

The body in old age and its relationships with falls from the narrative of elderlies

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Abstract *The purpose of this research was to investigate the body in old age and its relationships with falls. It was based on the assumption that the body is a historical, social and cultural construction, and that the idea of old age has been replaced by the idea of third age. Falls are considered a complex event with serious consequences for the elderly. The objective of the study was to investigate the experience of the body at old age and its relationships with falls. Using a qualitative method, semi-structured interviews were conducted with 15 individuals, 68 to 75 years old, with or without history of falls, who attended a geriatric outpatient clinic at a hospital autarchy in the city of São Paulo, from September 2017 to June 2018. The interviews were transcribed and an analysis of their content was made. The results showed a body which is experienced as the expression of an essence that is desired and is projected as a young one and falling becomes a reflection of old age and the exposure of a failure. The body experience does not seem to interfere directly with the risk of falls. However, its comprehension, as well as the representation of falls in old age, provides support to a preventive approach to this event.*

Key words *Human body, Body image, Ageing, Accidental falls, Health of the elderly*

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Introduction

A fall can happen at any period of life. The causes of that event can be as varied as the ages when it occurs. And its consequences can be various, both concerning its magnitude and the age when it happens.

A fall is defined as “an event which results in a person coming to rest inadvertently on the ground or floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects”¹. It is considered a serious public health problem, which affects mainly people at the age of 60 and older². The repercussions of a fall stretch from the individual sphere to the social aspects³.

About one third of people over 65 years-old falls at least once a year and half of them fall at last twice a year⁴. In the context of the elderly individual, a fall means going through fractures and death risk to fear of falling, activity restriction, health decline and higher risk of institutionalization. In the social aspects, it can encumber healthcare services for its consequences, such as the need of long hospitalization and the changes in the family configuration for the need of a relative available for the care of the elderly faller³.

Even it does not lead to death, the fall injury contributes to the functional decline of the elderly individuals and to the decrease of their capacity for self-care. The effectiveness of the assessment and intervention to reduce the fall risk has been demonstrated. However, it is not a simple approach, since it demands choices that involve situations that range from the patients' clinical conditions to the conflict between their desire for independence and their safety⁵.

The fall can be associated with risk factors that can be divided into intrinsic and extrinsic ones. The intrinsic factors are related to the physiological changes that are characteristic of aging, comorbidity and use of medicine, whereas the extrinsic ones are linked to the social and environmental circumstances in which the individuals find themselves⁶. The individual risk factors related to the increase in the risk of falling are: previous falls, balance deficits, muscle weakness, vision impairments, use of four or more medications, use of psychotropic medications, walking difficulties, depression, dizziness, orthostatic hypotension, disability in basic activities of daily living, advanced age, female sex, cognitive impairment, urinary incontinence and environmental risks⁴.

Although much has been discussed about the physical consequences and the social im-

pacts, mainly on health care systems, the fall also involves emotional aspects such as embarrassment at the event and anxiety at the risk of falling again⁷. Thus, falling is a complex event with physiologic, psychological and social components that demands an approach that takes those factors into consideration⁸.

In an unequal world in political, economic and social terms, aging is variable, which leads to an equally heterogenic aging, experienced in diverse ways⁹. Although the demographic projections emphasize the dimensions of aging, the contemporary context has brought a blurring of age borders and the constitution of youth as an asset to be acquired¹⁰. That has been turning aging into a process not only defined by chronological age.

Despite acknowledging the intense process of change with the life course being oriented by its dechronologization¹¹, that is, by decreasing the relationship between age groups and careers grades, age is still a fundamental dimension in the social organization and the status of a person. Concerning old age, the changes are not necessarily tolerant towards age, and in the post-modern process youth is an asset that reinforces the promotion of that status.

The medical knowledge of the aged body¹², centered on the processes of tissue and cell degeneration, leads to the view of old age as a physiological state. A medical metaphor that associates old age with disease¹³ pervades the social imaginary by not only characterizing the physical suffering but also the experience of aging. Therefore, those subjects start to characterize themselves and their experience through a medical discourse.

The institutionalization of retirement as the answer to a mass of aging workers enabled the association of old age with invalidity¹⁴ especially for the centrality of the category of work in society. But it resulted in the appearance of the old age managing agents. The responsibility for the old goes from the family to those managers, eventually consolidating old age as an age category¹².

