

THE EXPERIENCE OF AGING: A PHENOMENOLOGICAL PERSPECTIVE

Maria da Graça da Silva¹
Magali Roseira Boemer²

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This qualitative study with a phenomenological approach looked at elderly people (60 years of age or more) who attend two Elderly Community Centers located in a state capital in Central-Western Brazil. The goal was to understand the experience of aging through the experience of people who are aging and its meaning for nursing practice. Phenomenological interview resources were used, with the following guiding question: "What is it like to reach this age? To live so many years?" The results showed that these people's main concerns are: to show that they do not lose their identity because they age and that, sometimes, in spite of their chronological age, they do not feel aged; they expect acknowledgement as citizens; they reinforce that being healthy is essential and grants them autonomy in their lives; they emphasize the importance of family support, life and care; they value financial independence and avoid talking about the finite nature of human beings.

DESCRIPTORS: nursing; aging; aged

LA VIVENCIA DE ENVEJECER EN LA PERSPECTIVA FENOMENOLÓGICA

Se trata de un estudio de naturaleza cualitativa, conducido según el abordaje fenomenológico; tiene como informantes los ancianos (60 años de edad o más), visitantes de los Centros de Convivencia de la Persona Anciana (CCA), localizados en la capital de un estado del centro oeste de Brasil. El objetivo es tratar de entender la vivencia de envejecer a través de la vivencia de las personas que están envejeciendo y comprender el significado que tiene para la práctica de la enfermería. Fueron utilizadas presuposiciones fenomenológicas de la entrevista, con las siguientes preguntas orientadoras "¿Cómo es llegar esa edad? y ¿Cómo es vivir tantos años?" Las preocupaciones principales de estas personas son: mostrar que ellos no pierden su identidad por el envejecer o por la edad cronológica, ellos no se sienten ancianos; sin embargo, esperan ser reconocidos como ciudadanos; ellos refuerzan que tener salud es esencial y hacen lo posible para mantener la autonomía sobre sus vidas; ellos le dan énfasis a la importancia de recibir apoyo, de la convivencia y del cuidado en la familia; ellos valoran la independencia financiera y ellos evitan hablar sobre la condición finita del ser humano.

DESCRIPTORES: enfermería; envejecimiento; anciano

VIVENDO O ENVELHECER: UMA PERSPECTIVA FENOMENOLÓGICA

Este estudo é de natureza qualitativa, conduzido segundo a abordagem fenomenológica, tendo como sujeitos pessoas idosas (60 anos de idade ou mais), frequentadoras de dois Centros de Convivência do Idoso, localizados na capital de um Estado da Região Centro-Oeste do Brasil. Proposta: compreensão da vivência do envelhecer por meio da experiência vivida pela pessoa que está envelhecendo e o significado desse experienciar para a prática de enfermagem. Foram utilizados os recursos da entrevista fenomenológica, tendo como questão norteadora Como é chegar a esta idade? Viver tantos anos?. Os resultados evidenciaram que as principais preocupações dessas pessoas são: mostrar que não perdem sua identidade por ficarem idosas e, às vezes, apesar da idade cronológica, não se sentem envelhecidas; esperam o reconhecimento enquanto cidadãos; reforçam que ter saúde é essencial e lhes possibilita manter autonomia sobre suas vidas; enfatizam a importância do apoio, da convivência e do cuidado na família; valorizam a independência financeira e evitam falar sobre a finitude do ser humano.

DESCRITORES: enfermagem; envelhecimento; idoso

¹Ph.D. in Nursing, Faculty, Universidade Federal de Mato Grosso do Sul, Brasil, e-mail: gracasilva-ms@brturbo.com.br; ²Ph.D. in Nursing, Associate Professor, Escola de Enfermagem de Ribeirão Preto, da Universidade de São Paulo, WHO Collaborating Centre for Nursing Research Development, Brazil, e-mail: boemerval@gmail.com.

