



## ORIGINAL ARTICLE

### OLD AGE INSTITUTIONALIZED IN POSTMODERN TIMES: THE IDENTITY IN PARALLEL UNIVERSE?

#### VELHICE INSTITUCIONALIZADA EM TEMPOS PÓS-MODERNOS: A IDENTIDADE EM UNIVERSO PARALELO?

#### VEJEZ INSTITUCIONALIZADA EN TIEMPOS POST-MODERNOS: LA IDENTIDAD EN UNIVERSO PARALELO?

*Bruna Sordi Carrara<sup>1</sup>, Patrícia Magalhães Franco Espírito Santo<sup>2</sup>*

#### RESUMO

**Objetivos:** compreender a experiência subjetiva de idosos diante de sua institucionalização bem como a percepção de sua identidade na sociedade pós-moderna. **Método:** estudo qualitativo com utilização da observação participante, entrevista semiestruturada e diário de campo, para a produção dos dados. Participaram cinco idosos residentes de uma Instituição de Longa Permanência para Idosos (ILPI). Os dados foram analisados a partir dos quatro passos fenomenológicos de Martins e Bicudo. **Resultados:** emergiram três categorias: *Institucionalizado estou: vivendo eu vou*, refere-se ao processo de institucionalização do idoso; *Resgatando da memória*, na qual foram resgatados o trabalho e a identidade de trabalhador e as relações e recordações de um tempo sem volta; e *A identidade revisitada*, assumindo o mundo interior dos idosos e o contato com a própria realidade, identificando a revisão da identidade. **Conclusão:** os resultados suscitaram a possibilidade de reconstruções de identidades na velhice institucionalizada, mesmo com os impactos provenientes deste contexto. **Descritores:** Velhice; Identidade; Institucionalização; Pós-Modernidade.

#### ABSTRACT

**Objectives:** to understand the subjective experience of the elderly before their institutionalization as well as the perception of their identity in the postmodern society. **Method:** a qualitative study using participant observation, semi-structured interviews and field diary, for the production of data. Five elderly residents of a long-stay institution for the elderly (ILPI) participated in the study. Data were analyzed from four phenomenological steps of Martins and Bicudo. **Results:** three categories emerged: I am institutionalized: I am living, refers to the elderly institutionalization process; Rescuing memory, which was rescued labor and worker identity and relationships and memories of a time of no return; and The revisited identity, assuming the inner world of the elderly and the contact with the reality, identifying the revision of identity. **Conclusion:** the results showed the possibility of (re) construction of identities in the institutionalized elderly, despite the impacts from this context. **Descriptors:** Old Age; Identity; institutionalization; Post-Modernity.

#### RESUMEN

**Objetivos:** comprender la experiencia subjetiva de ancianos frente a su institucionalización así como la percepción de su identidad en la sociedad post-moderna. **Método:** estudio cualitativo con utilización de la observación participante, entrevista semi-estructurada y diario de campo, para la producción de los datos. Participaron cinco ancianos residentes de una Institución de Larga Permanencia para Ancianos (ILPI). Los datos fueron analizados a partir de los cuatro pasos fenomenológicos de Martins y Bicudo. **Resultados:** surgieron tres categorías: *Institucionalizado estoy: viviendo yo voy*, se refiere al proceso de institucionalización del anciano; *Rescatando de la memoria*, en la cual fueron rescatados el trabajo y la identidad de trabajador y las relaciones y recordaciones de un tiempo sin vuelta; y *La identidad revisitada*, asumiendo el mundo interior de los ancianos y el contacto con la propia realidad, identificando la revisión de la identidad. **Conclusión:** los resultados mostraron la posibilidad de (re)construcciones de identidades en la vejez institucionalizada, mismo con los impactos provenientes de este contexto. **Descriptores:** Vejez; Identidad; Institucionalización; Post-Modernidad.

<sup>1</sup>Graduate student in Psychology/Uni-FACEF. Scholarship of the Scientific Initiation PIBIC/CNPq. Franca (SP), Brazil. E-mail: [brunasordi.c@hotmail.com](mailto:brunasordi.c@hotmail.com); <sup>2</sup>Ph.D. Professor in Psychology, Department of Psychology/Graduate in Interdisciplinary Master in Regional Development, University Center of Franca/Uni-FACEF. Franca (SP), Brazil. E-mail: [patrice.san@gmail.com](mailto:patrice.san@gmail.com)

## INTRODUCTION

In Brazil, according to the Brazilian Institute of Geography and Statistics (IBGE), life expectancy increased to 73.1 years old, and the forecast is to reach an average of 81.2 years old in 2050. The census of 2010 held by the IBGE points out that the Brazilian population aged 65 or older, which was 4.8% in 1991, rose to 5.9% in 2000 and reached 7.4% in 2010.<sup>1</sup> This reflects an aging population on social, economic, cultural and institutional repercussions in value systems and arrangement of family configurations and occurs in the context of post-modernity, which, according to Bauman, the postmodern social life, trust is shaken, the links are not lasting, there is impersonal, individuals are stimulated by new desires, needs are hidden and there is a fluid identity of individuals who consume constantly and always experiencing more intense sensations than previously, resulting in a set of insatisfactions.<sup>2</sup>

