2000s it rose to 70; and by 2050 Brazilian people are expected to reach 81 years old. Therefore, according to this trend, the majority of the population will be made up by elderly individuals (IBGE, 2014).

Aging brings with it a concern with the peculiarities of this stage such as social withdrawal, which emerges as one of the most striking aspects, occurring due to lack of friends or spouses alive, contraction of diseases or the absence of family. Inevitably, when it comes to aging, death is thought of as the last stage of life. However, in our culture it is taken as a controversial issue to be avoided or denied, as though not talking about it prevented the event from happening, or talking about it attracted it. There is a need to change the stigmatized view that permeates both themes, since aging and death are part of life (Papalia, Olds, & Feldman, 2008).

Aging is an ongoing and irreversible process oftentimes perceived more negatively than positively. However, perceptions about this stage are subjective, being influenced by an individual's experiences and the context in which he/she is and where he/she has lived (Oliveira et al., 2014).

The general objective of this research is to know the perception of elderly women from a social group about aging and death, in addition to analyzing the inclusion of these elderly women in said social group and their expectations for the future. This research is expected to provide subsidies and clarification in interventions with seniors in applicable contexts in order to broaden the literature on the theme under study. For such a purpose, questions about aging, social groups and death will be briefly addressed first.

Aging

Aging is a universal phenomenon that implies changes which are not only physical and biological, but also psychological and social. These changes are natural and gradual, varying according to one's genetic characteristics and way of living (Zimerman, 2000).

About physiological changes involved in the process, there is a significant decline in body functions, varying from person to person and according to one's lifestyle. In this phase, health becomes fragile and the body and its functions do not work as well as before. Sleep is affected and older people tend to sleep and dream less. Memory and other cognitive skills begin to fail as a result of neurological problems (Papalia et al., 2008).

Besides the physiological transformations involved in the aging process, there are psychological and social changes too, making the individual more reflective. Lack of motivation and planning for the future, a need to understand organic, affective and social losses, trouble adapting to quick changes, issues concerning self-image and self-esteem, and psychiatric disorders are seen as the main psychological aspects in this context (Zimerman, 2000).

Aging is marked by significant factors that directly affect the self-esteem of the elderly such as identity crisis, caused by their failure to play a social role; changing roles in the family, in society or in their occupation; death of partners and friends; onset of diseases; social isolation and retirement, which often come with feelings of uselessness and changes in routine (Silva, Fossati, & Portella, 2007).

Another characteristic of aging and an extremely important factor for the elderly is religiosity, which, in this phase, is perceived as a support for them to cope with crises and changes deriving from aging itself. Moreover, religiosity favors social interaction, since seniors, when it is possible, join religious institutions and support groups (Dendena, Dallazen, Lyra, & Tosi, 2011).

Perceptions about aging and its characteristic are wide and vary according to the judgment of those experiencing it. In a study conducted by Oliveira et al. (2014) with a group of seniors in Iguatu, Ceará, Brazil, perceptions about aging were positive, and reaching this stage of life was considered a privilege. It also found that the participants had no frustrations about life, but perceived aging ambiguously due to past experiences. Similar results had been already found by Frumi and Celich (2006) with elderly individuals from a social group in a city of northern Rio Grande do Sul. In said study, the participants also pointed out that aging brings remembrances and memories of good and bad times lived.

A research carried out with centenarian seniors, in the city of Passo Fundo, RS, highlights aging being perceived as a time to honor God and life, as a time of thanksgiving, forgiveness, and a time to go away. For some of these elderly, death was seen not as the end of life, but as an alternative to rid themselves of limitations and dependencies faced at this stage of life (Biolchi, Portella, & Colussi, 2014).

Despite all difficulties perceived in this phase, aging can be compared to adolescence for the experimentation of new things, such as the discovery of new skills, trips that could have not been taken before due to lack of time or money, dedication to study and leisure, among others. Their desire to live, perceived in some elderly people, may be the explanation for the success of programs aimed at old age, such as social groups (Kovács, 2005).

Social groups

Men participate in groups at all stages of their lives: family, friends, school and work (Zimerman, 2000). In social groups, members are kept inserted socially and, in the case of the elderly, participation allows aging to be experienced in a more active and healthy way, strengthening ties and promoting interaction with other people, thus preventing isolation (Wichmann et al., 2011). Interaction within social groups triggers behavioral changes in the community and members, in the face of the existing prejudice against old age, thus strengthening the social role of the elderly (Rizzolli & Surdi, 2010).

