



The social identity of older adults from the perspective of children

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Abstract

Objective: To reveal children's perceptions about the social identity of older adults. **Methods:** A qualitative and exploratory-descriptive study was carried out with 17 children enrolled in the 4th year of elementary education of a private educational institution located in southern Brazil. For data collection, a semi-structured individual interview was used, together with graphic elucidation and storytelling, the audio of which was recorded, transcribed in full and analyzed by lexical analysis using the IRaMuTeQ[®] software, based on the Descending Hierarchical Classification. The Social Identity proposed by Berger and Luckmann was used as an analytical reference. **Results:** Six classes emerged, revealing that the children attribute dependency to the older adults, with aging reduced to a phase of weaknesses and limitations, but opportune for leisure. The health conditions of the older adults were related to the natural wear of aging and the results of previous choices, from healthy habits perpetuated throughout life. **Conclusion:** The social identity of the older adults from the perception of children is linked to senescence and senility that alter daily life in an adaptable but natural manner.

Keywords: Health of the Elderly. Aging. Child. Social Perception.

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INTRODUCTION

The concept of aging is historically constructed from the beliefs, attitudes and cultural values of a given society, meaning that the way the phase is experienced is influenced by culture, which in turn influences how aging is seen^{1,2}. Yet aging is still related to the negative aspects of the process, and is associated with changes related to senility^{1,2}.

This socially constructed reality leads to the negative management of aging, which disregards the possibility of growing old in an active and healthy manner or allowing older people to realize their potential for physical, social and mental well-being³. Old age should be considered as a phase of human development and a broad, natural process of life that is dependent on the social conditions and political, economic and health possibilities that permeate the history of each individual⁴.

In terms of children and their relationship with aging, it is known that the way families understand and care for their older relatives reflects on the behavior and perception that children have towards people at this stage of life⁵. Nevertheless, a family's daily treatment of its older adults is also permeated by the constructions of their own family members, imbricated with social determination. In saying this, it appears that the behaviors, habits, norms and routines of a family are the result of its own experience influenced by aspects of social understanding⁶.

In this context, reality is not considered something palpable and immutable, but rather, the result of a social construction, formed by objectifications and meanings⁶, and therefore, the social identity of the older adult from the perspective of children is a phenomenon that derives from the dialectic between subject and society⁶.

As aging is known to be a natural and inevitable process throughout life, as well as a polysemic object, precisely because of the impossibility of treating it as a homogeneous phenomenon⁷, it is important to reveal perceptions about the social identity of the older person, as the different conceptions attributed by society, including the children who make up the youngest group of the

social composition, influence the health of older adults, and, in the future, of themselves⁸.

It is therefore necessary to investigate the perception of children of the social identity of older adults, as these are surely the most recent sources of the social concepts currently crystallizing. However, despite the speed and magnitude of population aging in Brazil and the social changes resulting from it, studies addressing the perspective of children on this phenomenon were not found in Brazilian literature. The objective, therefore, was to reveal the perceptions of children of the social identity of older adults.

METHODS

An exploratory-descriptive qualitative study was carried out with children enrolled in a private educational institution located in the northwest of the state of Paraná, in the southern region of Brazil.

The sample was selected for convenience, and was defined based on an inclusion criterion: being enrolled in the 4th year of early childhood education, as children at this level of education have greater capacity for interaction and verbal communication. The only exclusion criterion adopted was the absence of written authorization from parents/guardians (six cases). Two children refused to participate in the study, despite having authorization. Thus, the number of participants was defined based on fatigue, and it was not necessary to include students from other years of early childhood education, as the data collected had explanatory density about the subject under study.

Data were collected during three visits to the school in September 2018, through a semi-structured individual interview combined with graphic clarification and storytelling^{9,10}. A script developed by the researchers was used, consisting of guiding questions about the social identity of older adults, in addition to sociodemographic issues (age, sex and whether lives with older adults).