The post-modern setting records scientific advances and valuable achievements, such as the production of knowledge and technologies that can extend human life, which increases longevity and reinforces the illusion of eternal youth. This development increases the life expectancy and promotes the maintenance of body and health, building resistance to aging. In this sense, "science and technology seem to be of service to a society that reaffirms desire to live youth forever and staves off death".<sup>3:63</sup>

Considering the post-modern features, within the changes, there is a movement to rebuild the identity of the old person from the perspective of an independent, active and successful old age. According to Debert, this old age identity reconstruction makes it a matter of personal choice and sole responsibility of the individual, and a lifestyle on the numerous products and services in search of rejuvenation.<sup>4</sup>

Concerning aging, the postmodern context produces a paradox, because concurrently with the success of science and technology in prolonging life there is a lack of society's preparation concerning the acceptance of aging.<sup>3</sup> In this sense, the growth of the elderly population is being accompanied by the uncertainty of care conditions that it will have. Therefore, a function of the state and the private market

sharing responsibility with families in caring for the elderly, and one of the alternatives existing corresponds to institutionalization.<sup>5</sup>

There is a culture in Brazil, in which the asylums are seen as a place of exclusion, isolation, a deposit of abandoned elderly, place where nobody wants to go, expressing marks of poor life situations.<sup>6</sup> In this perspective, the institution has a frightening and inevitable condition in which isolation, reduction in personal relationships and separation of family warmth make the daily time is suffering for older people living in this place.

For Yamamoto and Diogo, the increasing number of elderly is evident and unquestionable and long-stay institutions for the Elderly (ILPIs) - standardization of nomenclature proposed by the Brazilian Society of Gerontology and Geriatrics (SBGG) - are important options of care for this population, but they must have adequate infrastructure to meet the needs of this population segment and correspond to their age-related changes.<sup>7,8</sup>

As it is not characteristic of Brazilian culture of institutionalizing the elderly, the institutionalization process has few receptive meanings, being a condition difficult to accept for both the elderly and the family and society. Moreover, regardless of the reasons leading to the institutionalization of the elderly, there is a relationship between the institution as a housing option and place of generational segregation permeated by institutional norms and rules and isolation, which favors the loss of autonomy and self-care and increased cognitive and physical losses due to age.<sup>9</sup>

This idea put the institution as a place that socially exclude the elderly, as if they had no more life, with the characteristic of the structure of a total institution.<sup>10</sup> Total institutions have a tendency to lock, acting under the individual in a way that his "I" suffers personal and social transformation. The individual who comes to an institution has an "apparent culture"<sup>11</sup>, whose way of life and activities that were accepted in their civil environment and whose design which the individual had to himself, built in his "domestic world"<sup>11</sup> are modified in a time of admission. Thus, upon entering the establishment, he "begins a series of downgrades, degradation, humiliation and desecration of his self. His self is

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systematical, although often unintentionally mortified.”<sup>11:24</sup>

The “mortification of the self”<sup>11</sup> corresponds to the mutilation of the individual's identity when he is faced with homogenization within the institutional system, deteriorating the identification of the subject with the old social roles. There are constant attacks on the identity of the individual, which leads to “dispossession”<sup>11</sup> of the role, due to the imposition of barriers in the hospital contact with the outside world.<sup>11</sup>

The institutionalized elderly is subtracted from the social environment and becomes a disqualified strange, and their survival is associated with the possibility of rebuilding their individuality in interaction with other residents and with their staff, in an attempt to be recognized by the other and build their identity as “the existence of the individual presupposes the other, but not only presupposes the existence despite the other in relation required with the other”<sup>12:5</sup>

Thus, the construction of the individual starts and ends with the story of his lived relationships, which are forms of existing and building internally through external relationships. The institutionalized elderly departs from this social context that the built and the structure by unplugging the world and compromising their individuality, and the function is to retrieve, in some way, what has been taken away, including their freedom, placing them in a weak condition.<sup>12</sup>

The elderly face many problems, not only in biological but also the social aspect. Their forms of socialization are some representations on the understanding of how to give interpersonal interactions in different aspects of social life and, in post-modern society, there is, increasingly, the degradation of the elderly, despite the numerous resources seek to mask aging. Thus, for many elderly, when considered moment of “elderly phase” becomes a marginalization step and stigma.<sup>13</sup>

The stigmatizing attribute causes problems for the individual with stigma, because society restricts the opportunities, without assigning values, also imposing the loss of social identity and determining an image deteriorated. The elderly have a social brand, with more or less evidence, according to the social class to which he belongs.<sup>14</sup> This is one aspect that makes

aging a heterogeneous process, and stigmatizing, especially in societies where the “age” is something avoided and youth something desired, as if an old age could happen without aging. Since there is no room for “bad aging” in a society where autonomy and independence are essential features for a “good aging”, the stigma of old age is what is expected of the elderly by society and his non-correspondence.<sup>15</sup>

When thinking of the old age and the denial of experience of the effects of time and attacks to the body, it is believed in the “purity” model<sup>2</sup> to the postmodern society, and those who do not follow the standards tend to downgrade the “cleaning”<sup>2</sup> becoming an invalid dirty body.<sup>16</sup> In dealing with institutionalized elderly, it is necessary to give a time that does not exist, because “time in the asylum is another, it passes more slowly, or it does not pass”.<sup>17:51</sup> In the postmodern world, time is accelerated, there are a hurry and no time to sustain this another time because it values the schedule, the heightened speed, and asylum is seen a slowdown.<sup>17</sup> However, labor issues had the following question: how is building the self, the subject, the elderly who are faced with the asylum institution as a new living space?