As Celich, Creutzberg, Goldim and Gomes (2010) underscore, participation enables individuals to develop very important factors in their aging process – such as the belief that they are being taken care of, loved and valued – and the sense of belonging to a group in which they can give and receive emotional support. Friendships built in such groups help minimize depressive symptoms. High levels of

social support, adjuvant activities in the support of the elderly and an active handling of difficulties are associated with low levels of depression, showing the importance of social support networks (Celich et al., 2010).

In a study conducted with seniors participating in social groups in the city of Fraiburgo, Santa Catarina, Brazil, the authors Rizzolli and Surdi (2010) found that the reasons that led the elderly to join these groups include search for better health conditions, need to interact with other people, medical indication and higher self-esteem. The study evidenced also that, after joining the groups, they presented improvements in their health and felt happier, more motivated and valued.

In addition to influencing quality of life and well-being, inclusion in social groups changes the idea of aging because seniors end up leaving aside those activities considered typical of their generation, like staying at home resting, playing cards, hanging at the square, taking care of grandchildren, etc. Members acquire a more optimistic view of events, realizing that old age is not a disease and that it is possible to have friends and health at this stage (Vargas & Portella, 2013).

Therefore, it is understood that social groups allow the elderly to change the view they have of themselves and others, perceiving their life more positively. For providing elderly people an environment where they can interact with individuals in the same condition as theirs, social groups can be a means to make them reflect on and also prepare themselves to the end of life.

Death

People are used to avoid talking about death and, although it is a common event to all, regardless of age, it is experienced with great resistance; consciously or unconsciously, they tend to resist to the idea of their own aging and death (Elias, 2001).

In the Middle Ages, death was considered something domestic and ordinary, a natural life event. For this reason, when someone felt that he/she was going to die, he/she tried to say goodbye to his/her family and friends during a public ceremony in his/her house, and everyone, including family, friends and children, was allowed to enter his/her bedroom. From the second half of the twentieth century, death ceased to be something natural; the place of death changed. The rituals were no longer performed in the family's house, and people began to die alone, in hospital beds, where they received care which could no longer be given at home (Ariés, 2012).

Dying is a solitary act that causes fear, but is manageable on various levels. However, for the unconscious it is impossible to imagine an end to one's own life, as he/she can only understand death as a sudden or tragic event, or also caused by murder or a serious disease (Kübler-Ross, 1998).

Though expected, death is never completely accepted, because along with the loss of a person comes the end of a stage of life. For instance, when a mother dies, part of childhood and adolescence dies together; when children die, the future planned for them die in their parents, and so does dreams, possible grandchildren and the ones who would stay with them to the end of their lives (Zimerman, 2000).

Discussing the representation of death and how the matter is understood is very important. Old age is a stage of re-signification and preparation for the end of life, and reflection on death allows men to give a new meaning to their lives. However, it is evident that talking about death is something people avoid as they believe that talking about it can cause suffering or constraint to the elderly (Kovács, 2005).

On the other hand, researches with elderly groups have ratified the perception of death as a natural process (Frumi & Calich, 2006; Becker, 2014), which is also found in the ideas of Ariès (2012). In addition, in an investigation on the theme, Becker (2014) found the prevalence of the perception of death as peace of mind, coupled with fear, insecurity, desire to be with family and friends, liberation and reunion with others who have already died.

Another research conducted by Giacomini, Santos and Firmo (2013) with 57 elderly in Minas Gerais found that death is experienced by the elderly in their own bodies, which are mourned in advance in the form of limitations, inability to work and do what they want, as well as injuries and mutilations. Thus, living with chronic diseases consequently leads to the fear of dying. The desire for a sudden death, without pain and without bothering others is also expressed.

Method

This is a qualitative research in which the researcher, in an objective manner, recognizes the complexity of the object of study, reviews theories on the theme critically, establishing relevant concepts and theories by using appropriate data collection techniques. It therefore seeks to understand phenomena in detail, tracking subjective information which, in most cases, is imperceptible to the quantitative methodology (Minayo, 2008).

The study participants were seven elderly women members of a social group from the *Região das Hortênsias*, in the state of Rio Grande do Sul, which counted with 31 members aged from 55 years old. The social group (chosen by convenience) met up once a week in a hall at the neighborhood, promoting activities such as dance parties, dinners, trips and physical activities. The criteria for inclusion in the study were: a) being female, since women were the majority in social groups; b) being aged 60 years old or over, in accordance with the Brazilian Statute of the Elderly (Lei n. 10.741, 2003) and c) being married, in order to prevent the influence of the marital status variable on the results. Six of the participants had complete elementary school, and one was illiterate. Other sociodemographic data is shown in Table 1.