INTRODUCTION

Interest in the theme – aging – emerged after some years of professional nursing experience, especially at the medical clinic, where it seemed that aging was a synonym of disease and death. This perspective is loaded with meaning for whoever knows people who need care in this specialty: generally elderly people, with chronic-degenerative diseases, long hospitalizations and a high mortality rate. Experiences with these people gave form to the theme of this research. The author then started to question: *is this life: dreams came true, frustrated, work, disease and death? But, despite the physical changes, I feel I can do much more! So, what is this: aging?*

In that sense, the research more specifically attempted to understand aging from the perspective of people considered of advanced age, as that is where the concerns are reflected in. Thus, by questioning the meaning of living up to the so-called third age, the expectation was to find a meaning of nursing care for these people, contributing to a more humane academic education and aiming for comprehensive care delivery to this significant population group in current society.

Aging is a sequential, individual, irreversible, non-pathological process marked by the exhaustion of a mature organism, characteristic of all members of a species, so that time makes them less capable of facing the stress in the environment, which thus increases their possibility of dying⁽¹⁾. It is a continuous and progressive process, in which morphological, functional, biochemical, social and psychological changes occur⁽²⁾.

From a chronological and legal viewpoint, in the Brazilian context, *elderly* are people aged 60 years or older (Law n. 10.741, issued on October 1st 2003). A person is considered elderly when completing 65 years in a developed country and 60 years in developing countries⁽³⁾.

The “demographic phenomenon of increased life expectancy and a larger proportion of elderly people in societies has been a source of concern and has aroused debates about old age and aging in all contexts...”, which is why these issues are evident in current society⁽⁴⁾. The Brazilian population over 60 years of age has been increasing in the last decades. The number of elderly (60 years of age) grew from 3 million in 1960 to 7 million in 1975 and 14 million in 2002 (500% increase in forty years), with an estimated

number of 32 million in 2020, representing 15-16% of the total population^(2,5).

The proportion of the “elder elderly” population, that is, 80 years of age or older, in the total Brazilian population is also increasing. From 166 thousand people in 1940, the “elder elderly” group increased to almost 1.5 million in 1996. It represented 11.7% of the elderly population and 0.9% of the total population in 1996⁽⁶⁾.

In parallel with the modifications in the population pyramid, diseases characteristic of aging become more expressive in society. One of the results of these dynamics is the increasing demand for health services. The elderly use these services more frequently, hospitalizations are periodical and bed occupation time is longer in comparison with other age ranges. In general, elderly people’s diseases are chronic and multiple, last several years and demand constant follow-up, permanent care, continuous medication and periodical tests⁽⁷⁾. Hence, means are needed to incorporate the elderly in our society, to change in-rooted concepts and use new technologies, with innovation and wisdom, so as to fairly and democratically achieve equity in the distribution of services and facilities to the strongest growing population group in our country.

Considering aging as a significant issue that is inherent in human existence and deserves a comprehensive look, the proposal of this study was to understand the meaning of aging from the perspective of people who experience this situation and how their experiences can contribute to nursing practice. In view of the above, the present study is justified by various authors’ alert on the increase of this population and its implications for health practice.

METHODOLOGICAL TRAJECTORY AND EXPERIENCE SCENARIOS

This study attempted to understand aging based on the experience of each subject, how each person shows him/herself in relation to his/her conscience as emotions and sensations. The phenomenological approach was chosen because “We believe that the phenomenological reference framework can contribute in the attempt to understand the human being we take care of, the man, the subject of this care. Professional and client are both, subject and object, who complete one another and experience the possibility of an interaction”⁽⁸⁾.

The following is understood: "... the need and the demand of problems to be examined by nursing through innovative reference frameworks that are capable of focusing on human beings in a comprehensive way, also based on their social, cultural and psychological branches"⁽⁹⁾. *Phenomenology* shows that human beings are not objects and that their attitudes cannot be seen as mere reactions⁽¹⁰⁾.

Researchers who decide for a phenomenological research have doubts about something that make them question, following a trajectory towards the phenomenon through the subject who experiences a situation. The phenomenon emerges from the subject who knows, through experience and a perspective on the world, showing him/herself to the researchers who attempt to capture the essence of that phenomenon. The phenomenological approach can contribute when the central study question is the subject as a person who experiences the world in a characteristic way – the person taken care of, the subject of care actions. The premise of Nursing is to understand man in the historical-cultural context of his own existence⁽¹¹⁾.