With the purpose of enriching the investigation, using the thematic drawing type graphic elucidation

technique¹⁰, the participants were asked, prior to the interview, to draw on a blank sheet what an older adult represents for them, according to their perception of the following themes: physical characteristics, health conditions, housing and activities performed. During the interview, the thematic drawing was referenced, and the children were asked about it, allowing them to reflect knowledge and reality from the image produced, bringing out thoughts and emotions^{10,11}.

For storytelling^{9,12}, the participants were asked to imagine themselves as older adults, using their knowledge, perceptions, worldview and affinity about what it's like to be an older person, thus telling a story of "make believe". At this stage they were asked: *How old are you? What do you do with your life? Where do you live? Are you working? What is your health like?*

The interviews were audio-recorded, conducted by two researchers and carried out during class time, in a room adjacent to that of the study, on days and times previously defined by the academic coordinators and the class teacher, so as not to affect teaching activities, and lasted for an average of 10.5 minutes.

For data treatment and analysis, the interviews were transcribed in full and organized in a textual corpus that was submitted to lexicographic analysis using the IRaMuTeQ® (R Interface for multidimensional analysis of texts and questionnaires) software, based on the Descending Hierarchical Classification (DHC)¹³.

DHC divided the Elementary Context Units (ECU) into classes based on the most frequently used vocabulary and the highest chi-square values in each class. The lexicographic analysis of the classes was presented by means of a DHC Word Cloud dendrogram, which organized the words based on the indication of frequency¹³, and by means of a table, prepared by the researchers and organized by classes in decreasing order of ECUs as breakdowns and sub-breakdowns of the dendrogram.

Such classes were interpreted based on the children's perceptions of the social identity of older adults. Each was designated with a nomenclature

and, to compose the classes, words with $p < 0.0001$, indicating a significant association, were selected¹³.

The data were analyzed based on the Social Identity framework proposed by Berger and Luckmann, which states that the construction of identity is a dialectical process and presupposes that the individual understands society as an objective and subjective reality⁶.

This study respected all the ethical and legal precepts established by the National Health Council¹⁴. The guardians of the children signed two copies of an Informed Consent Form. To ensure the anonymity of the participants, they were coded with the acronym C, referring to "Child", followed by Arabic numbers that corresponded to the order in which the interviews were conducted.

The research underwent ethical review by the Human Research Ethics Committee of the Universidade Estadual de Maringá, decision n° 2.794.707/2018.

RESULTS

Seventeen children participated in the study, all of whom were aged between nine and ten years, and ten of whom were male. Only three children reported not living with older adults, and 14 said they lived mainly with grandparents (n=14), followed by great-grandparents (n=3) and/or neighbors (n=1).

The analysis of the *corpus* from the interviews identified 6,764 occurrences of words, distributed in 469 active forms and divided into 166 ECUs, representing 86.46% of the *corpus*.

Six classes of analysis originated from the DHC, presented in a Word Cloud dendrogram (Figure 1) and chart format (Chart 1). The DHC divided the ECUs into two divisions: from the first, classes 4 and 5 were obtained (ECU = 38.6%), and from the second, the other four classes were obtained, divided into two sub-divisions. One sub-division resulted in classes 1 and 6 (ECU = 32.5%), and the other classes 3 and 2 (ECU = 28.9%).