Table 1 – Participants' sociodemographic data.

P	Age	Children	Grandchildren	Occupation	Current situation
P1	64	6	9	Housemaid	Retired
P2	60	4	3	Housemaid	Working
P3	73	1	2	Housemaid	Retired
P4	64	5	3	Farmer	Retired
			1 g		
P5	64	4	8	Housewife	Housewife
P6	85	4	7	Housemaid	Retired
			2 g		
P7	61	2	3	Seamstress	Retired

Note. P= Participant; g= great-grandchild.

A socio-demographic form and a focus group for discussion on the theme studied were used. In the focus group technique, data is collected from group interactions which discuss a particular subject (Backes, Colomé, Erdmann & Lunardi, 2011).

The study was approved by the Ethics Research Committee (process 674). The first contact with the group was made directly with its coordinators, whom were then informed about the objectives of the study and signed a letter of authorization. Subsequently, the elderly women were contacted in the social group of which they were members, being informed about the content and objectives of the research.

All participants read and signed an informed consent form. At that moment, three scripted group meetings were scheduled (coordinated by the first author), with a focus on discussing the research theme. In the first meeting, the elderly women's inclusion in the social group was addressed; the second aimed at their perceptions about aging; and in the last meeting, they talked about the future and death. The meetings lasted an average of 1h and 30 min and were held at the place where the social group met up weekly. For the recording of the sessions, which were later transcribed, a recorder was used, with the women's consent.

Data analysis was based on Bardin's Content Analysis (2010). The first step after the meetings with the group finished was to transcribe the discussions recorded. In the following stage, pre-analysis, the data collected was organized and, then, the material was grouped and categorized into themes, facilitating the interpretation of the information reported by the participants during the group discussions.

Results and Discussion

The focus group sessions generated five categories and fifteen subcategories, which are displayed in Table 2 and discussed below.

Category A: Social Group

The Social Group category was made up by the speeches of the participants about their experiences concerning the moment they joined the group, as well as changes that have occurred in their lives and feelings involved in this context. In this way, subcategory A.1 was created, referring to reasons for the search, mentioned in the reports of the participants, as seen through P6: *“Well, I had been stuck at home for almost 8 years, on the couch, with nowhere to go; then a lady came to my house and invited me to go with her to the Third Age, but I didn’t know what Third Age was... After I joined I got a lot better and I come back whenever I can”*.

Table 2 - Categories and subcategories.

Category	Subcategory
A: Social group	A.1 Reason for the search
	A.2 Feelings
	A.3 Gains and changes
B: Perception about aging	B.1 Positive aspects
	B.2 Negative aspects
	B.3 Ambivalence
C: Current life	C.1 Happiness
	C.2 Worries
	C.3 Devotion to religion
D: Perception about death	D.1 Meaning
	D.2 Own death
	D.3 Losses
	D.4 Support group
E: Future	E.1 Plans
	E.2 Waiting for death

The main reasons that led the participants to seek the social group was the fact that they were idle at home, with nowhere to go; the invitation always came from neighbors, friends or people who were already part of the group. For Rizolli and Surdi (2010), the elderly resort to social groups in order to improve the condition of their health, be able to interact with other people and due to feelings of loneliness and uselessness.

The participants at first were reluctant about joining the group, for considering it to be a thing for old people, and they did not seem themselves as so: *“I had this neighbor who was always inviting me, so I used to say, ‘I won’t go. As if I got stuff to do’. But then she insisted so much that I came the first day, the second day...”* (P1). Still in the report of P1, the elderly woman speaks of the change in her understanding about the group: *“My husband wouldn’t come, he said he wasn’t old. But then I came alone, I hadn’t got all that yet.”*

In subcategory A.2 the elderly women narrated how they felt as participants of the social group. The reports of P6 and P2, respectively, evidence how beneficial the group was for them: *“Oh, I feel really good, it’s a good thing. It’s really good.”*; *“It is the best thing you can have”*. These results corroborate data from other researches showing benefits resulting from a senior’s inclusion in social groups: higher self-esteem, interaction and strengthening of ties between members, possibility to obtain future perspectives for the life of all (Vargas & Portella, 2013), group relations as a predictor of quality of life

(Celich et al., 2010) and as a protection factor against loss of functionality (D'Orsi, Xavier, & Ramos, 2011).

