

Suicidal ideation and attempted suicide in elderly people – subjective experiences

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Abstract *We discuss the subjective experiences of elderly people who show suicidal ideation and/or attempts at suicide, based on their own reports. We understand the concept of ‘subjective’ as referring to intra-psycho experience resulting from social, economic, relationship or biographical conditions. Although the subject is sparsely covered in the literature, it is important, because it is in the field of subjectivity that ideations of, and attempts at, suicide develop and occur until they become a concrete act. Empirical data were collected through semi-structured interviews focusing on: social characterization, portrayal and mode of life, previous mental state, atmosphere of the attempt, effects on the health of the elderly person and family. Based on the analysis of the meanings that emerge, five empirical categories were generated: (1) subject’s feeling of being in a non-place; (2) absence of acceptance of losses; (3) suffering due to ingratitude of family members; (4) feeling of uselessness of, and in, life; (5) re-signification of the situations that generate suicide-related conduct. The results point to a fundamental need to incorporate knowledge about the subjective processes into programs for prevention of suicide among the elderly who have ideation of, or attempts at, suicide.*

Key words *Suicide attempt, Suicide ideation, Subjectivity, Elderly people, Family*

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Introduction

This article analyzes subjective experiences reported by a group of elderly people. The concept 'subjective' is understood to refer to a process of subjectivation which is not limited to the individual experience, nor is reduced to, nor allows itself to be determined by, purely social processes. It is understood that the individual and the social have a reciprocal influence upon each other within a multidimensional dynamic, which is contradictory, recursive and in permanent movement¹. Thus, the subjectivity refers to the outlook of the person: his/her opinions, feelings, believes and desires; and their recognition emphasizes that an individual does not have a passive relationship with the world. On the contrary, an individual is an agent that experiences reality in a particular way, interpreting it and making choices. For this reason, as an agent, the individual both adheres to what is offered to him institutionally and also causes changes in a wide range of organizations in which he is included, seeking always to act according to his or her desires and objectives².

When we talk here of the experience of elderly people who have persistent ideation of suicide or have attempted it, we enter the philosophical, psychological and sociological field of the studies of subjectivity which, although they are very distinct in terms of areas of knowledge, have one orientation in common: the character of human experience is that every phenomenon that is lived is associated with a singular point of view. In the opinion of Nagel³, the subjective character of experience implies that the mind produces a type of cognitive focus on certain aspects created by reality – whether it be the social, economic, political, or reality or a reality in terms of relationships. The subjectivity of the perception of reality, when it refers to a given social group that is more or less homogeneous, as in the case of the elderly people who were interviewed, implies that the perception of all things, concepts and 'truths' are at the same time different between the individuals of that group, and also bring them together.

Thus, although she/he lives in an objective world where things, people and cultures in common exist, each individual has a unique perspective on the world. These themes have been dealt with by important philosophers such as Heidegger⁴, who distinguishes common experiences and singular experiences lived, and Sartre⁵, who deals with freedom of choice of the subject even in the most difficult circumstances in which everything

appears to him to be externally determined. Sartre even said that each human being is irreducible (which goes against the idea of the massified human being), and for this reason he or she always *is* what he or she has succeeded in making out of what reality has made out of him or her.

It is important to note that a large part of the authors who deal with subjectivity never place it outside the social-cultural and historic reality⁶⁻⁸ – with the exception of some currents of psychology, in which the notions of subjectivity are focused on the intra-psychic process and are considered not to have importance for the comprehension of shared human experiences⁹. Other scientists and philosophers, on the other hand, consider that it is in objective reality that people make their choices in an individual way.

This singular synthesis of a social reality that is individually experienced enabled the reports of the elderly people who were interviewed to be known. These elderly people live in the same historic time, in the same social space, they belong to the same social segments and to the same age groups and they share opinions, believes, values and attitudes. Bourdieu¹⁰ has given the name *habitus* to such a group of dispositions that are at the same time collective and individual.