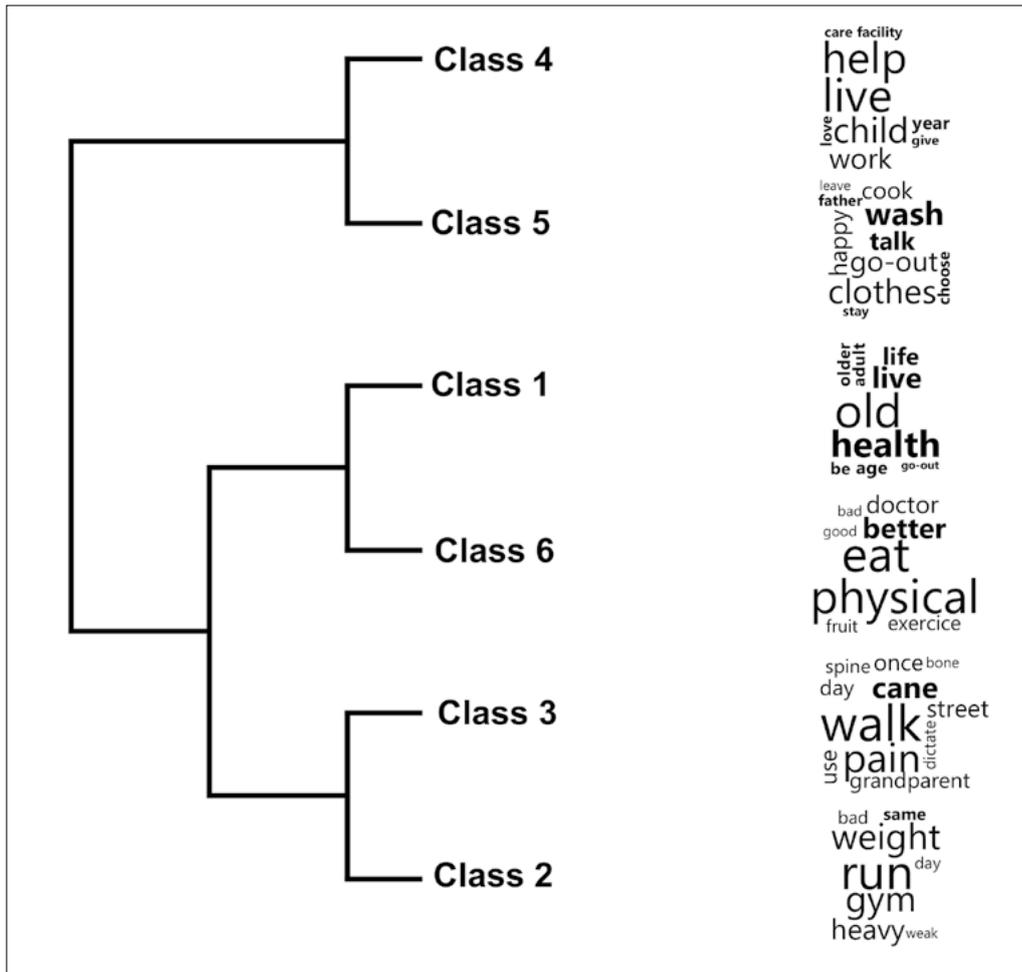


Figure 1. Word Cloud Dendrogram: children’s perceptions of the social identity of older adults, in municipal region in the northwest of the state of Paraná, Brazil, 2018.

Source: Authors (2018). Organized by IRaMuTeQ® software.

Chart 1. Lexicographic analysis of classes regarding children’s perception of the social identity of older adults, listed according to the DHC dendrogram of the textual corpus. Municipal region from the northeast of the state of Paraná, Brazil, 2018.

Classes	Nomenclature	Lexicographic analysis			
		Words ($p < 0.0001$)*	Total eff.**	X ² ***	%****
Class 4 21.7% 36 ECU	Older adults attributed a perception of dependence	Live	28	42.28	67.86
		Help	12	37.3	91.67
		Son/Daughter	15	33.02	80.0
		Family	14	29.13	78.57
		Grandchild	13	18.77	69.23
		Take care of	31	16.0	48.39

