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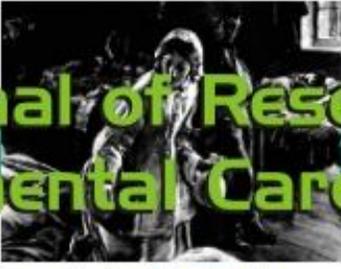
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RESEARCH

Representações sociais sobre solidão por idosos institucionalizados

Social representations about loneliness by institutionalized elderly

Representaciones sociales a cerca de la soledad por ancianos institucionalizados

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ABSTRACT

Objective: recognizing the senses attributed to solitude by the elderly. **Method:** an exploratory research conducted with 68 elderly with minimum age of 62 years old and maximum of 94, of both genders, residents in institutions of long permanence in the city of João Pessoa – Paraíba, brazil. The data were collected from the semi-structured interview and analyzed with the aid of alceste software: 2010. **Results:** the analyzed data pointed to five classes or categories in which the elderly associate loneliness to negative dimensions, such as: abandonment and contempt. **Conclusion:** the representations of the elderly are decurrent from their previous experiences and existing contact or not with their families. **Descriptors:** loneliness, elderly, institution of long stay, nursing.

RESUMO

Objetivo: conhecer os sentidos atribuídos à solidão por idosos. **Método:** pesquisa exploratória realizada com 68 idosos com idade mínima de 62 anos e máxima de 94 anos, de ambos os sexos, residentes em instituições de longa permanência no município de João Pessoa – Paraíba, brasil. Os dados foram coletados a partir de entrevista semiestruturada e analisados com o auxilio do software alceste: 2010. **Resultados:** os dados analisados apontaram cinco classes ou categorias em que os idosos associam solidão às dimensões negativas como: abandono e desprezo. **Conclusão:** as representações dos idosos são decorrentes das suas vivencias anteriores e do contato existente ou não com seus familiares. **Descritores:** solidão, idosos, instituição de longa permanência, enfermagem.

RESUMEN

Objetivo: conocer los sentidos asignados a la solitud por las personas mayores. **Método:** una investigación exploratoria conducida con 68 ancianos con edad mínima de 62 años y máxima de 94 años, de ambos los sexos, residentes en instituciones de larga permanencia en la ciudad de João Pessoa – Paraíba, brasil. Los datos fueron recogidos de la entrevista semi-estructurada y analizados con la ayuda del software alceste: 2010. **Resultados:** los datos analizados señalaron a cinco clases o categorías en las que los ancianos asocian soledad a las dimensiones negativas, tales como: abandono y el desprecio. **Conclusión:** las representaciones de los ancianos son causadas por sus experiencias previas y el contacto existente o no con sus familias. **Descriptores:** la soledad, ancianos, instituciones de larga permanencia, enfermería..

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INTRODUCTION

Aging is a contentious issue because of the results from both biological as sociocultural changes. From the cultural point of view it is known that most societies deny the aging process and the changes associated with it, especially deprivation to social interactional relationships, negative life experiences, removal or losses associated with significant emotional relationships capable of triggering experience of loneliness.

Nowadays companies in general have gone through major changes resulting from the technology. The sheer volume of news offered by the media becomes increasingly tumultuous life, time is reduced and the socioeconomic conditions tend to be poor, especially as people go aging.[1] To be private seniors the help of family members, are required to have a formal and professional organization to meet their needs and ease the isolation of elder. [2-3]

Modern man tends to feel alone and with an existential emptiness that the elderly this kind of feeling becomes increasingly distressing.[4] For those who reside in long-stay institutions (ILP – in Portuguese) that feeling of living is just another troubling since there is no social or family support established because the elderly care has always been directed without the inclusion of family members or close. Because it is usually the family primarily responsible for the care of their elderly is changing towards this family responsibilities since it is other factors that reinforce this trend little preparation to the tasks of caring for an elderly person Worse still, whether this is dependent.[3]

The elderly have been penalized by society, by this find that old age must be accompanied by suffering, there is this period of life that loneliness has its most desperate version.[4]