These initial considerations are important because what is dealt with in this article are reflections about the private experiences and at the same time similar experiences, of some elderly men and women who have reacted with persistent suicidal ideation or attempts at suicide to the difficulties related to age itself, the illnesses, the questions of relationships, discrimination and other problems. In terms of methodology, this study heard their interpretations of the situations of suffering that led them to seek an early death; and also, it was possible to bring their histories together in empirical categories which cover the principal points of importance¹¹ that they have presented in relation to those events.

The theme of subjective experiences, and of the structure of the subjectivity of the elderly person who has tried to kill himself, who presents suicidal ideation, is practically absent in the health literature, and also in the literature of the social and human sciences in Brazil. Even internationally, there are very few texts available¹². In the majority of the studies on the theme, the emphasis falls on discussion of risk factors, morbidities and mental disorders. Thus, there is a lack of approach in terms of the experiences that lead an elderly person to such a degree of suffering that he or she looks upon death as the only solution.

In an attempt to fill this lacuna, we have presented the results of a field study, and, based on the points of view expressed by a group of elderly people, we discuss how they perceive their links of affection and what is the feeling and the meaning that they give to the problems that they face in this phase of life.

It is important to point out that no diagnosis is being made about old age, nor about the experiences of older people in Brazil, but only of a small group to whom the investigators had access in a survey, though with a highly respected methodology. This is true, in particular, because 'old', 'elderly' and 'old age' are not general categories of analysis. Each one of these terms hides a very great complexity of differentiations, any analysis of which is not the purpose of this study^{13,14}. The group studied here is part of the segment of those elderly people who, due to social condition, due to questions of physical illness, due to personal problems of isolation, due to abandonment or negligence by the family, or due to some type of mental suffering, feel particularly vulnerable. The reports of ideations and attempts at suicide analyzed in this study were full of emotion, expressions of conflicts, narratives of losses and pain, experiences of precarious work and living accommodation, and relationship difficulties. These problems accumulated over the length of a life and flowed out in old age¹⁵, in a perspective which is treated here as 'procedural'. It can be said that each one of these old people is, in this stage of life, going over the data of his or her history, reconstructing them with the threads of the present. This stage of life can be seen in personal experience as a time of decadence, a time of isolation, or it can be seen as a time of protagonism and maturation. In this sense, independently of whether a person is suffering from some type of infirmity or lack of autonomy, nothing substitutes the involvement of the subject in the conduct of his or her existence. Preservation of health, which often is independent of personal desire, is one thing, while maintenance of the moral autonomy that is at the root of the expectation of having a happy and realized life, is another. Various anthropological studies show that there is no linear relationship between being ill or feeling ill and decadent¹⁶⁻²⁴. Almost always the older person reaps in the final stage of existence what he or she planted in the world. No one becomes a respective, healthy and wise old person if they did not construct their life in that direction²⁵.

Methodology

The data presented here are part of a multi-centric qualitative investigation which brings together quantitative and qualitative data on 57 cases of elderly people, among 87 interviewed in 14 municipalities in five regions of Brazil.

The sources for contact with the subjects were the official data banks on hospital records, and information from professionals of Brazil's Unified Health System (SUS), and from managers of long-term care institutions. The field work involved interviews with old people who were contacted by letter, by telephone, or by scheduled visits with or without mediation of health professionals.

The data were collected through semi-structured interviews, with a script made up of open questions, relating to various aspects of the living experience of the subjects: social-demographic characterization; characterization of their condition and way of life, evaluation of the atmosphere of the suicide attempt; evaluation of the risk and the mental state that preceded each one of the attempts, and impacts of these events on their health and on their family. Anthropological and social aspects of the localities were inter-linked with analysis of the emotional states of the individual in such a way as to provide a context for the data.

An attempt was made to understand the specificities of the situation of the subjects who made suicide attempts or had suicidal ideation, independently of where they lived. Each interview was analyzed in depth, in an approach that took into consideration the reports of those interviewed, interpretations of the researchers and the data of contextualization. The final analysis consisted of a reorganization of the qualitative information based on the categories emerging in the empirical process, and which related to the processes of subjectivization of the subjects.