By the 1960s, the retirement funds had become financially powerful agencies. Offering a more specialized service as a substitute for the assistance, those agencies help to reduce the association of indigence with old age and facilitate the emergence of the idea of third age¹⁴. The growth of that market is followed by a new language where third age replaces old age¹⁵. It is in that body at an old age, redesigned by the third age, that the fall happens.

The body in old age and the possible relationships between that experience and the falls is the experience the old individuals themselves go through, and they are the privileged narrators who, as they bring revealing information about themselves, also reveal the world they live in. In the interface among scientific productions, living in a social group, the relationship with the world and with the other subjects where values, symbolism and concepts are renewed or remain, the old individuals live that stage of life immersed in the cultural and social contents that influence them, but which are also influenced by them. In a constant exchange between representations that they construct and that are constructed by the social group, the studied old individuals experience their body of old individuals and establish a relationship with falls, which can influence their care or the absence of it.

Starting from that perspective, this article approaches the body in old age and its relationships with falls, considering that body and old age are constructed by social, historical context and the falls are a serious public health problem. Our objective is to understand how old people experience their body and the relationship between that experience and the falls.

Methodology

The methodological approach of the research is qualitative. We understand that that method allows the comprehension of the phenomenon from the perspective of the subjects that experience it and of the social and cultural rules that permeate a certain historical time¹⁶.

The technique chosen was the semi-structured interview, which approached three main axes. The first axis addressed the aging process and old age experienced by the subject and perceived in the experience both with the previous generation, the parents or grandparents, and with other subjects of the same age with whom the subject interviewed had a relationship. The second axis investigated the body, its representation, its importance, the relationship between the subjects and their own bodies and the changes experienced throughout their lives. And the third axis related to the falls, their meanings, impacts, consequences and their importance in old age.

The inclusion criteria were: being 65 to 75 years old, either having had a history of fall or not, and consenting to participating in the research. The exclusion criteria were: having seri-

ous mental and physical impairments such as dementia, neurological deficits, amputation. All the participants attended a geriatric outpatient clinic at a hospital autarchy in the city of São Paulo, in the state of São Paulo. The selection was carried out with the help of the resident physicians who saw the patients and referred them to the interview, according to the criteria of inclusion and exclusion.

14 patients were interviewed, with ages ranging from 68 to 75 years old with or without history of fall after they turned 60 years old. Chart 1 presents the characterization of the subjects.

Each interview lasted an average of 30 to 40 minutes, totaling 415 hours of recordings. The interviews were recorded with the previous consent of the participants, after they read and signed the Term of Free and Informed Consent. Each respondent was identified by a flower name.

As for the analysis, all the interviews were transcribed and read thoroughly. At the pre-analytical stage, we determined the units of record with keywords, the context unit that contextualizes the unit of record, the cuttings, the form of categorization and the theoretical concepts that guided the analysis process¹⁷. The understanding of old age, of the body in old age and of the fall was carried out in the light of social representation. It is conducted through observations that are analyzed, through the appropriation of notions and languages of the sciences and philosophies and through extracting conclusions. Those representations, although manifested as forms of cognitive knowledge through images, concepts and theories, are socially produced and shared, forming a common reality that allows communication¹⁸. Every representation is the representation of something or someone through a process in which that relationship takes place. And what is sought is that relationship with the world and the things¹⁹.

Results and discussion

Ambiguities and ambivalence in old age

Old age goes through a social, historical construction that results in multiple meanings and values. Despite of the constant threat of a negative economic impact that the world aging may cause according to the losses considered inherent to it, there is also a discourse of living more and with more quality of life, besides the discovery of a privileged consumer group among the elderly¹⁵.

Old age is thus constructed in an ambivalent way, swaying on one hand as decadence, economic catastrophe and uselessness and, on the other, as privilege, new opportunities and a moment of wisdom. Those ambiguities and ambivalence reflect on the results of the researched field.