## OBJECTIVE

- To understand the subjective experience of the elderly before their institutionalization as well as the perception of their identity in the postmodern society.

## METHODO

Qualitative study using the phenomenological method,<sup>18</sup> participating five elderly, three male and two female, resident of Long-stay institutions for the Elderly (LTCF) in the city of Franca (SP), aged 56 and 94 years old. The age of 56 years old of the participant, and not the 60 previously planned is justified due to the indication of the psychologist of the institution and the desire and availability to participate.

In the production of data participant observation, semi-structured interviews and field diary were used. Participant observation aimed to integrate researcher at the institution to bring him closer to the daily life of residents, part of the routine, establish a bond and build trust conditions. The observations were made in the period

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of one month for a total of five visits to the institution, with varying durations between two and four hours, and each meeting can be recorded in a field diary, containing relevant information that broadened the analysis and discussion of data.

The interview was organized with questions on the subject studied but allowed the respondent to speak freely on issues that arose as the main theme of the developments. The interviews were applied individually in a preserved place - the institution's reading room. According to Resolution 196/96 on research involving human beings, the participants signed a consent form before answering the interviews, which they were allowed by each participant to be audio recorded by the researcher.

The speeches were analyzed and interpreted according to the four phenomenological steps proposed by Martins and Bicudo, consisting of readings of speeches, identification of units of meaning, interpretation with psychological language and grouping of units into categories.<sup>18</sup>

The research project was approved by the Research Ethics Committee of the University Center of Franca (protocol 035/2009).

## RESULTS

Respondents were an average of 75 years old. Regarding marital status, two were single, two widowers and one was married two years ago within the institution. These data indicate the influence of the absence of a companion to institutionalization. Three participants have children, and only two are in contact with the family. Before living in the institution, two lived alone, two with children and one in another ILPI of the municipality. The professions of the participants differ and time of institutionalization from the time of admission varies from one and a half to six years, and an elderly already resided in another institution for 10 years.

The speeches allowed the construction of three categories with analysis of sub-categories:

- **I am institutionalized: I am living:** refers to the institutionalization process experienced by the elderly, related to the admission of reasons, the institutional routine - coexistence with people, doings - and the institution as the home.

- **Rescuing memory:** it is a category that grouped the past of each elderly, which were rescued labor and worker identity, relationships and memories of the time that the institution was not part of life.

- **Revisited identity:** assumes the inner world of the elderly, the contact with the very reality, be useful, the ability, the skill, the present world, the perception of himself, the future world, expectations, representations of old age and health and the identity of old.

## DISCUSSION

◆ **I am institutionalized: I am living**

◆ **Here [...] why?**

The main reasons for institutionalization are misery and abandonment, although there is in nursing homes a large number of dependent elderly people with physical and mental difficulties.<sup>19</sup> However, the separation from social life, from the outside world, for the elderly, starts when some weakness threatens their independence, their freedom. These threats invade the life of the elderly, so that takes on their account or not to seek care in a nursing home.

As a reason for institutionalization, health problems reinforce the idea of integration of health care to social care as a necessary feature of a nursing home or long-term care facility for the elderly to meet the new social demands of an aging population. When the elderly have no family, recognizing limitations is a condition that mobilizes the entry into an institution.

*I quit everything when I had a stroke. I stopped with football, I stopped with the taxi, I stopped everything. I still was in Bauru, and then I came here. Then, I met a friend, a very good person who brought me here; it was not possible to live alone. (Guimarães, 56)*

The disease, achieved with a stroke, threatened the activities related to work, causing a social rupture with the loss of worker identity and hence the approach to institutionalization. Living institutionalized is almost always a consequence of something. When not, there is an option. Goffman says that voluntary entry into an institution means that removal of "domestic world" had already done in some way.<sup>11</sup>

*When I got sick I went to my son's house; I said: "no, I will not stay here, no, I will go there because there I do therapy" [physical*

*therapy]. Ah, because we go to the house of another person, to the son's house, and I will give a hard time to them, and I do not think it is like here, here the women are there because now there not okay because only, care for the person. (Machado, 88)*

The elderly choose to leave the house, or the house of her children, and resides in a nursing home with the intention of recovering health, also feeds the healthcare vision in this living space. At the same time, there is the idea of care in the home environment, associated with “give a hard time”, the feeling of the embarrassment of the elderly.