It is noteworthy that the number of Brazilians who live alone is increasing for several reasons, such as lower rates of birth and fertility, changes in the values of family life and marriage influence the greatest number of singles and unmarried; geographical mobility of young people and urbanization; conditions of work and family life difficult youth, living with the elderly in the same household, changes in the pattern of solidarity ahead of younger to older, higher income of the elderly, particularly women promoting greater autonomy and privacy and greater longevity with greater likelihood of women being alone.[5]

Therefore, it is important to distinguish loneliness from isolation since not always live alone is loss of sense of subjective well-being. Between major emotional isolation, subjective state and social isolation in the level and quality of Distinct involvement person with their social relations shape important to consider in trying to understand the loneliness conditions.[6]

Thus, these conditions can configure part of the experience of loneliness as a result of deficiency in one or more types of relationships: attachment (derived from the sense of security), social integration (arising from a network of social relationships); care and dedication (commitment of a party for the welfare of another); reaffirmation of the value (capacity and ability to be recognized); covenant (pact to watch each other) and orientation (when receiving advice). Thus, loneliness comprises an aversive stressful and emotional experience is associated with absence, removal or loss of significant emotional relationships. The same can also be associated with loss of roles, clearance, physical and financial limitations beyond the death of loved ones the same age.[4-7]

For this purpose, it becomes important to know the dimensions associated with cognitive social loneliness among elderly people living in ILP in terms of social representations by considering the informal knowledge of those seniors. Thus represent an object by a social group, generates two situations: the first is that the object is given the status of sign, and secondarily it becomes significant, represent not mean simply repeat, reproduce or unfold the object is to try to remake it, improve it and replace text.[8] Social representations as forms of knowledge are constructed and shared by a social group, in particular, the elderly are able to influence their behavior and communication[9]. Thus, this study aims to know the meanings attributed to loneliness for seniors living in long-stay institutions (ILP).

METHOD

This study, of exploratory type and a qualitative approach, is subsidized in the theoretical framework of social representations on elderly people in long-stay institutions (ILP) in the city of João Pessoa, Paraíba, Brazil.

The sample consisted of 68 elderly of both genders, origin and education level varied in cognitive ability to respond to interview and agreed to participate as required by Resolution 196/96 of the Ministry of Health the National Board of Health with respect to research involving human subjects.[10] The project was submitted to the Ethics Committee of the University Hospital Lauro Wanderley and approved under number 0413.

The data were collected from December 2010 to March 2011, from a semi-structured interview, covering issues related to the experience of living in the ILP and loneliness, subsidized in processes of social representations (objectification and anchoring) and social and demographic variables: age, gender, education, origin, length of stay; receives visits and contacts with family, performed individually, with prior approval of the elderly in the set time after signing the Instrument of consent Enlightened.

The information from the interviews was analyzed with the aid of the software Alceste: 2010; from the creation of the corpus consisted of 68 Units of Context Initials (UCI's) corresponding to the interviews, which identified five classes or symbolic categories.

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Therefore, these classes may be responsible for state social representations or image fields on a particular object or just aspects of a single representation. To indicate whether they are social representations are its content and its relationship with factors related to the general plan of each search. The results were interpreted in subsidized social representations theory.[11]

RESULTS AND DISCUSSION

Data on socio-demographic variables of the elderly study participants defined the profile of the study participants.

Table 01 – Socio-demographic profile/institutionalized elderly health (n=68)

Variable	Category	Elderly in the study	
		Number of elderly (n)	Percentage (%)
Age (in years)	60 a 69	20	29,4
	70 a 79	22	32,4
	80 a 89	20	29,4
	90 a 99	6	8,8
Gender	Male	29	42,6
	Female	39	57,4
Education level	Without schooling	31	45,6
	Incomplete basic education	8	11,8
	Complete basic education	15	22,1
	Incomplete high school	4	5,8
	Complete high school	9	13,2
	Incomplete higher education	1	1,5
Origin	Countryside	25	36,8
	Capital	27	39,7
	Another State	15	22,0
	Non informed	1	1,5
Length of stay (years)	0 to 5	46	67,6
	6 to 10	7	10,3
	11 to 15	7	10,3
	16 or +	4	5,9
	Non informed	4	5,9
Receive visits	No	17	25,0
	Yes	51	75,0
Contact with the Family	No	24	35,3
	Yes	44	64,7
	Total	**68**	**100,0**

Source: Research. João Pessoa, 2011.