to be continued

Continuation of Chart 1

Classes	Nomenclature	Lexicographic analysis			
		Words ($p<0.0001$)*	Total eff.**	X ² ***	%****
Class 5 16.9% 28 ECU	Aging is perceived as an opportunity for leisure that includes performing instrumental activities of daily living	Leave the house	12	31.17	75.0
		Talk	6	30.68	100.0
		Clothes	7	24.7	85.71
		Wash	10	21.42	10.0
		Place	8	20.26	75.0
		Go out	6	19.61	83.33
		Play	11	18.38	63.64
		Home	46	18.31	36.96
Class 1 21.1% 35 ECU	The condition of the life and health of older adults is perceived by the natural wear and tear of aging and also the results of previous choices	Old	11	34.52	90.91
		Health	59	24.93	42.37
		Live	15	20.59	66.67
		Good	16	18.25	62.5
		Good	40	18.12	45.0
		Depend	19	17.47	57.89
		Life	12	16.15	66.67
Class 6 11.4% 19 ECU	Health and quality of life in aging are perceived as a result of healthy habits perpetuated throughout life	Eat	20	52.89	60.0
		Physical	8	47.97	87.5
		Junk	5	39.89	100.0
		Better	4	31.71	100.0
		Activity	12	28.06	58.33
		Doctor	8	21.61	62.5
		Health	59	17.64	25.42
Class 3 16.9% 28 ECU	Older adults are perceived though senescence and senility that change daily life in an adaptable but natural way	Walk	16	42.67	75.0
		Pain	11	35.44	81.82
		Walking stick	11	26.21	72.73
		Watch	7	24.7	85.71
		Case	4	20.2	100.0
		Bike	4	20.2	100.0
		Television	9	16.83	66.67
		Street	7	15.52	71.43
Class 2 12.0% 20 ECU	Aging is perceived as a phase of weaknesses and limitations	Run	16	45.86	61.11
		Weight	6	29.85	83.33
		Academy	5	22.46	80.0
		Jump	3	22.3	100.0
		Heavy	6	17.52	66.67
		Play	6	17.52	66.67
		Strength	4	15.33	75.0
		Soccer	4	15.33	75.0

*Significance level of the association of the word with the class of $p<0.0001$; **Number of text segments in the corpus that contain a certain word; ***X² of association of the word with class; ****Percentage of occurrence of the word in the text segments of the class.

Source: Authors (2018). Organized by IRaMuTeQ® software.

Class 4 (ECU=21.7%) revealed that children attribute a state of dependency to older adults, requiring them to receive help and care, and therefore, the importance of living with or near their families. When this is not possible, they mention the possibility of a domestic help/caregiver providing care, or a care facility as a housing option, as noted in the following ECUs:

“I’m living with my children, but if they don’t have much time, I live in the care facility. There will be people in the facility who will take care of me” (C2).

“I will be living in my own home with a person who helps me. I will have domestic help or someone from the family to help me” (C3).

“I hope that I am living with my husband, children and grandchildren. They will be living in a different house, but in the same neighborhood, living close by, to spend more time with the family. To help you need to live nearby” (C7).

Class 5 (ECU=16.9%) mentions the pleasurable moments of leisure experienced by older adults, with aging being perceived as an opportunity for leisure that includes the performance of Instrumental Activities of Daily Living. As leisure options for older adults the children described spending time with friends and family, talking, walking, going out, playing with grandchildren and also carrying out household chores, such as washing clothes and cooking, seen by them as pleasurable activities:

“She meets her friends and sits at her house and talks. They meet on the way then go out somewhere” (C1).

“I’m preparing food and doing laundry. I will enjoy doing this when I am old” (C9).

“When I’m old, I’m going out to the park, the mall, to a friend’s house” (C12).

“You need to go out more, play more with your grandchildren or children” (C17).

Class 1 (ECU=21.1%) shows the children’s perceptions of the health conditions of older adults,

related to the natural wear and tear of aging and also the result of past choices. According to the children, the health of older adults depends on the choices they make throughout life. They also believe that there are changes inherent to the natural aging process, highlighting that health is also influenced by age. Regarding the health of older adults, the children stated:

“The health of older adults will depend on the choices they make” (C1).

“It depends. If older adults take care of themselves, eat good things, do not smoke, their health is good. If not, it’s bad. It will depend on how they took care of themselves” (C12).