*[...] Then, my boy looked at me four years, like a little egg hummingbird, all loaded, everything, right [...] and [...] I was sad for them [...] " Oh, I'll see if I fix up a place there at [...] [name of institution]. "Because I had already come here once, right, and I had enjoyed [...] I lived with my daughter, then my daughter got tired, right, so she "Mom, can you arrange a person to look for you because I cannot handle it anymore." (Clarice, 72)*

A family “cannot handle it anymore” taking care of their elderly, whether with a large or small number of members, having their reasons, and they can relate, as well as family dynamics, with the postmodern context and the impact on social relationships and care for older generations. This care also is intertwined with emotional connections that build throughout life, day by day, and the consequence of the absence in the life of the elderly, before institutionalization, are the generational conflicts, lack of a place and loneliness.

*Before living here, I lived with my son in law, right, and then I went to [ a nearby town], I was with my sister, living with my single sister, right, and the other is married. One day, I was mad there with my brother in law, I said "I do not come back here," and I did not go there anymore. Moreover, for a year, I also will not see my sister. Then, after I came here. (Riobaldo, 94)*

According to the Elderly Statute<sup>20</sup>, the care of the elderly should be a priority for the family, at the expense of care nursing home, except those who do not have or lack of survival maintenance conditions. However, it is understood that the nursing home is not the best place to house the elderly when there is this condition to remain in the family. The interviews note that the reasons to live in the nursing home are related to the loss of autonomy and

independence due to physical limitations, and also the fact that they have someone who can care for them, finding such supports in the institution.

#### ◆ Here [...] how is it?

The asylums have total institutions characteristics seen as segregation, isolation sites, permeated by a set of rules and standards.<sup>11</sup> The daily life of the elderly is established by the management team, there are times for activities, which are held together by residents under different authorities of the institution.

*Here is like [...] we wake up early in the morning, 6 a.m., bathe, change, have breakfast, do nothing, wait for lunch, after lunch there are people sleeping, do nothing to the coffee time, there then we keep doing what we were doing, which is to do nothing. We run out of shame because we do nothing. We become a bum, you know because there's nothing to do. I, for example, have no way out of the chair, it is complicated to go out; then we go out less. So, we need to respect the situation. (Guimarães, 56)*

Time in the nursing home has a different rhythm from the outside world left by the elderly (or taken from him). The speed of everyday doings is another, and it may be that the “doings” do not exist, or else doing is “do nothing.” It is as if the elderly paralyze before their conditions of limitations and to dedicate to exhaustion. Despite the acceptance of the situation, there is a desire to fill somehow, this time, out, that void.

*You know, I get up, I am there in my room, I come up here, I am here with my husband, there is going through, you do not realize. If a person needs help, I help, if a person falls or anything else, I go, get him up, so I feel good, I feel useful. (Adélia, 67)*

Feeling useful helping other elderly residents fills the void and puts the elderly facing the possibility of creating new roles, (re) construction of identity, as this occurs in relation to the “other.” Institutionalized elderly face adaptations to new identities, the unknown environment, the new housing context, the daily cohabitation.

The reconstruction of roles is limited to a small size of the social reality, inserted in the physical space of the institution.<sup>12</sup> It is here that the elderly every day, recognize and learn new concepts, new values, new relationships and thus learn to live given the diversity of the human being.

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*Here I like, I live well. Who lives like this cannot be very explosive, you have to bear a lot. Because here you live with every kind of person, you know? A healthy person, sick person, good person, who does not have a very good head, then you have to know how to live. I only discuss a lot with the coordinator here, you know? (laughs). However, nevermind [...] (Adélia, 67)*

Long-term care facilities for the elderly (ILPIs) are understood as collective residences that assist needy elderly income and family dependents or not, and they need special care. This diversity circulates in the old routine and provides new forms of interaction and to the rescue of socialization with a new way of being, with the reconstruction of a new social world, limited but able to incorporate new roles.

*It was difficult. Even today it is difficult because they have not a certain understanding, you know? It is [...] Talk to each other, gossip, sometimes you get even a slap and [...] But is it at [...] Just like that fat, brunette, she hit me three times in my head, that here until he fell asleep [...] her arm is very strong [...] But I did not say anything to anyone or lost friendship with her, not [...] the bravest, we run away, right? (Clarice, 72)*

This shared experience, this division of the same space, in which the personality differences and existence condition of the elderly constantly require new encounters with the “other” causing conflicts, arguments, fights and disagreements. The more passive old understands the clashes and learn to deal with conflict situations as a way to protect and not to create more problems. Thus, there is the relationship with the management team, which, according to Goffman, are called “adaptive tactics” passing the elderly, and referring to ways to develop adaptation within the institution from the moment of admission.<sup>11</sup>

*No, here there is nothing to bother me, not because I have, so that person thing [...] the person speaking the thing with me and I obey, or I respond well, you know? For example, if the coordinator comes and complain, I'll be quite, right? I will not answer her. (Clarice, 72)*

Even if there are personality characteristics of Clarice, some “adaptive tactics” can be seen as the “conversion,” in which the hospital tries to be perfect and acceptable to the institution, and the “arrange,” when there is a search for several tactics to avoid physical and psychological suffering.<sup>11</sup> This search is a

way to reorganize life on the “mortification of the self” that the elderly experiences.

*Here [...] is my house?*

Among the elderly interviewed, it became clear the perception that the life in a nursing home full of paradoxes. Beginning with the acceptance condition to reside in the institution, such experience reaches the size of resignation, in which one sees a conformism of the situation.