The study subjects were elderly people who attended two Elderly Community Centers located in a state capital in Central-Western Brazil. After obtaining authorization from the Municipal Social Work Secretary and the coordinators of the Community Centers, the author started to attend the two study sites weekly and was present on different occasions between August 2005 and June 2006, when she attempted to inhabit the world of these institutions. After the Institutional Review Board at the University of São Paulo at Ribeirão Preto College of Nursing – EERP/USP, had approved the project data collection started, lasting from March to June 2006, with weekly visits to the study sites.

The meetings were scheduled and, at the moment of the individual interview, the subjects received more detailed information about the research proposal. If they agreed to participate, they signed the free and informed consent term (approved by the Institutional Review Boards at EERP/USP and the Federal University of Mato Grosso do Sul - UFMS) and received written orientations. This care created a climate of empathy and trust between the people involved in the meeting, permitting comprehensive "listening". Permission was asked to record the statements and all subjects agreed; only one interview was not recorded because of technical problems.

The phenomenological interviews were guided by the following question: *What is it like to reach this age? To live so many years?* Attempts were made not to use the most common terms used to designate people in this age range, such as third age, Best age, oldness, replaced by aging. The terms elderly and elderly person were also used as alternatives for old, as some persons could consider these terms depreciative. No time limit was set; this time depended on the people's willingness to describe their experience. "Seeing and observing from a phenomenological perspective means seeing and observing based on the client's space and time", capturing his/her subjectivity⁽¹²⁾.

Seventeen interviews were held, nine at the Elias Lahdo Elderly Community Center (ECC) and eight at the João Nogueira Vieira ECC. In the former, two men and seven women participated, with ages ranging between 61 and 78 years old; in the latter, seven women and one man participated, with ages ranging from 66 to 83 years. This description reveals the general reality of the study sites: the group is heterogeneous, but mostly female, and participants' ages vary.

At the end of each interview, the tape was returned to allow the participant to listen to the recording, complementing or modifying what had been said. This procedure is justified by the fact that phenomenological interviews look for a language that is "original speech", a "speech" that permits mediation with the other person and communication with the world, going beyond the sum of thoughts and ideas, where the fundamental attitude is "listening"⁽¹²⁾. Moreover, it was a way of guaranteeing to the subjects that only what they had permitted, that is, the recordings would be used.

The elements for analysis emerged from the descriptions obtained during the interviews. Statements were fully transcribed, performing preliminary reading and reporting back to the moment of the meeting to achieve familiarity with each report. Non-verbal communication aspects were considered here, which are constituent elements of the study phenomenon, including posture, gestures, tone of voice, facial expression and silence⁽¹²⁾.

THE POSSIBILITIES OF BEING

In the attempt to personalize the statements and interconnect their contents with the interviewees,

however, preserving their identity, the author chose to identify them by fictitious names, adding the number of the interview and each person's age.

The different readings of the statements, individually and jointly, gradually showed the meaning of aging from the perspective of each elderly person's experience. Based on these statements, interconnected with the author's personal and professional experiences and the observations that emerged from contact with each person, an aging experience that differed from preconceptions presented itself in its various possibilities of being. The interpretation of the testimonies allowed from a partial understanding of the essence of the research phenomenon, without losing the richness of each interview's subjectivity.

In this unveiling, it was perceived that the people do not feel that they are aging, but that they are continuing to experience another moment in their existence: [...] *I think I am not really the most indicated person, you know, to say what aging is like because, in fact, I don't feel that I'm aging, I feel that I'm living and increasingly gaining experience* (Alice 9, 66)*.

This situation is translated as the conflict expressed in the following inquiry "... if the model of old age has always been marked by physical and psychological decline and distancing from the social world, who am I, at the age of 60, with vitality and social needs?⁽⁴⁾". According to the author, the answer is that, when considering the singularity of people as subjects of the experience and, in view of Heidegger's philosophical premises, that these people are in a state of absolute freedom as, as Beings, they manage to properly assume their "having to be" elderly, that is, they assume the responsibility and weight of being launched into the world, experiencing their aging.