“It depends on age [...] When you are older you may even lose some capabilities, but if you take care of yourself very well, I think you won’t lose them” (C13).

“There are adults who are really old because they ate well and lived healthily throughout their lives” (C16).

Class 6 (ECU=11.4%) clarifies the life choices mentioned above and which influence the health and quality of life of the older adults, perceived as the result of healthy habits perpetuated throughout life. According to the children, these choices are related to health promotion, especially with healthy lifestyle habits, such as healthy eating and the practice of physical activity, but also with disease prevention and the carrying out of medical and health monitoring, as the following reports show:

“Health is good. You can run and do physical activities, you have to be healthy. Every older adult can be healthy, if they go to the doctor, eat good, healthy things”(C4).

“My health will be good, as I will eat a lot of fruit and I will do a lot of physical activities” (C6).

“It depends on when you’re younger, if I keep eating a lot of junk, my health will not be so good” (C7).

“I drew him playing football. His health is great, because he exercises a lot and eats fruit” (C9).

“Some older adults are very healthy. It depends on the food. If you eat a lot of junk, like snacks, things that have fat, you won’t live long. There are a lot of older adults who eat a lot of fruit, then live longer, live healthier” (C16).

Class 3 (ECU=16.9%) demonstrates the children’s stereotypical view of older adults, perceiving them in terms of senescence and senility that alter daily life in an adaptable but natural way. For them, older adults are those who have lived many years of life and have peculiar physical characteristics, such as the presence of grey hair, wrinkled skin, pain in the spine and the use of a cane and/or walker. According to the children, these characteristics make older adults unable to perform certain activities and lead them towards others, as can be seen in the following ECUs:

“Her health is fine, she has a little pain in her spine, and is limping with a cane. She is old and losing her strength. I think it’s normal for her to be like this” (C2).

“[...] They have grey hair, most of them have grey hair and wrinkled skin. She uses a cane, and has back pain. Every older adult must have back pain” (C2).

“She has a cane and the one with four legs, the walker. She watches television” (C3).

“If he is weaker he cannot move much, to avoid breaking his bones. He can’t ride a bike” (C11).

Finally, Class 2 (ECU=12.0%) corroborates the previous class by exemplifying the activities that, according to the children, older adults cannot perform due to their physical characteristics and health conditions. Children attribute to older adults weaknesses and limitations that prevent them from carrying out activities that require greater vitality and muscle strength, especially running, jumping, playing football, carrying heavy objects and attending gym/weight training, shown in the following ECUs:

“When I’m old, I won’t be able to run and play football” (C2).

“You can’t go to the gym because of a spinal problem. You also can’t walk alone at night, go to the gym a lot or lift heavy weights” (C7).

“Older adults can’t go to the gym. Because the gym it is the same thing as doing heavy work” (C5).

“Older adults cannot run and jump. Going to the gym is very dangerous, an accident can happen” (C8).

DISCUSSION

Most of the children in the present study lived with older adults, which influenced their perceptions about the social identity of such adults. Considering that an individual’s own experience is the reality of their conscience⁶, children’s perceptions are directly related to what they experience and observe in their social circles.

In this regard, as shown in Class 4, the children attributed the characteristic of dependence to the older adults, describing them as needing to live close to or with their families, recognizing the family as a means of support and considering such support as one of the most important factors for coping with losses due to old age¹⁵. It is noteworthy that frailty, exposed in Classes 4 and 2, often caused by pathological aging, implies greater needs and requires greater attention and care¹⁶.

The storytelling technique proposed that children change from looking at others to viewing themselves, allowing a reflection on being in the shoes of older adults, who tomorrow they themselves will be. When thinking of themselves as older, many children reported needing help and care, even though they considered living in their own homes as the best option, although they also mentioned the long-term care facilities as a housing option.