*So I cannot complain about anything. I think this is my house, right!? If it were not here, I would be where? Maybe in the street, because in [hometown] I had my house there, but today there, where I lived, there is not the neighborhood anymore, they destroyed the house, the field is there alone. Sometimes, if I had stayed there, you will know, I have to thank God [...] (Guimarães, 56)*

It should contextualize the identification with the institution with the life stories because the elderly that feels like his home has so many limitations and lack of privacy, has their explanations. They relate to the factuality, which refers to human existence defined by the situations in which it is the human being, regardless of the choices, in a move contrary to the freedom of action.<sup>21</sup>

A story of a life marked by institutionalization for many years, such as Adélia makes comparisons between one institution and another and between one moment of life and others, present in their speech, as usual, that permeates the long adaptation years to living in institutions.

*When I came here, it was normal because I was already used there, because there, the other home I also shared a room with other people, all [...] it was not strange, because I was already used to it. It looks like I got out of a home to go to a house! Here, I see it as my house, just mine, you know? Then it changed, and I came here, I got a mate, we got married, we live very well both of us, much has changed, you know? (Adélia, 67)*

This identification occurs in the process, because in the arrival, the estrangement is natural due to the break with the outside world and to meet with an inner, new and unknown world. Some elderly feel more assisted and care within the institution than if they were living alone or with family.

*On the first day I was (laughs), suspicious, you know? Strange people [...] Then I knew one with another, and thing, today is the same that being at home, is the same thing, I feel good. The woman who watches over us is very good, very attentive, polite; they are very polite and helpful. (Machado, 88)*

*I think it is better than my house, you know? I get there, there are times that I have the*

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*madness to go, I talk to my daughter "let's, let's take me" (laughs). Because I miss the bed, right? I feel the bed [...] The girl asks "mother wants to go home lady, I fix everything." "No daughter, here're better than my home because here I have companions, right?" (Clarice, 72)*

However, it is not always that identification happens. Mr. Riobaldo expressed discomfort that many institutionalized elderly experiences.

*Oh, I do not like, no, I like to be in my house, I know, but I have no home, and I had four house, two of I did inventory, one for [name of child], and one for [name of the other daughter], who is dead, right [...] we are not sure how it is, right [...] Here we sleep three in the room, the pavilion there [...] a lot of people sleep, it's crowded here. (Riobaldo, 94)*

How is it for an old man who has four houses to be aware that where you live now is not his? The lack of privacy mixed with the hope of returning to live with the family. How is it for the elderly to be aware that the life we had before no longer exists? How does he deal with the losses, with the memories, with the past? In touch with the reality of the institutionalization, each elderly experiences, perceives and means who he is and how he builds on this new way of living. This living is constantly built and needs what is gone and what is to be possible.

#### ◆ Rescuing memory

#### ◆ The work

The past was present in the interviews of the elderly, and work occupied a prominent place, having a central role in human life, by situating it in the world and contributing to the construction of their identity. Moreover, when the work is not part of most of the elderly life, it always comes back to memory, along with other aspects, meaning the experiences of a worker.<sup>22</sup>

For Clarice, the work was valued about survival, because she needed the money to raise children, alone.

*Before I worked in the cemetery, I worked seventeen years. No, I worked in many things, I worked to put eyelets, when there was a lot of services here, so I did those work early hours, in the night [...] I worked as a washerwoman, ironing, cleaning, and [...] taking coffee, working in the fields, I faced everything, you know? I needed the money, right? Because I had four sons. I was responsible for all that, thank God [...] I also worked looking at the old ladies, right? It was a service very responsible, hard, I*

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*worked in the night, just me alone, so I had to have much responsibility, but I miss it, you know? Same in the cemetery, a service, it is [...] For us to say, well, a pig service, right, dirty, but I liked it because I had a tremendous friendship, you know? I had many friends, I had great service, and then I am also longing there, right? I cleaned the graves, right, washed the tile, waxing, fixing the brass [...] (Clarice, 72)*

The need to cope with various kinds of work made Clarice a struggling and responsible woman. The value of work, beyond survival, was linked to social life, the sense of belonging, the bonds of friendship. Everything was remembered and missed because there is no longer.

Such absence is felt by Mr. Riobaldo with certain weariness with the feeling of accomplishment since the production time for him is over.

*I worked with a hoe, only. I worked hoeing coffee, hoeing in the fields that Dad rented to a farmer, right? Moreover, that was my life [...] It was me who did it, I paid the bills, all I was doing. Only I do not want to work anymore, not now; I already worked a lot. (Riobaldo, 94)*

#### ◆ Now, that is it.

The worker identity reached the size of finitude, reflecting the movement and the role of the elderly now are others. It is as if it did not do more because the "do something" has been valued in due time. Such appreciation is also closely linked to the usefulness and to realize what has been done regarding production, it may be surprising.