Transcending the socially imposed limits on the more advanced ages of life, these people face old age as a golden age for pleasure and for achieving dreams they had postponed. *I'm fine, I feel fine, I'm happy, I live happily, I'm there with my grandson, I play with my grandson, I have my money, I get a retirement benefit, when I want to go out I go out, when I want to travel I travel, when I want to eat "something", I buy and eat it, and I'm living* (Barbara 8, 73).

For some, retirement is no longer a mark of the passage to old age or a way of guaranteeing the subsistence of people who, due to their age, can no

longer perform productive work, but a privileged moment for personal renewal, leading to the search for pleasure and satisfaction⁽¹³⁾.

Hence, some statements express another side of old age, in contrast with some of the well-known dramas of the so-called "third age", presenting the pleasure of joint life at community centers, valuing the experience of being with the other, in a range of possibilities of being. [...] *I always live very satisfied too, because of my friends... (Abraham 2,78). [...] this thing of having contact with people, for me it's normal, I like to participate, like, going out, talking to people, I don't like to stay at home quiet for a long time, I don't like just sitting there... I like to talk to people, participate in things... here at the community center, in church, in the association* (Marina 7, 61).

In a way, the elderly express Heidegger's concept of presence here. According to that philosopher, presence is not only *being in a world*, but also relating with the world, according to a predominant way of being. In the world of community centers, there is no I isolated from other people; there is something that is shared with the others, open as a possibility of meeting. This gives rise to the possibility of jointly living the experience of aging⁽¹⁴⁾.

Another aspect the interviewees revealed was health. Perhaps because western society highlight the reciprocal relation between old age and disease, health emerged as something essential to live well. These people hope that the increased duration of their lives will be accompanied by better quality, so that they can remain active. *Look, reaching the age of 70... 74 years of age it's good to be healthy...healthy* (Sara 12, 74). *–Look, I... I think that reaching this age, the main thing is to be healthy, to feel well... I believe health is something very important* (Ida 15, 67).

For the elderly, health is "... the capacity to keep on performing functions in their physical and social context, autonomously and independently – expressions of freedom – contributing to and interacting with society⁽¹⁵⁾".

However, the imposed physical, social and emotional transformations do not go by unnoticed for these people and are specified by the difficulty to accept one's own aging and the pain of having to acknowledge it in oneself. *Look, aging... we are aging and are not... are not feeling it, you know? When you reach a certain age, like me at the age of 83, then we feel that our joints are harder, our bones are heavier* (Helena 13, 83).

* The first and second number refer to the chronological order the interviews were held in and the interviewee's age, respectively.

The representation of old age as a continuous process of losses, associated with abandonment, disdain and absence of social roles, was responsible for a series of negative stereotypes about the elderly, but also contributed to legitimize a set of social rights, including universal retirement benefits⁽¹³⁾.

Some subjects expressed revolt and protest on certain denominations, as these people are seeking their singularity so as not to become "old" without an identity, an impersonal class. ... this thing with best age... I think it is old-fashioned, you know, from my point of view, because it is not easy to look in the mirror and see the weight of age, of wanting to do, of being dependent. I am not depending yet, I'm still very self-sufficient, at the age of 66, but there are people even younger than I who fully depend on others. That's horrible! (Lucia 14, 66).

Despite awareness of the modifications and limitations as time advances, few references were made to the certainty about the finiteness of human life, and only in a general and impersonal sense. Other statements mention the theme by referring to people close to them who died. [...] *having a good experience, in the fact of our short existence... (Isaac 10, 69). Everything that is born dies, if not at a young age, one does not escape when old (Noel 17, 76). [...] because many, like my father and my mother, they died young, right, and I, at the age of 72, thanks God, I'm happy I've gotten this far (Margarida 1, 72).*

... the loss of my husband, his disease which was very sad, very, like, very exhausting also, right, it made me feel very distressed. It's now 4, almost 5 years ago that he died, then about 3 years after his death... that went by, it went by (pause and emotion) (Ana 5, 73).