The research project that was the basis of the information presented here was approved by the Ethics Research Committee of the Oswaldo Cruz Foundation (CEP/Fiocruz). All the participants in the study signed the Informed Consent Form. The recommendations and the ethical precautions specified by CNS Resolution 466/12²⁶ were obeyed, and any participants who were in a vulnerable state were directed to the referral services for accompaniment.

To give a better context to the data, the speeches of the participants appear with indi-

cation of gender, age and locality – while their identity is preserved.

Results and discussion

Initially, a characterization is presented of the group of elderly people whose speech, as reported, is the subject of analysis in this article. (Table 1).

Significant indications of this categorization relates are that a majority of the people interviewed: were female; were in the age range 60 to 69; had between one and four years of schooling; had practiced activities related to agriculture; were retired, were Catholics, had between one and four children, were married, lived in an urban location; and had their own home or lived in a long-term care home. These socio-demographic data made it possible to have a panorama of the situation of the people interviewed.

The empirical categories that emerged from the speeches and stories of the people interviewed (men and women) who attempted suicide or had persistent suicidal ideation are now presented – the categories that emerged from the empirical data, and are subject to superimposition and many other interactions, since this is a complex subject – are: (1) the ‘nowhere’ situation of the subject; (2) non-acceptance of losses; (3) suffering due to ungratefulness of family members; (4) a sense of existential uselessness; and (5) re-signification of the situations that generate the suicide-related conduct.

1. The feeling of being ‘nowhere’

The lack of capacity to provide care or financial support to the family was seen by some of the elderly people interviewed as a situation in which they feel ‘dislocated’ or without a defined role in the environment in which they live. The difficulties of finding a new place in their families were expressed in several of the interviews, as one of the elements which led them to thinking about or attempting suicide. The speech reflected an anguish caused by occupying a space in which they would not like to be, or where they did not feel accepted, as this speech reveals: *All that I have in life is displeasure, grief! My participation is only that I am alive, no more than that: because I don't do anything: I have an empty life* (woman, 83 years old, Piriri, Piauí State). Minayo and Coimbra Júnior²⁷ point out that it is necessary to understand how the stereotyped construction of the social position of the elderly person comes into

Table 1. Characterization of the participants (N = 57).

Characteristic	N	%
Gender		
Female	33	57.89
Male	24	42.11
Age group		
57-59	3	5.26
60-69	25	43.86
70-79	18	31.58
80-89	9	15.79
90-101	2	3.51
Schooling (years)		
None	11	19.30
1-4	26	45.61
5-8	13	22.81
9-11	5	8.77
More than 11	2	3.51
Profession/occupation		
Domestic services	19	33.33
Farming	11	19.30
Teacher	3	5.26
Sales	7	12.28
Metalworker, mechanic, technician	5	8.77
Driver	3	5.26
Other	9	15.79
Income		
Retirement pension	50	87.72
Other	1	1.75
None	6	10.53
Religion		
Catholic	35	61.40
Evangelical	12	21.05
Spiritist	2	3.51
Catholic/Spiritist	2	3.51
None	6	10.53
Number of children		
None	12	21.05
1-4	30	52.63
More than 5	15	26.32
Marital status		
Married	20	35.09
Separated	12	21.05
Widowed	16	28.07
Single	9	15.79
Home location		
Urban	49	85.96
Rural	8	14.04
Home situation		
Own	33	57.89
House of a relative	5	8.77
Borrowed (relatives/friends)	2	3.51
Homeless	1	1.75
Long-term care institution	16	28.07
Total	57	100

Source: Data collected in the study.

existence. In the name of excess of care and of a cultural template of what one can do and cannot do, often the elderly person is condemned to retraction, to inactivity, or relegated to old people's parties, as this elderly person expressed it: *It was just loneliness, only loneliness – they 'put' me in places: Go out to a course, hydro-gymnastics, and all the time, it was sadness* (woman, 63, Teresina, Piauí State).