There were a greater number of older women in what can be inferred that this difference can be explained by life expectancy between men and women because they live longer than men. This fact is characterized as a stronger global phenomenon and Brazil is explained by the average women have lived eight years longer than men.[2,12]

With regard to education, it is observed that the elderly who have been institutionalized have low education with 33,9% or 45,6% with no schooling. Generally this installment is the economically disadvantaged, receiving only a pension from the National Social Security Institute and often lacks an adequate family structure to support them.

Some of these seniors report that ended up in the institution because the family put there, others because they live alone, preferring to go to a place where they have other companions to talk. In long-stay institutions the elderlies represent a distinct role that they should have, because it can provide the social exclusion of the elderly by having smaller networks of social relationships, less satisfying and engaging in social activities.[3,13]

In this sense, the economic question weighs the institutionalization of the elderly in the ILP because families do not have money enough to keep the elderly at home.[14-15] Of the 67,6% of the elderly study participants reported that in ILP they are between 0 and 5 years, 16,2% of the elderly are longer than 11 years and have experienced losses of other companions leaving them conformed to the situation, remaining there until the end of life. There was also the residence of a lady for over 37 years and she says she has lost track of what is a life of freedom and life out of that place. Of elderly respondents only 25% reported not receiving visits and 75% say they receive visits. In relation to contact with relatives 35,3% reported no contact with family members and 64,7% communicate with their family in person or through letters or phone calls.

About the origin, the elderly who have no family in the city keep hardly family visits, 76,5% of the elderly are from Paraíba and 22% from other states. This fact is significant because the relationship between the elderly and children committed in maintaining relationships is more important than the frequency of contacts. The feelings of emotional loneliness increase with age, while social isolation are stable and are less frequent than the first.[16]

Thus, living alone does not necessarily mean emotional loneliness, especially if the elderly have children living near them and maintain regular contact with their families, if they live with other elderly friends who can count and, if they are able to maintain intimate relationships to distance.[4]

Social representations of loneliness.

The result of the analysis from Alceste featured a recovery of 85,33% of the analyzed material has been organized into five classes/categories, interconnected between themselves.

Class one - Loneliness associated with noncompliance

Formed by the words: abandon; accept; friend; home; care; dependent; depression; hope; stay; elderly; place; doctor; walking; need; sad; old age and life in the elderly;

elderly provenance of other states; who professed the Catholic religion and reside at the institution between 5 and 10 years.

> [...] I never wanted solitude, we should not think of it [...] bad, nothing good is loneliness [...] loneliness contains everything bad, contempt, agony [...] bad news that comes when you least expect [...] the worst thing there is [...] sadly lost a son, a husband, a dear friend [...] happens to everyone, whether rich or poor, and [...] old age is something very sad, no matter if you are rich, only brings bad thing for the person [...] (Subjects: 11, 23, 40, 58, 67)

The elderly who live in this place cause depression for not being a house and does not allow the elderly walking, defining a social psychological anchor of solitude in which older people speak of the experience of living in ILP.

For elderly depression, it is a very natural experience of those who were lifelong losing direction and becoming socially excluded. This is compounded by the lack of adequate family support when families do not prepare for the aging of their members.[2,3,13]

Class two - Loneliness associated with homesickness

Included the words: family; way; I feel lost; person; respect; longing; old; explain and advanced.

> [...] I get sad when I think of my life [...] I feel alone in the world [...] My family is all spread [...] my husband died, I did not marry again [...] my children live far away and who lives nearby comes not see me, but I'll see him [...] I live very sad because I lost father, mother, husband lost [...] I feel alone [...] suffer from loneliness [...] if I had not loneliness would be good old [...] loneliness is living alone, longing, living without relatives, and relatives and they have not come to see you, do not appear [...] I live alone have no one [...] is the old person with no hope in life, living alone [...] feel really missed my family [...] I feel it, I lost the joy to live , hope [...] I do not know what loneliness is because I have always lived in the midst of people, evangelizing people, always had to do [...] I'm lonely, I feel only [...] I'm lonely too, because here has only old, then they have to have solitude [...] we 're alone when you feel lonely [...] I feel alone here, because we only are [...] (Subjects : 01 , 14, 28 , 46 , 54, 61)

It can infer the responsibility of the family in the abandonment of the elderly, as they are responsible for internment in such institutions. In the capitalist world who no longer stay at home taking care of the one who has aged, there is the need to seek a viable alternative, hence the institutionalization.[15]

Class three - Loneliness associated with death

Contemplated the words colleagues; healing; hence; mother; die and medicine, made up of seniors who have no contact with family, with primary school education, living in the institution over 20 years and does not receive visits.