The theme of death emerges as a possibility of the human being, because he is a *being-for-death*, and other people's death is more penetrating because it can be accessed "objectively". Death always happens with other people, as mortality and death are only acknowledged by those who stay alive. People's difficulty to talk about their finiteness rests in the fact that, for most of them, dying means leaving the world, not being a "presence" anymore, losing the being-in-the-world⁽¹⁴⁾.

If, on the one hand, talking about finiteness is avoided, religiousness is manifested in expressions of gratitude to God for the years lived already, for the family, for material resources obtained, and also by religious activities. *Thanks God, my life is wonderful! ... at 72 years of age, thanks God, I'm happy I've gotten this far (Margarida 1, 72). [...] It's all very good, so I can only thank God... (Julia 6, 65).*

Brazil is still a predominantly apostolic Roman Catholic country, but with a small growth rhythm; the second largest proportion of religious people corresponds to evangelicals, with a considerable increase in pentecostals⁽¹⁶⁾. The elderly are more religious, with stronger religious convictions, which is why they represent a larger share among apostolic Roman Catholics as well as in other religions, to the extent that ages are increasing⁽¹⁶⁾.

Beyond religiousness, there is spirituality, a much broader term than religion, which is defined as "an innate tendency towards God or a higher power", refers to everything involving a person's existence, such as self-transcendence, relationships, love, desire, creativity, altruism, self-sacrifice, faith and belief⁽¹⁷⁾.

Thus, contact with peers and intergenerational relationships are considered fundamental for a healthy old age, as well as proximity and acceptance in the family core, as expressed in the following statements. [...] *my family lives close, my children always come over at home... I live alone, but my people are with me (Abraham 2, 78). We all live in peace, all children meet at home, they are marvelous... and we live in peace. (Ana 5, 73).*

In current society, generations live in segmented areas, except for the family context in which generations meet more frequently⁽¹⁸⁾. There is a trend towards inversion in the representation of old age, as a process of losses and attribution of new meanings to this period in life, which gets treated as a privileged moment for new conquests. The elder, with their experiences and accumulated knowledge, seek new opportunities and establish more favorable relationships with the world of the younger⁽¹⁸⁾.

At the base of the understanding of being there, there is the fact that the world is always shared with other people. The world of being there is a shared world. Hence, our existence only has meaning in the presence of the other. It is characteristic of the human condition to live together with others, in a network of significant relationships⁽¹⁴⁾.

REFLECTIONS ABOUT THE UNVEILED

Old age is such a personal experience that only people who reach the most advanced stages in life can express this experience. Many aspects can be common, plural, but the experience is particular, singular and as distinguished as each face observed

by the author. For these people, there is no aging process, but the continuity of life; the elderly remains the same person (s)he always has been.

The following were found to be the interviewees' main concerns: showing that they do not lose their identity because they become elderly and that, sometimes, despite the chronological age, they do not feel aged; they expect recognition as citizens; they express that being healthy is essential and allows them to remain autonomous in their lives; they emphasize the importance of family support, contact and care; they value their financial independent and avoid talking about the finiteness of human beings.

People in this study showed that, for them, old age is a time for discovering and experiencing new possibilities, without conformism, with political and social engagement in the fight to practice rights that are guaranteed by law and achieve others not conquered yet.

Human care is considered the essence of nursing, permeated by values that prioritize peace, freedom, respect and love. For gerontological-geriatric nursing practice, it is fundamental that the "quality of life" concept is more highlighted than the "cure for the disease" concept. The priority is to promote elderly health, not remaining restricted to the pathological condition. Then, caregiving includes the reduction of foreseeable risk factors. The most important objective

is to seek the person's best possible performance, in which respect for the other person's autonomy and dignity is fundamental. Through complicity and mutual support, one can know oneself and the context one lives in, so as to transform reality together with the other. In this study, the author believes that, to put this activity in practice, one needs to look at the elderly persons as historical subjects, considering their culture, feelings and inquiries, their experience of aging.

Approaching the experience of aging implies highlighting each person's subjectivity, strengthening the professional-user bond, offering welcoming and nursing practice directed at this population's needs and characteristics. The perspective is to act based on the premise of the elderly as a subject, and not as someone useless and dependent, who does not manage to speak and act for him/herself.