Between aging as a natural process and aging to be fought

Life appears as a cycle divided into stages and present for every living being, “even the tree, a vegetable”, and aging is expected as another “normal stage”. The comparison with the world of animals and vegetables comes up as a way of approaching nature and thus makes aging a universal process, equal for everyone:

Ah, aging is a normal stage there, natural of life, right? Being born, growing and dying [laughs] isn't it so? so there is no way to want to change that. That has been, since the world is the world and the human being exists and all the animals, even the tree, a vegetable [...] everything [...] has, it's a normal stage of life (Primrose, M, 74 y-o.).

Debert²⁰ points to the challenge, from the point of view of anthropology, of understanding old age as socially produced. According to her, it

is important to distinguish between natural biological cycle, which involves being born, growing and dying, and a social, historical fact, which concerns the representations that a society has about old age according to the historical, social and cultural contexts.

In the narrative of the respondents the idea of natural biologic cycle is expressed as a constant representation, disregarding the social-historic context and the cultural particularities that are manifested in contemporary societies. The fall is part of that naturalized perspective for the elderly individual; if you are old, consequently you fall.

But, if aging is faced as an expected, natural and universal process, getting old and being old is a condition from which the respondents want to get away from. Old age is associated with disease and disability. And the old people or the associations with old age are described through stereotypes.

The losses appear, either from the physical point of view or concerning mental and emotional disposition. No matter what they are, they are always associated with old age in the respondents' discourse. There is a comparison between youth and old age. The former also appears in the form of stereotyped images where everything is

Chart 1. Characterization of the subjects.

Respondent/Sex	Age	Race/Color	Marital status	Education	Profession	Occurrence of Fall
Alpinia (F)	69	White	Single	College degree	Retired teacher	2 falls
Azalea (F)	75	White	Widow	College degree	Retired teacher (Special Education)	1 fall
Carnation (M)	75	White	Divorced	College degree	Lawyer	3 falls
Chrysanthemums (M)	71	Black	Married	Incomplete high school	Retired metalworker and marketer	1 fall
Dahlia (F)	72	White	Married	Incomplete high school	Retired seamstress	1 fall
Lotus (F)	71	Yellow	Widow	College degree	Retired teacher	3 falls
Freesia (M)	68	White	Divorced	Incomplete secondary school	Retired assembler	No falls
Sunflower (F)	68	White	Widow	College degree	Retired teacher	No falls
Gloxinia (F)	68	Black	Widow	College degree	Retired teacher	1 fall
Hibiscus (F)	73	White	Married	College degree	Retired teacher	No falls
Ixora (F)	75	Black	Married	High school	Retired sewing factory director	No falls
Lily (M)	70	White	Married	High school	Retired commercial representative	1 fall
Daisy (F)	69	White	Married	High school	Retired civil servant	1 fall
Primrose (M)	74	White	Married	College degree	Retired insurance auditor	1 fall

Source: Elaborated by the authors.

possible and being young is all it takes to be free from risks, including of falling:

No, because I still do everything, I don't feel old. I guess old is when you are in a bed, right? (Daisy, F, 69 y-o.).

But if it is not possible to stop old age, one can stretch the way to it. As it is frequently associated with disease and decadence, it allows preventive attitudes and it is up to the individual to let herself get old or not.

The aging process is the action of the subject on herself, who lets (allows) herself to age. Thus, although old age is related to disability and the diseases in the researched field, it comes strongly associated with a state of mind. Getting old is feeling old, is having an attitude of an old person characterized by pessimism, dismay, bad mood and inactivity. The individual that is old is not able to define the course of his own life, his attitude is close to that of the bedridden who waits for the resolution of his disease. Working is a sign that one is not feeling old:

[Old people] are people who stay in bed, waiting for things to happen. I don't, I am a [...] person I work [...] I work in the community, I work with young people, I work with people, with third age group. So I like to be always present among young people. I work with young people as if I were [...] not an elderly person, but as if I were an equal with them (Ixora, F, 75 y-o.).

There did not seem to have differences in the perception of old age as loss and individual responsibility related to the social markers present in the research.

Debert¹¹ points to a characteristic of contemporaneity in which there is a blurring of age groups, and youth is disconnected from a specific age group, turning into an asset that offers status to the one who possesses it. Along with that, there is a change in the gerontological discourse. Initially, treating the old person as incapacitated requiring care, gerontology changes its discourse influenced by research and the media, which point to a more active old age, with a privileged consumer group.