*I worked as a woodworker. I worked a lot as an employee in the fields; I was a woodworker at the end. Look, but I have done too many things, I worked in a buggy, made a lot of beds, stool, stool I made some 400, now I see this furniture there, all this then I've done, bed, chair, all this then I have done [...] But I already worked, My God. I keep remembering, was it me who did it all? Look, I have done many things, too many! [...] Now, I do not do a toothpick, you know? Everything ends! Everything ends! It all starts and ends. (Machado, 88)*

Mr. Machado rescued from memory everything that was produced by him, all his creation, and the memories were to meet the finitude, but in the sense of being able to do more, not for not wanting to, as expressed Mr. Riobaldo. There are distinct expressions of appropriation of this postmodern moment in which Mr. Machado feels the time still belongs to him, but without being able to use it by physical

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limitations, and Mr. Riobaldo feel the time is gone, and “I did not want it anymore” expresses the feeling of not being his time anymore. That is, the finitude, the factuality, takes different perspectives. However, both speeches refer implicitly to the issues of aging stigmatized, because of the inability and lack of correspondence to the social expectations of activity and productivity.<sup>15</sup>

In the postmodern world, in contemporary societies, the importance, and exaltation of work grant the employee a prominent place among the social roles that represent the “I”, and thus, giving a social value.<sup>22</sup> Adélia never worked, and when facing the past, she carries the thought that something could have been done and was not.

*I never worked out, so I took care of the house only. I wish I had had a good life, get a good service, work, but none of that happened. Ah, but I was lazy (laughs), and I regret! I did not do anything [...] Oh, you know, but I still think I felt good, you know why? I took care of my house; my house was always tidy. (Adélia, 67)*

Despite not having had the experience of “working out”, the feeling of usefulness was present in the life of Adélia because her experience refers to her house. Be a “housewife” is her identity. What is the impact the break with this function had from the moment that Mrs. Adélia went to live in an institution, where care and doings are organized and carried out by a team?

#### ◆ Relationships and memories

The institutionalized elderly in touch with the past, recalls their conviviality of their doings, the life they had before, relationships, all that they built. According to the theory of Erik Erikson<sup>23</sup>, psychosocial development of individuals has eight consecutive stages that satisfy the cyclic of life; the last refers to the aging step. Regarding the socialization process, it is crucial at this stage to maintain the “I” in different social roles and the ability to look back and take the route the way it was done to face life. Also, there is the emphasis that the affection, being something positive, it is essential in getting healthy and enjoyable social groups. Thus, the interaction with the “other” is an essential mechanism for the construction of identity and, for Mr. Guimarães, with such interaction, he found out who he was, what the roles played and what makes sense in his life.

*I coexist well with the people, I was surrounded by many people because I was a football coach, then, I had all the kids around me, I was pretty friend. It was good; it was very good. I woke up, went to my cab, the whole day was on the street, back and forth. In the late afternoon, I came home and went to the football. So, I had no time for anything. However, I liked to help others; that is what I liked to do. (Guimarães, 56)*

In the lines of “I was surrounded by many people,” said by Mr. Guimarães, he repeated, and they have sometimes reflected the absence and loneliness of his new life context and, again, the feeling of usefulness. Currently, he is still surrounded by people in the institution, however, trying to play new roles. Before, there was “no time for anything.” Now, the time needs to be filled not to run out.

A time to remember, rescued because the elderly reduce the action, this time, and turn to the events of the past.

*Ahhh!!! Wow, my free time was very good! I was drinking, smoking, dancing! (laughs). I danced a lot; we danced forró a lot, you know? We could not have a chance that we were making one mess, you know? (laughs). I had a close friend and friends too. We had those friends who were very attached, right? [...] My life was pretty difficult, right? However, do not let us have some memories, like when I worked in the pau de arara, we were going to this farm, and played a lot, and I miss going to the fields, you know? (Clarice, 72)*

Clarice took from her memory the fun times she had experienced, the friendships. For many years lived, among so many events, so many stories, the memory selected what the mind left, which was recalled, missing them, like a preserved memory.

The nostalgia of what was coming hard, too, for Mr. Riobaldo, and his memories clung to losses, the absences.

*My life, when I was married was too good, the woman liked me, I liked it more. She was jealous of me (laughs). Moreover, I was more jealous of her, right (laughs). Poor [...] [wife's name] [...] She got sick [...] “And now you'll get rid of me,” she said, “I'm going to die.” I miss her today, and I miss her a lot. The [name of child] the same [...] I lost my wife, and I lost my daughter, right [...] (Riobaldo, 94)*

#### ◆ The identity revisited

#### ◆ What still can?

The act of aging implies constant change, and coping with losses, searching for new acquisitions in the aging process is what

makes them healthy. This search refers to the power to assimilate the physical, psychological and social changes with new social roles throughout life so that the utility remain in the life of the elderly.<sup>22</sup>

In this sense, every individual who experiences the aging process suffers these changes to a greater or lesser extent, and if there are individual, social, economic, cultural differences aging is, in fact, a heterogeneous phenomenon. When the elderly is placed in an institution, the search for healthy aging is more limited because of many factors, social segregation stands, hindering the assimilation. Thus, even before some losses and limitations associated with aging and institutionalization, there are potential and desires to contribute to the construction of new roles in the construction of life.