> *[...] We have colleagues here [...] I will die here [...] I have no friends, co [...] people do not like that [...] think it's good [...] my business just stay right here [...] I am cheerful most of the time because I have to talk to [...] is dangerous because it has no medicine to cure it is to see the death [...] like to live here [...] conversation [...] I feel I'm not alone [...] I have no friends [...] I do*

> *not feel alone because here has a lot of people [...] cannot say anything because they do not feel alone and I never felt [...] just miss my home [...] I am resigned to my situation [...] I live alone [...] (Subjects: 07, 19 , 29, 36, 45, 52, 61)*

Class four - Loneliness associated with noncompliance

Formed by the words: end; live; disease; meeting; spontaneous; age; free; person; complain; health; loneliness; work; life; living and will, according to high school seniors and receiving visits.

> [...] Is a very empty feeling [...] in my thought and mature in age, cannot work, stand not working elderly, sick, away from his family [...] I do not like to be elderly, but god has not brought me, he who wants it [...] in my case I will not cry or suffer from it [...] because depending on the belief the person thinks everything that no longer serves just for nothing, sit useless complains of life [...] (Subjects: 9, 15, 22, 31, 47, 53, 60)

Camon refers to loneliness in old age it presents more seriously because the elderly no longer more can share social and family life; feeling out of place and out of context of the time.[4]

The respondents have different views about being old, it involves psychological, economic, religious and social beliefs related to acceptance. This negative meaning itself is, according to Duarte, resulting from social exclusion to which this old subject. In the modern world there is not an appreciation of being aged.[17-19]

Class five - Loneliness associated with memories

Formed by the words: joy; year; good food; day; missing; speech; happy; folks; remember; death; walking; problems; exit; satisfied and visit.

The segments of texts presented below, favor a better contextualization of these observations:

> [...] Here have not solitude, but when I lived in Intermares I was alone [...] here I am glad to a part of living here, but here they arrest us a lot [...] I do not feel lonely here no, but when I lived in the house of mercy felt [...] do not like living here because despite being called a charitable religious institution, but the military regime and the worst I've ever seen [...] in the military have progression here regression only has [...] (Subjects: 07, 13, 25, 39, 48, 65)

Therefore, the negative view that the elderly must itself derives its meaning in society and the role he plays against his family.[20]

This class presents information relating to the feelings that older people have in relation to institutionalization. In certain lines can visualize a paradox between feelings by the institution, in which some elderly claim to be good places to live, however, for others, is experiencing isolation from the world, because they feel confined in institutions. However this placement can be a form of conformism or accommodation with the situation as it has no other option.

CONCLUSION

It was observed that the elderly loneliness associated to different negative directions strongly bonded to the abandonment, death, depression and become distant family. Loneliness is a subjective experience that can be felt not only when it stands alone, but when you are in the company of people with whom you do not want to be. Complaints of loneliness occur when the type of relationship you have is limited and unsatisfactory. It is an unpleasant experience that occurs when the network of social relationships a person is not satisfactory. The experience of loneliness may be due to the emotional pain of losing someone you love, a feeling of exclusion or marginalization of social ties.[18]

Social representations as different forms of knowledge are responsible for the formation of ducts and guidance of social communications, whether noting that the elderly represent loneliness as a social problem, from the abandonment of being elderly by family members and society at large, representing those who have suffered as a people and in the terminal phase of life.[5] The results allow us to understand the loneliness and its impact on the lives of the elderly.

From this study it is suggested that a study be conducted with the highest number of elderly able to point out clues for the development and implementation of occupational strategies against such problems by the elderly, for a better quality of life.

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