According to it, there is a re-privatization of aging, a process in which the responsibility for a healthy old age, associated with the idea of youth, becomes the individual's obligation. The way of facing old age as a state of mind, in which the old person is incapacitated, slack off or sick, also brings that process to the surface.

When the respondents define old age as a state of mind notice an opportunity not to let

themselves be fit into a state associated with decadence and in which they are automatically placed at the age of seventy. If old age is a state of mind, then a more active and optimistic attitude is enough not to become an old person. And it comes associated with the idea of each individual as responsible for her own aging. And that sense of self-responsibility stretches to the event of fall as a factor that prevents its occurrence.

The ambiguity in the perception between a privileged time and the feeling of uselessness appears in the researched field. The importance of the world of work to prevent old age appears among the respondents. The perception of getting old after retiring or even the use of activities to get away from that process permeate the discourses:

See, I guess I started to realize the change really after [...] I was almost 60 I was not even worried [...] was going to work, coming back and everything. I was not thinking about none of that, really. After I started staying [...] we stay longer at home...because we stopped working and then we keep putting ideas into our head [...] as the saying goes [laughs] (Azalea, F, 75 y-o.).

But the free time, which is allowed by the absence of work, also enables new forms of relationships, either with oneself or in one's family. Among the men, the time that cannot be dedicated to the children because of work is now precious for the possibility to present with the grandchildren:

At the time of the grandson I was retiring... started to reduce all the work I had, right? Was working just 3 days a week. That was when I had time to run up and down with the grandson... "Ah, I'll take you... the car is on the street anyway!"... and so it went...[laughs] (Chrysanthemums, M, 71 y-o.).

In the case of women, professional life is mixed with the family and the household obligations, in the infamous double shift. Many times, retirement coincides with raised children who no longer live at home, and with the condition of being a widow. Those factors also favor more free time. Among the nine women interviewed, five were widows and eight had children.

Thus, for those women, the free time of the retirement is mixed with the disengagement also in relation to the care of children. As for the grandchildren, there is the possibility of a pleasant, affectionate everyday interaction, but that happens precisely because they are not a responsibility.

The old person's body: between limitlessly able youth and totally limited old age

Paula Sibilía²¹, in an essay about digital alteration of image of the old person in the media, pointed to the use of technological tools that conceal or remove wrinkles, limpness and adiposity from the images, mainly when it comes to old people.

According to her, a society that values youth, not only the use of technologies of image retouch but the unremitting and severe interference in the body becomes an obligation, almost a moral one. In that context, old age, with its body marks, becomes the signal of decadence of the essence of the human being itself, and the old body is something close to obscenity. And the fall as synonymous with old age becomes an expression of that obscenity.

The images reflected in the mirror the subjects of this research refer to are constructed²². And they come charged, either with individual affective tonalities from a certain period of their lives, or with the discourses and practices that involve the idea of old age today.

Among the men the look seemed very important for the characterization of old age. And they mention physical changes that give away an image of old person. The women, although they mention physical appearance, seemed to associate old age to sensations, in which well-being symbolizes not being old:

And then, when the nurse woke him up in the room...I saw her...at a certain place and asked, my curiosity was so great... "But is Dr. Abelardo fine?" "He is! He is working...don't you see I brought him", but he had a hunchback (Lilly, M, 70 y-o.).

Besides their own image reflected in the mirror, there are also two other images pointed out in the interviews that are important for the recognition of old age: the image of the other, and the one reflected off the other's eyes.

Caradec²³, in his reflections on the body aspects of aging, from the perspective of the experience of the subjects that ages, there are two strategies used to get distant from old age: avoiding the manifestation of body signs considered negative and comparing oneself favorably with others.

The respondents made use of that strategy as they compared themselves favorably with individuals of their same age, and even with younger ones:

Ah...I feel younger...[bursts into laughter]... You...has it ever happened to you to meet someone you have not seen for a long time...you look and

say "wow, he's really aged" [laughs]...and you don't notice yourself... No, but I feel I am younger, incredible, isn't it?, that one... (Lotus, F, 71 y-o.).