The social identity of the older adult can diversify according to the group that shares it and, over time and the development of the individual, its elements can be transformed during a life cycle¹⁵. As the result of the subjective reality that is in constant dialogue with society, the social identity of the older adult can be maintained, modified or remodeled by social relationships⁶.

Thus, the social identity of the older adult from the perception of the children was directly related to

the social role played by such adults within society, which is defined by patterns of behavior that reflect and characterize the position of older adults within the social group to which they belong¹⁷.

The leisure moments observed in Class 5 represent a determinant for the promotion of a healthy life and encourage self-esteem, social integration and autonomy, which are essential for active aging and physical, psychological and sensory well-being¹⁸. For the children, aging was seen as opportune for leisure activities, which are necessary and related to those practiced by the older adults living within their social network, that is, they understand the activities performed by their peers and perceive leisure as a meaningful and social reality⁶.

Leisure is culturally influenced and varies according to the customs and preferences of the local population, implying a process of socialization⁶. It also varies according to age groups, interests and motivations¹⁹, which was observed when the children expected that with advancing age, their tastes would undergo changes, for example, when they considered that as an older adult, the practice of housework would be an option for leisure, externalizing their own being in the social world⁶.

Leisure in old age is a product of social interaction that develops through the process of acquiring roles in society, and is characterized as a learning phenomenon^{6,15}. With aging, older adults go through a process of the loss of roles in different social environments, and thus, the replacement of roles and activities by others that are considered significant, including those involving household chores and other Instrumental Activities of Daily Living as leisure options, increasing feelings of social utility and well-being¹⁹.

The social identity of older adults with regard to leisure is linked to a social construction that suggests that when experiencing old age, a person needs to enjoy their time more fully, with freedom of choice and interaction with their social networks²⁰, consistent with the assumptions of Berger and Luckmann⁶ with regard to the reality of everyday life.

Such a reality of daily life is objectified by the children, that is, it is already imposed by society

before it acquires meaning for them, maintaining the intersubjectivity that differentiates leisure for older adults as a reality of everyday life, separate from other realities and individuals, which exist through the interrelationship and dialogue with the other⁶.

It is important to mention intergenerational interaction between grandparents/great-grandparents and grandchildren, which is important for both generations in promoting moments of dialogue, reducing isolation and valuing the self-esteem of older adults, in addition to encouraging the consolidation of the social bonds that they provide for individuals in this relationship, enriching their knowledge and acquiring life experiences, generating more positive attitudes towards old age²¹. It is through dialogue that correspondence with the meanings that children have about the world occurs, fostering the construction of the social identity of older adults and representing a mutual influence, in which society is a human product, just as the individual is a social product⁶.

For the children, according to Class 1, the conditions of life and health of older adults depends on their past choices in life and is perceived by the natural wear and tear of aging. This perspective of personal responsibility was also addressed in another study, the results of which show old age as the result of a life story, personal choices and how one has lived over the years. A healthy lifestyle, with good nutrition, physical exercise, proximity to nature and family, allows older adults to be happy, healthy and active¹⁶, as was seen in the present study (Class 6).

A meritocratic view of aging is notable in different contexts of society. Every individual is aware of temporality and its physiological reflexes, even if they do not recognize them in themselves⁶. Temporality is coercive and awareness of the finitude of life generates anxiety and affects the attitude of individuals towards life projects¹⁶.

Among the physical characteristics attributed to older adults by the children, some were limiting and/or negative, notably the senescence and senility that alter the daily lives of older adults. Naturally, one cannot ignore the biological changes imposed on the human body by the passing of time. Even if chronic diseases do not appear, aging always involves some type of functional loss²². However, the aging process

has meanings that go beyond the chronological and biological dimension, being a multidimensional, heterogeneous and individual experience²³.

Pain, a word that occurred significantly in the relevant class of analysis (Class 3), was related by children to the sick and aged body. Erroneously, senility was perceived by children as a natural process, that is, they did not differ between the concepts of senescence and senility, associating aging with the presence of disabilities and diseases.