In addition to the feelings experienced by the elderly women, their speeches also presented gains and changes that have occurred in their lives, represented in subcategory A.3. The elderly women reported more energy for daily activities and improvements in their mood: *"For God's sake... I'd been on antidepressants for three years, then I joined the Third Age, talked to Lídia and all the guys here, I got healed"* P2. Moreover, they mentioned the learning of various activities, motivation to dress up and that they had made new friends: *"If I hadn't come I wouldn't have known these people"* P6. After some time participating in social groups, many seniors see that their lives have turned around, with improvements in their everyday routine (Vargas & Portella, 2013). Personal growth was also pointed as a gain provided by the participation in the group: *"... but then I started to get so involved that I ended up getting where I am today, the queen of the group, queen of the city."*

These elderly women's speeches showed that the social group brought benefits in every way. The group proved to be an important support in aging to keep the elderly constantly active through dynamic participation.

Category B: Aging

Aging aspects were also mentioned by the participants. In subcategory B.1, representing the positive aspects of this stage, the senior women spoke of: freedom to perform their activities, free time to be with children and grandchildren, the fact that they did not need to work and, thus, be able to go out and engage in other leisure activities. This fact is made clear by P1: *"It's easy for me. I'm more active than when I was young. I like to dress up, always feel good..."* These positive aspects are part of results found in most studies about aging (Silva, 2011; Frumi & Celich, 2006; Becker, 2014).

The group members also mentioned how they face this moment in their lives. A big portion of the group referred to acceptance as to aging, as they consider that there is no other alternative: *"We have to accept. What else can we do?"* (P5). The findings in this subcategory reinforce data from other investigations, according to which aging is understood as a natural and inevitable process, that is, as something that is part of life: we age because we live (Souza, Matias, & Brêtas, 2010; Marchi, Schneider, & Oliveira, 2010; Silva, 2011; Frumi & Celich, 2006).

It is interesting to note illness as one of the main factors mentioned by the elderly women from that group when asked about the negative aspects of old age. P4's speech represents this subcategory (B.2): *"The downside is falling ill."* Becker (2014), in a study with 40 elderly people from a social group in Capinzal, Santa Catarina, Brazil, found similar results: 11 interviewees (8%) perceived the aging process as physical illness and 17% (n = 17) pointed physical illness as a negative factor of aging. Illness as a limiting factor in old age is also mentioned by seniors of both sexes from the city of Porto in Portugal (Silva, 2011). Presence of denial at this stage of life was noticed: *"Age comes, right? Many don't have a job, but I got at this age always working; time went by but I didn't even see it; all of a sudden another year had passed, and that's how my life was"* (P6). According to Py and Trein (2006), denial of aging makes people resistant, consciously or unconsciously trying to avoid pain and suffering.

Ambivalent feelings (subcategory B.3) about aging appeared in the speech of some elderly women: *"I feel more than good... Like, sometimes I'm afraid, you know?"* (P7). This is also manifested in the speech of P4: *"Look, for me it's good and bad at the same time (laughs). The bright side is that we have more freedom; we had to take care of children and all before, but now we're on our own..."* This ambiguity as to aging was also observed in Oliveira et al. (2014), in Iguatu, Ceará. For the authors, this is due to feelings being linked to past experiences of the elderly and their subjectivity.

An individual's marital status can influence how aging is faced, according to Keong (2010). For the author, married elderly women experience the process in a more negative way compared with widows, who, after going through a grieving process successfully, face old age in a more harmonious way. From this consideration, it is understood that P6 went through a grieving process marked by much suffering because she experienced several losses throughout her life, although she currently had a partner: *"I*

was always working, doing my things. I became a widow 3 times, now that's my fourth husband. It was the saddest thing ever; I suffered; my life came to an end then. I didn't suffer for the first one as bad as I did for this last one."

Category C: Current life

Mentions of the participants' current life were grouped in this category. The elderly women reported happiness (subcategory C.1) and satisfaction with the moment being experienced: *"For me it's all good; I wish we had more dance parties (laughs). That's how I like life, I like to stay home with my things too, everything's good"* (P7). As observed in this participant's speech, inclusion in the group enabled new relationships and promoted health and a sense of well-being (Celich et al., 2010).