As for the image reflected off the other's look, we resort to Beauvoir⁹ and her sentence "Like in us, old is the other...". According to the author, completing the previous sentence, "...the revelation of our age normally comes from the others". Either through explicit statements about the old age of the individual himself or through gestures that point to it, like offering the seat on a bus, Beauvoir talks about that "strange" look that "metamorphosizes" the individual into an old person. The look of the observer who watches a fall can have that same function of metamorphosing the individual.

An interesting point about that image that is reflected off the other's look is its function of also allowing the recognition of youth, not only of old age. However, it is provoked. A stereotype of old person image is used to achieve the opposite effect.

The body as an object susceptible to intervention is a heritage from Renaissance. From a world ruled by mathematics in which the phenomena start to be rigorously measured and sensory data are refused, man ceases to be the only reference of orientation in space. "The machine provides the formula of that new system"²⁴. The respondents do not escape that heritage. For the men, the body is a machine and the car was the favorite metaphor used by them.

The woman also faces the body as an object, but closer to an instrument that can be used, be it for the relationships with the world or to shelter the soul:

The body is our instrument. It's my instrument to walk, to listen, to talk...to please me...for my desire and the desire of my partner, if I had one... that's it...the body is that. You have to take very, very, very good care of it. 24 hours, night and day, have to take care. All you have is your body. Taking care for it to age well (Dahlia, F, 72 y-o.).

A common point in the relationship of men and women with the body is the relationship it has with the soul. Although the body is faced almost as an object apart from the individual, its relationship with the soul, seen as the essence of the human being in the respondents' discourse, turns it into a somewhat different machine:

If you have taken good care of the body, you took good care of the soul, you took good care of the spirit. Or vice-versa, you have to take care of the body, ain't no use taking care of the spirit if the body is not well...you have to be healthy, not do anything in exaggeration (Carnation, M, 75 y-o.).

The differences of perception of the body related to gender were more evident. The same cannot be said of the other social markers present in the research, for which there were no differences.

The body has a rather complex representation. It contains a biological part, a “skeleton”, but it “is part of the being”, it is not simply a thing, an object. And, although it is not an object, it also has the function of instrument, which can “serve one fine” or not. That serving, in turn, paradoxically grants it an autonomy, because it depends on luck and when there is none, the body no longer serves, leaving its owner unhappy²⁴. And even more, “the body is everyone’s”, equal for everyone, “and each one is one way”, which personalizes it and does not let it be reduced to its biology. Constituting complex biological and physiological interactions, sensitive to changes in the environment and to the changes in the psychological order that overtake the subject that have it, machine that serves as instrument, but which is also a shelter for the soul, the complexity of the body requires care in diverse spheres. Many times it is cared for like one takes care of a machine. But the body is not reduced to that. There is still a relationship with the mind or spirit, as previously mentioned. Therefore, the care is not limited to the ones that are only destined to a machine:

...If you have a sedentary life, you will feel it, but if you have an activity...are not lazy... do not have the will...then you will feel it...then you think of taking care of the body too...You're not feeling fine... “Ah, I'm kind of sad”, “But what do you have?”, “Ah, I'm like this...”, so you will take care of yourself. There are tools for that...you will care for yourself in a way with medications, and in a spiritual way, too (Carnation, M, 75 y-o.).

The activity is important for the body not to be “sedentary”, but the “will” also drives that body, which makes one “think” of “also caring” for it. And at the end the care is summarized in two ways, that involve “medications” and a “spiritual way”, intertwining body and spirit. There is a duality between mind and body, in which the latter has an autonomy²⁴, needs activities and vigilance, or else it “gets accustomed”. But there is also a relationship between both body and mind, which appears in the use of the activity of body expression “for the head”.

The mind interferes in the sensations of the body. As in the idea of old age, the body also reacts to a state of mind, “not staying with that in the head” helps alleviate the pains.

It reminds us of the association between old age and disease present in the first social pre-

occupations towards the mass of aged workers, incapable of producing, by the end of the 19th century¹². The following lines denotes the intertwining of old age, impairment and nuisance, still present today:

Because the person is old... if the person had a problem of impairment in the legs...broke them... he becomes old...he is becoming a nuisance to you... (Carnation, M, 75 y-o.).

From that perspective, a body is incapable to be used through its locomotion, because “the legs” are “broken”, one become “old” and a “nuisance”.