*Moreover, after I came here I started doing poetry; I participated in a contest here in France, the [...] EJA, right!? I won twice already [...] The worst for me is not to walk. I have many walks will. If I walk I would do much more things for me and for others [...] But if I walk I would go where I wanted, the time I wanted, where I wanted and how I wanted, or was with those who wanted, makes you want to travel, I will travel, it makes you want to play ball, play ball, makes you want to eat, eat [...] that's how I wanted [...] I feel like a bird without wings, with a broken wing. Have you ever seen a bird like that? So I am this way. A leg that now it is in trouble, I cannot go away, so where I stay, I stay where I am circling. If I had my good leg, I would be free! God gave me this stroke, so I had to come here and learn [...] If I am a lack of freedom is not because of asylum, no, it is because of my leg. (Guimarães, 56)*

Mr. Guimarães found this way to adapt to this new context of life writing poetry, which was not hidden to himself, or to the institution since reached a city competition. The attention given to his form of expression, artistic, made him feel important, capable, however, he made clear that his freedom is limited due to his health condition, and not to live in an institution. Freedom, so present in every speech, explicit or implicit, walks alongside the desire.

*Oh I like, you know what? To do everything! I have a will they give me a chance to go in the kitchen chopping sheet!!! You know? I chop so thin!!! Not even need to chew! However, they have not, no. (Clarice, 72)*

Clarice uses a wheelchair; then she has some limitations. However, she does not

prevent the desire, however, simple it may be; it is linked to autonomy, independence, freedom. She feels useful, capable and productive, permeating human existence and near the old a healthier aging.

However, there is also the opposite. The speech in which the inability to do something is associated with the negative perception of the old age in contemporary times.

*Now that I see when I was younger I [...] I do not know [...] I thought right. However, now that I see that I needed a study. Now there's more time, no one will want a person of nearly 70 years old in a school, in a classroom, in giving more to study [...] For me, at that time I was a person [...] Oh, I do not know [...] Now, I like that, at the age I'm, I also married a very good marriage, I think I should have studied, have graduated in something, have a profession, for today I can help, you know, the costs, know how it is? Rent a house or buy a house and live there, out of the home, although I like it here; here it is my home. (Adélia, 67)*

It is a mixture of what was not and what could have been with what it is, and what is to what could be. What does prevent Adélia leaving the institution to have her home with her spouse? The lack of a study and a profession reflected in financial difficulties maintaining her freedom and limited desires.

#### ◆ *How am I?*

For Merleau-Ponty<sup>24</sup>, the subject can only be understood through his relationship with the world, and the world, therefore, subject and world depend on each other to exist. If the subject were not about the world, if isolated, their self-description would not be possible.

Understanding the world in which the elderly is part is to understand what it is, as it exists before his reality and how it is perceived and described. For Adélia, her existence and the reconstruction of her identity are associated with her wedding, held within the institution.

*Two years ago since my husband and I got married. We got married here. Thus, as a poor marriage, because we do not have much, but it was a very beautiful thing, you know? So today I am a person, just done! I got married, right? So I am an accomplished woman. There, in the other home I did not like it, but here I found myself. I am happy and fulfilled with my husband! (Adélia, 67)*

Evaluate her life to know whether it is good or bad, according to Paschoal, is an intra-psychic complex process involving

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judgments, emotions and projections for the future. Personal, environmental factors and health and disease are related to the individual interpretations and influence the way and how much they appreciate and feel satisfied with their life.<sup>25</sup>

*Oh, I realize it, there are times that I think "Oh, but stay closed, right? Quiet [...]" . However, then I think "during the week I have to get really quiet, but on the weekend I go out [...]" . I am fine here, I have my freedom, I do what I want [...], So I like [...] is [...] How to speak? Fulfilled! Fulfilled! I am done. I am here and too good here. (Clarice, 72)*

Freedom and fulfillment are the life of Clarice. This does not mean that there are only feelings of pleasure and absence of suffering, but the way life was meant to contribute to their satisfaction. Similarly happens with Mr. Machado, adding the "protection" factor.

*Oh, I feel good, I am well supported, the people there seems to like me, looking to talk to me, so I think I am well supported. The son comes here, help, every week they come here with known people, then okay. (Machado, 88)*

When getting older, the elderly transpires greater need for care, attention, love, and affection, and such aspects as related to positive family dynamics and the history of life, intensify. Thus, the affectivity is significant in the life of the elderly, and being with family is a benefit when it comes to quality of life.

#### ◆ **On the future**

The elderly respondents reflected on the present, recalled the past and subtly thought about the future. The process of institutionalization was somehow absorbed by Clarice and Mr. Machado; the acceptance reside in a nursing home is accompanied by the fear to go away.

*I have no intention of leaving here, you know? I have no intention of leaving here, now let's see them, right. The people from here. Because sometimes, you know, you can send away, something happens, they can send away if we make mistakes, right? However, I will not miss more, no, not messed up here, right? A year and five months! I guess I do not go out, no. (Clarice, 72)*

*Now I am going to buy a house, use the money there, but to live alone, I will not live no more. At the time I lived alone I had nothing, my health was normal, now the way I am, you cannot stay alone, anyway. At that time there, I lived alone, I thought ok, at the time I had skills for everything, now*

*I'm not. The person has lost dexterity; I cannot be alone no, anyway. (Machado, 88)*

Clarice's speech refers to a fear of being sent away by the management team, and she reinforces that she has correct attitudes, working with the institution, reflecting again the "conversion," adaptive tactics described by Goffman.<sup>11</sup> Mr. Machado is afraid of living alone, because he recognizes his limits, being aware that despite having recovered his health, he does not have full independence.