In their evaluations of current life, various elderly people emphasized that they experienced a profound sadness and inability to deal with the space that they occupy because, even when they are surrounded by various people in the family, they feel lack of communication in terms of affection and comprehension. In some speeches, many of them showed that they see themselves as a problem to others, because they believe that they make other people uncomfortable and they themselves are uncomfortable. Thus, as one of them said: *It's better to go soon* (man, 65, Manaus, Amazonas State). And also this lady: *I really do feel uncomfortable because I displace the head of the house from his bed, from his room. It's that I need to occupy my grandson's room. So I feel very embarrassed, because I'm causing a lot of trouble. I feel myself as being an excess.* (woman, 83, Piriri, Piauí). This situation is especially painful, as in the case of this woman who was widowed and was obliged to leave the home in which she lived, get rid of a large part of her belongings and move to the house of her son. It becomes even more embarrassing when the person has some type of dependency, is losing autonomy and needs to be taken care of in relation to their basic needs. The sensation of being a problematic, 'displaced' person, then gets worse.

Thus, the perception of 'being in a place that is nowhere' has two sides: The prejudiced view of society (almost always by the family itself) and the internalization of that view by the elderly people themselves. In the first case, in general, the social imagination presents a negative view of aging. Society maintains and reproduces the idea that the worth of a person is measured by how much he or she produces and how much he or she earns and, for this reason, the older people outside the labor market and, almost always, receiving a very small pension or being totally financially dependent, is a dead weight and useless. In 2005 a survey carried out by the Aging Portal (*Portal do Envelhecimento* – www.portaldoenvelhecimento.com) concentrated on the following question: 'What is the image of the old person that Brazilian society is creating?' This

survey, among other results, obtained the following response: 45% of those answering online said that an old person is a being with accumulated experience; 36% answered that he/she is a weight to be carried; 12% considered her/him unproductive; and for 7%, old is synonymous with ill. Thus, the negative view on old people is part of the worldview of at least 55% of the Brazilian population. Among the old people themselves, the ideology that they are useful and disposable is impregnated in their own vision of the world, as Norbert Elias remembers:²⁸

The fragility of old people is often enough to separate those who are growing old from those who are alive. Their decadence isolates them. They can become less sociable and their feelings more warm, while their need for other people is not extinguished. This is the most difficult thing: The tacit isolation of old people, the gradual cooling of their relationships in relation to those with whom they had relations of affection, the separation in relation to human beings in general, everything that gave them meaning and security.

2. Non-acceptance of the losses

Many of the elderly people interviewed referred to the loss of beloved people as wounds that were still open, painful, throbbing and irrecoverable. For these people, there was no process of symbolic recomposition, or refilling with meaning the experience of mourning for the death of their beloved, nor for other types of lacks or absences.

For example, an elderly person with persistent suicidal ideation and some suicide attempts reported that she was prevented by her husband from adopting children. In her intimate self this was an irrecoverable gap: *It's his fault [she is referring to her husband] my not having had a child* (woman, 68, Fortaleza, Ceará State). Another interviewee, who lost her mother 30 years ago, has had her emotional life frozen in time, intensely suffering this lack, drowned in sensations of guilt: *I still haven't got used to it. I don't know if I failed her in something. Every time I go there [the cemetery], I talk to her, I have a conversation, I give her a blessing, I ask for help* (woman, 64, Fortaleza, Ceará). Another woman attributes her intense attack of suicide ideation to the death, eight years ago, of her mother, with whom she had a very special tie: *It was because of the death of my mother! I was a daughter that she liked very much, I did what she liked, I fulfilled her desires. She took care of me, she called me to*

her house (woman, 61 Manaus, Amazonas). This person's speech expresses her depressive state marked by regret and by the sensation of not having given attention and duly manifested her affection for her mother, at the last opportunity she had of meeting her.