The focus of care, either of the mind, understood as cognitive processes that enable autonomy, or the body, always depends on the individual's will. It is of her entire responsibility to care for herself and her young spirit will help with that.

The fall, old age and responsibility

In that context, when it comes to the elderly individual, the fall is followed by worries because of its negative consequences. Among the respondents, the discourse about care and prevention is present. However, it is followed by the apprehension about it not having an identification with old age.

The worry about not associating old age with the fall can appear in the differentiation of its causes. There is a difference between falling “stupidly” and falling “by slipping”:

Falling in that sense... of slipping... not falling stupidly... slipping... slipping anyone can fall... you... if you have adequate shoes on you will reduce the fall (Carnation, M, 75 y-o.).

According to this line, “if you have adequate shoes on you will reduce the fall”. Indeed, the notion of adequate shoes is linked to extrinsic causal factors for the fall⁶. They depend on the individuals' behavior, like putting themselves in risky situations and wearing inadequate apparel, which can predispose to that event. As he states that he fell “in that sense” of “slipping”, the respondent approaches those factors which lead “anyone” to fall, according to him. It is important to highlight that the behavior linked to the choice of adequate shoes involves an autonomous choice of the individual, which is implicit in the quoted excerpt. The respondent also moves away from falling “stupidly”, which brings an idea of lack of control over oneself, therefore, in opposition to the idea of control and autonomy. The latter refers to the capacity of an individual to take her own decisions and keep them is a goal of the active aging²⁵.

The fall provokes various feelings. Anger, fright, shame relate to the image that becomes visible to the other. Those feelings were present among the respondents, no matter what the social markers were. Falling can mean putting oneself in a situation of inferiority, which can cause mocking laughter or help generated by preoccupation in the one who watches what happened:

It's the public...because you are on the street, everybody is staring at you... There are people who laugh... You know that... other go running there... to come to your assistance... and there are some others who laugh, find it funny... (Gloxinia, F, 68 y-o.).

Falling is not a privilege of old age, a fact that has already been approached by WHO, although it points to the serious consequences of a fall, mainly for children and old people². Among the respondents there is awareness of those consequences, however, the reactions to the event make another perspective clear, which goes beyond the negative consequences it generates. At one of the falls, the seriousness of the event confronted the respondent with his age:

It's not exactly like that "I am changing", I know that at the age of 60 I turned upside down on a stair and stood up alive. I said "Guess I'm still good, right? it's not like the people is talking, right?", then from that time on you start thinking, right, how you're going to do things...how you go about acting...so as not to... (Chrysanthemums, M, 71 y-o.).

The ambiguous relationship with old age comes up in the narratives of falls. Being 60 means an alert but surviving a fall at that age is a sign that one is "still good". It is not enough to consider someone old "like the people is talking".

In that other report of fall, there is an ambivalence about old age:

That I had broken my hipbone...broken my hipbone, broken my knee, my leg...I thought I would not be able to stand up. I stayed like that... praying...and asking God to help me. I was alone... but then I sat up...thought...reflected...saw that it was all whole...started trying and stood up...continued. I proceeded with my normal service. But that place I don't even approach anymore...I just look like this... (Dahlia, F, 72 a.).

Initially the respondent thinks she has suffered all the expected consequences of a fall for an elderly individual, "break the hipbone", "break the leg". After "thinking", "reflecting" and realizing she was "whole", she "proceeded" with her activity. But to "that place" she will not go any-

more. Being a certain age is a risk for her, but realizing she is fine authorizes her to continue with the "normal service". And she eventually resolves the conflict between her age and feeling good by transforming the place of the event in the great villain, it's enough "not to approach it anymore".

This other respondent also reveals a diverse relationship with the fall. Falling generates benefits, the same one linked to the idea of old age, being able to choose between pleasant and unpleasant activities:

So, to take things up there...eh...I do it like this...I am almost sure I will be able to go up carefully, take it...and so on...but...I do it like this...I am giving myself the right to say it...I don't want to drive anymore, I am sure I can still drive...but I say "Ah, I don't want it anymore, right?", I play the...don't want to do certain things...anymore (Lotus, F, 71y-o.).

For the fact that she has been through some falls, she avoids going up stools and ladders, in spite of "being almost sure she will be able to do it". But that which would be an obstacle for her independence allows her to "give herself the right to say it": "I don't want to do certain things".