However, there is concern with health and relationships (subcategory C.2). In the view of Rodrigues, Watanabe and Derntl (2006), in old age the idea of autonomy is coupled with the concept of healthy. For the elderly, being able to perform their daily tasks without hindrances means good quality of life and feelings of usefulness. P6 illustrates this conflict: *"That's how I think, 'Wow, now age will come hard', I might live a little longer, or the end might come soon. But I'm always positive; maybe I'll live to be 90. I always ask for God to give me health always"*. About the concern with relationships, P3 exemplifies: *"There's just this little thing, he doesn't follow me. He always thinks different. But otherwise I'm happy, I have fun here."*

The matter of religiosity (subcategory C3) was another data strongly present in the elderly women's speeches, in their current context, corroborating results from other investigations (Silva, 2011; Frumi & Calich, 2006, Becker, 2014). Religiosity becomes an important strategy that helps them deal with stressors and face the process with greater acceptance. In old age, devotion to religion happens naturally, since the approaching death causes the elderly to approach existential themes, and because they fear their own death. Due to that, they begin to believe in and pray more to God (Dendena et al., 2011). P6's speech addresses the matter of religiosity present in the group: *"I lie down and pray the Our Father, because at my age something might happen, but I have faith..."* Praying before sleeping seems to give confidence to the elderly woman for her to keep on living, even though she is aware of the stage she is going through.

Category D: Death

When asked about the meaning of death (subcategory D.1), each participant answered in a singular way. Among the perceptions that prevailed, death stands out, being considered as something that is part of life, showing the resignation of most participants, perceptions which are consistent with other researches on the theme (Becker, 2014). Death also appears as the passage to a spiritual journey (Frumi & Celich, 2006).

In contrast, the following reports indicate the refusal of this phenomenon by participants: *"It's hard to accept; it also depends on how it comes. It can be a relief or a sad thing"*; P6 *"I don't think about death, about this bad thing"*. For Freud (1996), denial of death originates in our unconscious, which deems itself immortal and disregard all that is negative and all kinds of denial. Because of that, it does not conceive the idea of dying, but admits the other's death.

The comments of the elderly women also revealed death as a mystery to all of them, something so uncontrollable that it is not possible to know when it is going to happen, being associated with a passage to somewhere else. P3's speech shows: *"That's what they say, right? They say it's a passage, but I don't know. As they say, nobody comes back to tell, right?"* The representation of death is internalized in the individual soon in childhood through experiences and ludic games. In adolescence, it is elaborated to allow the adolescent to grow up and mature. However, in adulthood, death still cannot be described, and its meaning is culturally evasive for the individual (Fraiman, 2004).

When it comes to their own death (subcategory D.2), according to Giacomini et al., (2013), some seniors express their desire to have a sudden death, without pain and without burdening people around

them. P4's speech corroborates the authors' statement: "... dying without suffering, right? Sleeping and not getting up anymore". P7 also emphasizes: "If you have to die may it happen suddenly."

In the losses subcategory (D.3), the elderly women reported the experience of losing loved ones. Zimmerman (2000) mentions that, due to the life stage the elderly are going through; they have already experienced a number of losses in the course of their lives, and how they face these losses will depend on the relationships established between them and the person who has died. In P5's dialogue, she shows how difficult it was for her to elaborate the death of her sister: *"I kind of got used to her absence; I used to cry day and night. I wasn't ready, like when my mom and dad died; she died suddenly and when they came to tell me the news I just screamed, I couldn't believe. I get goosebumps just remembering. It was awful. I thought I was going to die with her; I was even taken to hospital."*

In order to deal better with losses in the course of their lives, including of fellow members of the social group, the importance of the group as a support is stressed. P5 refers to the group as a support (subcategory D.4) pointing out: *"Well, the losses happened before I joined the group. But whenever I feel sad, anything, I talk to Nelli, whom I like a lot. She was always talking to me, giving me advice; here they know that I was really close to my sister."* Silva and Kinoshita (2009) consider social groups as a way to promote reflection and prepare the elderly to death for allowing them to interact with individuals in the same condition as theirs: *"But today we see it as part of life, right? It's inevitable; however much we don't want to talk about it, avoiding it, there's nothing we can do... We have lost many friends from the group already too. We need to accept it, it's natural."* (P1). On the other hand, the group allowed the elderly to prioritize questions regarded as more important, as it can be seen through P3: *"But after I came here I changed my mind a bit, I started to think more about my life, about enjoying it"*. It is understood that, from their insertion in the social group, the elderly become more motivated to set goals in their lives. This space, besides enabling the elderly to carry out various activities, also favors their self-esteem and the appreciation for seniors (Rizzoli & Surdi, 2010).