In this sense, to the extent that this research permitted understanding these people in their aging process, it also allowed for approximation, unveiling facets of this moment. As to governmental proposals for effective actions, in view of epidemiological aspects and the Brazilian context, and also the entire health education dimension, knowledge about these facets can bring nurses closer to those people, welcoming them in their aging, through actions that cover their feelings, expectations and needs. This is undoubtedly a new and extremely necessary theme.

REFERENCES

1. Organización Panamericana de la Salud. Enfermería gerontológica: conceptos para la practica. 1993. [Serie PALTEX, n 31].
2. Duarte YAO, Lebrão ML O cuidado gerontológico: um repensar sobre a assistência em gerontologia. In: Pessini, L, Barchifontaine, CP organizadores. Bioética e longevidade humana. São Paulo (SP): Centro Universitário São Camilo; Loyola; 2006. p. 467-84.
3. Organização Mundial de Saúde. Envelhecimento ativo: uma política de saúde. Brasília: Organização Pan-Americana de Saúde; 2005.
4. Tavares SS. "O que rima com idade?" Identidade e sociabilidade na velhice em tempos de transição. In: Gusmão NMM, organizadora. Cinema, velhice e cultura. Campinas (SP): Alínea; 2005. p.101-10 [Coleção Velhice e Sociedade].
5. Mendes MRSSB, Gusmão JL, Faro ACM, Leite RCBO. A situação social do idoso no Brasil: uma breve consideração. Acta Paul Enferm. 2005; 18 (4): 422-6.
6. Camarano AA. Envelhecimento da população brasileira: uma contribuição demográfica. IPEA 2002; textos para discussão n. 858. disponível em: http://www.ipea.gov.br/pub/td/td_2002/td_0858.pdf
7. Lima-Costa MF, Veras R. Saúde pública e envelhecimento. Cad. Saúde Pública 2003 junho; 19 (3):700-1.
8. Lopes RLM, Rodrigues BMRD, Damasceno MMC. Fenomenologia e a pesquisa em enfermagem. Enferm. UERJ 1995 maio; 3 (1):49-52.
9. Figueiredo MLF, Tyrrel MAR. O gênero (in)visível da terceira idade no saber da enfermagem. Rev. Bras. Enferm. 2005 maio-junho; 58(3):330-4.
10. Martins J, Boemer MR, Ferraz, CA. A fenomenologia como alternativa metodológica para pesquisa: algumas considerações. Rev. Esc. Enf. USP 1990 abril; 24 (1): 139-47.
11. Boemer MR. A condução de estudos segundo a metodologia de investigação fenomenológica. Rev Latino-am enfermagem 1994 janeiro; 2(1): 83-94.
12. Carvalho AS. Metodologia da entrevista: uma abordagem fenomenológica. Rio de Janeiro (RJ): Agir; 1987.
13. Debert GG. Envelhecimento e curso da vida. Estudos Feministas 1997; (1): 120-8.
14. Heidegger M. Ser e tempo. 13ª ed. Petrópolis (RJ): Vozes; 2005. Parte I e II.

15. Barbosa I, Duarte MJRS. Envelhecimento e política de saúde: uma questão de cidadania. *Rev Enferm UERJ* 2001; 9(2):138-143.
16. Fundação Instituto Brasileiro de Geografia e Estatística (BR). IBGE -Censo Demográfico. Rio de Janeiro (RJ): IBGE; 2000.
17. Pessin L, Bertachini L. "Novas perspectivas em cuidados paliativos: ética, geriatria, gerontologia, comunicação e

- espiritualidade. In: Pessini L, Barchifontaine CP, organizadores. *Bioética e longevidade humana*. São Paulo (SP): Centro Universitário São Camilo; Loyola; 2006. p. 353-91.
18. Ferrigno JC. A co-educação entre gerações: um desafio da longevidade. In: Pessini L, Barchifontaine CP, organizadores. *Bioética e longevidade humana*. São Paulo (SP): Centro Universitário São Camilo; Loyola; 2006. p. 329-52.