For one elderly man, the strong identification with his son, who died prematurely and abruptly, generated a profound sense of emptiness as if he had lost part of himself. He never managed to reconstruct himself: *I lost my second son. The only one who was my mate, my comrade, my friend. I would never be here if he was alive. He was proud of my being his father. I felt as if I had lost a part of my body* (man, 71, Fortaleza, Ceará). The son who had died was portrayed as someone who gave him personal value and satisfaction, as well as serving as a defense against impositions that were placed on him by family members about his way of leading his life when older – such as, for example, institutionalizing him.

A woman who lived through various personal crises accompanied by suicidal ideation sees the peak of her crisis as happening when she was obliged to separate from the grandchildren who she was bringing up. Through them, she recovered a part of her social function and meaning of life. *It was because of the little grandchildren that I brought up from when they were babies. This depression was the worst, I still miss them today [cries]. This is brutality. After they had been brought up they took them away from me* (woman, 74, Manaus, Amazonas). They are open wounds as sources of permanent suffering.

The losses referred to by the elderly people interviewed are many, and do not relate only to links of affection interrupted by death or abandonment. Frequently, they are associated with decay of physical abilities, appearance, social function or financial security. These old people enter a depressed state, feeling as if their world has shrunk, their choices have been hampered and their interests and preferences have become less available. In some – those who are unable to overcome their losses positively – all of this causes an unbearable sadness.

Thus, suicidal ideation is associated with the need that the elderly person feels to resolve or put an end to an intolerable situation, to feelings of loss of a situation, condition or person who was considered fundamental, associated with the perception of inability to create a more pleasurable universe for himself²⁹.

In an empirical study about suicide of old people in Brazil¹⁵, the authors report that for

8.9% of cases in men and 15.2% of cases in women, family members recognize prior ideations and attempts motivated by losses of key people as preponderant factors for that outcome. In another survey on the same subject in the city of Rio de Janeiro¹⁵, the researchers also found the impacts of losses in reports by family members on increased suicidal ideations and attempts at suicide. The situations that were most depressing for both women and men who died from self-aggression were unresolved mourning for the death of husbands, wives and sons and, in second place, the losses that affected their role, their social identity and their financial security. These findings coincide with the findings in this present study.

3. Suffering due to ungratefulness of family members

The explicit complaint of abandonment in terms of affection and in material terms, by the family, was a constant feature of the interviews with the subjects. Although they enunciate many reasons why their family rejected them, and why the family might be unconcerned about their life and their wellbeing, the feelings of loneliness that arise from this are profound and reiterated. One elderly person reported that *they [the sons] are each one happily being themselves. My sons are not bad sons. Sometimes I blame myself because my daughters are not really nice. Because I was a mother who would always be there very close to them* (woman, 64, Fortaleza, Ceará). Another elderly man commented: *My family has the capability, but doesn't help, they don't even visit me. She [the niece that he brought up] has never even given me a bar of soap* (man, 64, Fortaleza, Ceará).

While some of these men and women showed their disappointment with their children, others rebelled and demand satisfaction. They talk as if the investment that they made in all their life history should now *provide some return*, like a savings account that had been built up and that they could call on when they were old. This elderly man put it this way: *I want them to give me affection and love, as I gave my mother. I worked a lot to build my things, but they don't remember me* (man, 66, Manaus, Amazonas). The hallmark of these conflicts is an undeniable *lack* arising from these processes of abandonment, because the fact is that any person only finds satisfaction, value and wellbeing in relation to an other³⁰. When this significant other is lacking, or lapses in his or her efficaciousness in terms of relationship, the

person languishes, feels him or herself to be an obstacle, and loses meaning in life.

What the elderly subjects say about abandonment and the neglect is usually interspersed with symbolic adjustments that re-establish the family members as people who are busy and justified in their absences, for example this woman: *My children are nice people, but they have their own problems ... They live only for work* (woman, 64 Fortaleza, Ceará). The tensions and contradictions between, on the one hand, the sensation of injustice and abandonment and, on the other, the blame for thinking ill of their children, constitute a subjective situation marked by a symbolic inability to bring the two sides together. How, after all, could such good and dedicated parents speak ill of their own children? Thus, family relationships are seen by the people interviewed with a great deal of ambivalence, as this woman sums up: *My children do me a lot of bad, but they also do me a lot of kindness* (woman, 74, Manaus, Amazonas).