Another feeling that follows the fall is the re-priming for having fallen. And it is what happens with this respondent, falling made him "upset", making him feel "imprudent", which means, according to the Houaiss²⁶ dictionary imprudent is the one "who is careless" (p.1586):

...No...it came as an imprudence, right, and then we are left upset, right? (Lilly, M, 70 y-o.).

And it is the careless who lets himself get old, according to the respondents. That perception of old age was common among all the respondents, independently of the social markers present in this research.

To this respondent, only a "crazy" person "keeps falling for no reason". And nothing takes away her responsibility for having fallen. The image of a "crazy" person who is responsible for her own falls with no apparent reason makes her "mad":

I was mad for having fallen, "crazy, keeps falling without any reason". That was it (Alpinia, F, 69 y-o.).

The responsibility for the image conveyed to the other is the subject's. Falling conveys the image of the sick, the irresponsible, the fragile and the crazy, all connected by the fact that she is over 60, being old. But the "old person is rag" (Ixora, F, 75y-o.) who did not take the necessary measures to prevent old age.

Final considerations

Old age has been commonly characterized as a moment of diseases and disabilities. The respondents, from that perspective, make an association with people's attitudes and which can characterize them as old independently of their chronological age. And the bridge between the biological and a feeling is made, and one starts to "feel" old, which is different from the "being" old as a transitory condition, therefore susceptible to being changed.

There is also the idea of the old person as the one who has arrived at the end of life, being thus closer to death. Being distant from old age is being distant from death.

But old age can also become a privilege time. For the men, a time if approaching their grandchildren, as a way of compensating for their absence towards their own children, imposed by work. For the women, a disengagement concerning the care for the house and the children, which allows time for themselves. Old age thus start being experienced in an ambivalent way.

The categories that emerged in the study concerning old age denote an ambiguity in its experience. According to the respondents, the stage is a natural cycle and common destiny of all human beings, but it also means disease and disability, therefore, there is the desire and the effort to get away from it. There is also the idea of old age as a feeling, which facilitates the approach or distancing from it. That, in turn, make it an individual responsibility, reinforcing the process of re-privatization¹⁵ of aging. Retirement was revealed as a moment of determining the beginning of old age, but was also presented as the ideal one to re-signify relationships, a chance to review roles, update them or even establish other relationships, either with themselves or with other people. As for the idea of the experience linked to old age, it showed an ambivalence between acquiring wisdom and arriving at the end of the journey, where nothing else can be discovered. The body was presented through a work on two images that contrast with each other: the one of the old person, whose dec-

adence approach him to death, and that of the young person, who has almost superhuman characteristics.

The body was described in its duality with the mind in a relationship of reciprocity. The primordial function of both is the protection of a soul, which supposedly exists, heritage from Christianity. That is seen as the essence of the human being and should be preserved.

Although the fight against body marks of old age takes different forms among the men and the women interviewed, both ended up investing in a desirable image, more connected to attitudes than appearance.

Taking care of the body is taking care of the soul and taking care of the soul is taking care of the body. The event of fall has its place in that old body, experienced as an expression of a desirable essence and is projected as young, or at least distant from a representation of old age as decrepitude.

The characterization of that event with all its consequences generates pressure on the old person, because falling involves a whole range of serious results that go beyond the individual. Besides, there is a representation of an old age susceptible to being treated or postponed. Not falling, more than a care, becomes an obligation of the old person.

According to the perspective of an old age perceived almost as a failure of the individual in a body that expresses its essence, falling becomes the threat to expose that failure.

The body experience does not seem to interfere directly with the risk for fall. However, its understanding, as well as the fall in the old person's body, provide subsidies for a preventive approach for that event.

Although the results bring advances to the existing literature, the present study presents some limitations. The main one to be observed is the difficulty in the generalization of results. Besides, the research had a smaller number of male participants, reducing the heterogeneity of the group investigated.

Collaborations

ATC Estrêla contributed to the design and writing of the article, the construction and analysis of the data. R Machin contributed to the design of the article, data analysis and elaboration of the final text.

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Article submitted 18/09/2019

Approved 01/09/2020

Final version submitted 03/09/2020

Chief editors: Romeu Gomes, Antônio Augusto Moura da Silva