Category E: Future

The perceptions of the participants about the future make up this category. First, the senior women highlighted their plans, in subcategory E.1. In this sense, P5 states: *"As long as I'm able to work in the crops, knit and crochet, I'll be fine. I'll keep going for as long as I can."* She thus expresses her desire to remain autonomous, something often mentioned in other studies (Oliveira et al, 2014; Silva, 2011). In another speech, she expresses her desire to travel: *"And travelling too; maybe next month I'll go to Santa Catarina and see my brother"*.

These women's desire to take care of their families is also part of their future plans, manifested by P1: *"I intend to give more attention to my family too, which I failed to do before, and stay here in the group, always helping"*. For Celich et al (2010), maintaining the social network by means of meaningful relationships such as the presence of family and friends promotes the happiness and well-being of the elderly.

Finally, in subcategory E.2, with the words of P.3 and P7, respectively, the experience of waiting for death is brought to light: *"about the future, we're only waiting for the death, right? Which is the only sure thing in our lives; we don't have much to think about"; "I don't know when my time will come, that's why I enjoy here with them."* As Zimmerman (2000) states, these thoughts are reflections of the anxiety caused by their concern with age. In this sense, Martins, Andrade and Rodrigues (2010) stress that the future is for the elderly an uncertainty, about which they react passively with feelings of sadness, loneliness, fear of suffering and burdening other people. However, in general, they show love for life, being attentive to their health and satisfied with the way they lived their lives.

Final considerations

The conduction of this study allowed investigating the aging process and perceptions about death from the perspective of elderly women inserted in a social group. The main results obtained in data analysis considers that the process of inclusion in the social group, at first, is experienced with reluctance by the senior women, being related more to their inadmissibility of the condition of being an elderly individual than to them not knowing the group or its purposes. Then it is seen as something that brings re-signification and satisfaction, due to the possibility of recreating their circle of friends and being able to see themselves again as active individuals, as reported by the elderly, who felt that they had more energy and were happier.

The social group appears as an important aid to the elderly women in difficult times, when they share their worries and also the good things in life. From the reflections promoted in the group, the participants could prioritize what really matters in this phase they are experiencing and also prepare themselves to face finitude.

Just as other stages of one's life cycle, aging brings positive and negative aspects, but there is no way to dodge or avoid these characteristics and their consequences, as reported by the participants. Other factors relevant to this process, brought by the senior women were concerns about health and relationship and with religiosity as an important support in this time of their lives.

About death, it was evidenced that, despite denial being present, they were aware of its possibility, which was exemplified when some participants mentioned death as something natural, part of life. It is inferred that the losses experienced by the elderly women throughout their lives have put them before this reality. Death is also represented as a mystery to the participants, who express their desire for a sudden death, without suffering.

It was found that the elderly participants, despite the phase they were going through, made plans for the future, as if they wanted to make the most of it, until the last moment, the rest of their lives. The women oftentimes brought in their speeches a desire to travel, take care of their families, engage in activities such as handcraft, and also work, in any way. It is understood that having future plans leads to a better quality of life in the experience of this stage of their life cycle.

The conduction of this research showed the importance of turning our eyes to the elderly present in our society and also to the elderly of the future, preparing them in the sense of education for life and death. Based on this, it is expected that the present study can contribute to the implementation of interventions toward facilitating the process and assisting in the breaking of taboos surrounding the matters of aging and death. The study therefore encourages the break of the resistance to and denial of aging and death, broadening the discussion on the theme, aiming at a genuine acceptance of this stage of life and preparation for a better quality of life in old age.

It is worth mentioning that the focus group, as a data collection instrument, proved to be a facilitator in the approach of the theme, considering that, if individual interviews were conducted, talking about death and aging would be a more delicate task. The small sample (07 elderly women) was one of the limitations of this study. In this way, conclusions apply only to the population investigated, and it is not possible to generalize the results obtained in the research. Another limitation refers to the place where the focus group meeting was held. Because the participants were not able to meet up at another time, the focus group meeting was concomitant to the social group activities. For this reason, other people were present in the same space, which may have influenced the elderly participants' reports, not allowing them to feel more comfortable. The limited data on death, in addition to being a reflection of their difficulty in talking about the theme, can also be a consequence of the environment where the focus group meeting took place.

As a suggestion for future studies, these aspects should be considered in the conduction of further investigations involving other social groups from the same region in order to increase the number of participants corroborate the data obtained and find other significant results related to the theme. Subjects that address death should also be included in the training of health professionals, considering that talking about death is talking about life.

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