Through the social transmission of stereotypes, roles in society and their respective rules of conduct are defined. Deviations from these norms, considered universal truths about reality, are often considered as moral depravity, mental illness or incivility⁶. This brings us to the activities which according to the children are permitted for older adults, and which are always more limited, not only by the natural phenomenon of aging, but also by the typification of roles.

The stereotypes recognized by children about older adults (Class 3), appear as a result of living with them, added to the subjective knowledge – typification – about aging that they are presented with. These typifications constantly affect interactions with the other and also shape them, just as the relationships are flexible and the stereotypes continuously modified due to the exchange of subjective meanings⁶. The possibility of changes in the social constructions of old age is therefore provided.

The negative stereotypes of aging influence the perception of the identity of older adults in relation to social support, especially family care and attention, resulting in the expectation of greater social support. Political initiatives to combat age-related prejudice and promote positive aging from childhood are important²⁴.

A major challenge in changing the negative view of aging is to find strategies that promote positive feelings and views of aging among different generations. However, promoting positive intergenerational relationships, educating the population about aging, as well as changing the representation of older adults in the media by reinforcing their positive aspects, can be successful

strategies and, consequently, can change the views of aging in future generations, given that stereotypes are learnt in childhood²⁵.

Finally, Class 2 demonstrated that the social identity of the older adult remains linked to the concept of frailty, as was also observed in Class 4, maintaining the negative and erroneous social construction of old age^{2,26}. According to children, aging is a phenomenon that can cause the physical damage that prevents the performance of activities that require greater vitality. This previously defined construction of the social image of older adults is internalized by the children, who identify it as a reality assigned to such individuals⁶, and therefore, when they imagine older adults, they do not consider the possibility of them, for example, running, playing ball or doing weight training.

The social world is constructed by dialogue, through socialization that begins in childhood. The apprehension of meanings is not the result of the autonomous conceptions of the individual, as it occurs when they assume those that exist in the world in which others already live. Only after this appropriation can the meanings be modified or even recreated as a result of the dialectic between what was assigned and appropriated⁶.

Given this fact, the understanding of the social identity that the older adult has depends on the individual's interaction with their social environment, and for this reason, it is in a constant process of change^{6,26}, meaning that stereotypes have to be rethought, starting from the recognition of the other, of what is different, of social changes, in a process of understanding and deciphering. Therefore, it is in the dialectic between nature - physical limitations - and the socially constructed world – the stereotype of aging - that the human organism is transformed, since in this same dialectic humans produce reality and, with that, produce themselves⁶.

As limitations of the present study, in considering life experiences as determinants of the social construction of reality – the reference of the study – it should be noted that the selection of participants was carried out without considering the coexistence or otherwise of the children with older adults. Thus, the projections they made about being an older adult

is a construction that may have been limited by the absence of objective elements of reality or have been influenced by aging experiences particular to their social universe. Therefore, the context in which the children are inserted and their cognitive conditions for interpreting the world around them certainly influenced their perceptions about the social identity of older adults, so that the results presented are limited to the reality in question. A target audience extended to other contexts could obtain different results.

CONCLUSION

The present study revealed the perceptions of children about the social identity of older adults, finding that they attribute a state of dependence to such adults, with aging reduced to a phase of weaknesses and limitations, but opportune for leisure. It was found that the living and health conditions of older adults were related to the natural wear and

tear of aging and also the results of previous choices, based on healthy habits perpetuated throughout life. Finally, the social identity of older adults is linked to senescence and senility, which alter daily life in an adaptable but natural way, related to physical and above all social aspects.

It is essential to strengthen the education of children in the context of issues related to aging, based on actions within the scope of their educational system and also in relation to health, in order to broaden concepts about the identity of older adults, including recognizing them as individuals capable of active and healthy aging.

New studies with different methodological approaches are suggested, as the social identity of older adults and its meaning still require deeper scientific investigation.

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