The slowdown of bodies and actions in the nursing home, it is clear, as the paradox of feeling that accompanies it. If there is conformity with the living conditions and housing, there is also the hope of change, leaving the institution. This wait can take thought and fill the decelerated time, exhausted.

*Today I'm waiting for [daughter] get me to go [...] What bothers me is that I want to go home, I'll live there with [daughter], if she accepts me, you know, live [. ..] is, that is it. That is it. (Riobaldo, 94)*

Mr. Riobaldo has a huge desire to live with her daughter, but the lack of autonomy prevents his choices are met. The wait can also occupy a destination related to the time in which freedom of choice is limited by a distant life perspective, or even unknown.

*So I am here. Now, from now on I cannot tell you how it will be, right? I leave here, I stay here, to complete another ten years, all I do not know, we do not know about tomorrow, right? We know today. (Adélia, 67)*

The "do not know" how will be, puts Adélia at the possibility of change, but her conformism and identification with the institution make her live the present, without worrying about the future.

#### ◆ **My old age**

In the case of the aging process, naturalness was identified in speeches, as "getting old" being part of life. Clarice associated chronological age to aging, and there was a role of Mr. Machado about experience interconnected in old age.

*Oh, I think I am old because I am already nearly 73 years old, but I am fine despite the leg pain. So, since it has to be same old, is well [...] Natural life, right? (Clarice, 72)*

*Oh, I think it is good to have that age because it is a sign that despite everything I have health, have lived with many people, already worked much in the dam, have run too much risk, I ran many risks, but nothing happened, no. So it is good, being old means*

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*getting experience, we have more experience of things, we can even guide the others, have stories to tell, right? (Machado, 88)*

The postmodern society is marked by the acceleration, the rapid pace of the labor market, the exaltation of youth in an attempt to avoid aging and contact with finitude. However, in this context, there is the reconstruction of the old identity in the sense of successful aging. Once inside an ILPI, the movement and the look of the elderly go in the opposite direction. In the interviews, contact with elderly people points a particular trait of “being” old, in which this stage of life is not as positive or negative. As a subject institutionalized, the old experiences and perceives his old identity as something natural in life.

## CONCLUSION

The study used the phenomenological method to understand the perception of institutionalized elderly about their identity in the postmodern context. The observations of the researcher, from his insertion in the ILPI along with the analysis and interpretation of data collected, allowed some reflections on that theme. Concerning the institutionalization process, it was identified that the elderly have lived before being admitted to the institution, in the frailty and dependence conditions, especially in the case of declining health.

The search, either by family or by the elderly in care and health care was evident in the speeches of four of the five elderly respondents. The loss of autonomy and/or independence, the emergence of diseases and lack of companionship and care were the main points reported by the elderly to justify their new home. These reasons point to the importance of the ILPIs integrate health care to social assistance in a dignified manner, so that the stigma of the institution, as a place of social exclusion of the elderly, to be reduced. It is not to defend the institutionalization because it is recognized the impacts that can cause. The intention is to provoke reflections on the need for the existence of ILPIs in the current context, from the speeches of those who experience the process of institutionalization, seen as an alternative to the life to one who has no other option.

Also, we learned that human relationships are an individual in the history, and the elderly, the social actor

who suffer losses in various areas of life, can rebuild, even if he is institutionalized. Some roles played before being institutionalized lost. However, there is the possibility of finding new ways to reframe life. Although a controlled and drab daily life, the elderly live with each other, and also with the management team, forming a group. How to act to facilitate interaction? The group's interventions seek to strengthen ties between the subjects that human relationships are more authentic, which can, therefore, improve the quality of life of institutionalized elderly.

Another aspect identified was that even if the physical weakness is a factor that limits the independence of the elderly, autonomy is present and asks for space in the lives of five elderly respondents. In this sense, it is important that the institution finds alternatives to meet the potential, abilities and skills of older people, allowing them to put on life and see themselves in other roles, building new identities.

The elderly respondents perceive their old identity as a natural stage of life, which expresses a different address identified in the postmodern society in which the old is a “disposable” subject therefore unproductive, has nothing to contribute. Institutionalized age points new rhythms, speeds, and movements. It is noticeable, simply by visiting an institution. It will, indeed, against the speed of the postmodern world. This does not mean that suffering, loneliness, fear, exhaustion, among others, there are the institutional routine, but indicate the possibility of expanding the look in dealing with old age, with the institutionalized elderly, facing new ways of intervention, respecting the flow of life at this stage.

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#### Corresponding Address

Patrícia Magalhães Franco Espírito Santo  
Uni-FACEF Centro Universitário Municipal de Franca  
Franca  
Av. Maj. Nicácio, 2433  
Bairro São José  
CEP 14401-135 – Franca (SP), Brazil