The complaint of elderly people in relation to their family members is that there is a lack of comprehension of their needs, of their desires: the elderly, even when they are together with relations, are not seen and are not taken into account. As one interviewee put it: *I think that they [the sons and daughters] have problems with me, because I like to buy my things and they criticize me* (woman, 71 Recife, Pernambuco State).

Lins de Barros³¹ points out that, even for elderly people who are autonomous, the view of society and family about them is in general one based on a concept of assistance. For example, for many producers of cultural products who create activities for this age group, the worldview about old age is one of 'a lack', and of 'a problem', that they need to solve, compensating them with any activities that can fill up their time.

To express care in the name of the supposed natural *incompetence* of the elderly person generates contradictory feelings in that person: The person may not accept, or protest against, what is offered to him or her as *good*. But, if he or she prefers to keep quiet, he/she will experience an emptying of his/her own desires and powers. Serra³⁰ refers to this type of care in the form of tenderness that masks the power and the authoritarianism of adults as a veritable symbolic violence against the elderly person.

In the context of family relations, one must also consider as a factor of negligence and abandonment the situation of men and women who, in their previous lives, were violent, negligent or

conflicting with their own children, and with other relations. When these people come to need care from those children or relations, that is when rifts, rivalries and hurts come to the surface. Thus, on the one side, many elderly people feel remorse for not having corresponded to the family's expectations. But at the same time they need and demand healthcare, company and personal help. Not uncommonly, they receive indifference, abandonment or negligent behavior – as in the comment by this interviewee: *All of us are human beings! So, if it's a guy with good character, the family will give help. But most older people, both men and women, don't assume what they've done. Were they really a good father, a good mother, a good grandmother?* (man, 74, Rio de Janeiro, RJ). The logic that serves as the moral foundation for the indifference of the family group in relation to the father, mother or any other elderly relative who has mistreated them or, often, abandoned them, is that *the person reaps what they sowed*. And this takes place even in the face of the dependency, incapacity and fragility of the person who is seeking support.

Finally, it is important to recognize, in considering the relationship of the elderly person with the family – the social group that is most close to that person and in relation to which that person has an expectation of reciprocity – that the most potent factor associated with persistent suicide attempts and suicidal ideation is social isolation¹⁵.

4. Feeling of uselessness in and of life

Asked about what their sources of help and support are in situations of need, many old people interviewed repeated the following expression: *It's just me and God* (man, 71 Fortaleza), denoting not exactly the consolation and security that comes from a Supreme Being, but a sensation of desperation, of low worth and of lack of support. This interviewee expressed this sensation in clear terms: *My children put me here [he is referring to a long-term care home], it's because I was no good for anything anymore, like an old shoe that's no longer any use* (man, 71, Fortaleza, Ceará).

The feeling of loneliness and uselessness is also common even among elderly people who continue to live with their families: *As we get old, as we get elderly, that's when the young ones start distancing themselves from us. I said to them: My old age is eternal, from here it only gets worse – now your youth will pass and you will arrive where I*

am (man, 66, Manaus, Amazonas). One woman evokes expressions from the world of production, ruled by the values of utility and productivity – to express the feeling of total less-worth, the feeling of being disposable and useless. *It's like this plastic cup here, it's no good for anything anymore, so we pick it up and throw it in the garbage!* (woman, 74, Manaus, Amazonas). And as the report of one elderly person confirms: *My life is over. There's no longer Sunday, Monday, Christmas. For me it's all just one thing* (man, 74, Rio de Janeiro/RJ).

Clearly, in this process of loss of the meaning of life, there are two sides: That of society (and of the family), for whom the elderly person no longer has any usefulness, and that of the culture that has been implanted in the person, preventing him/her from finding another personal place.

From this point of view, in an intense process of changes in the biography of the subjects in old age, often the contact with the new does not necessarily mean opening to new experiences; it does not ensure tolerance for the discomfort that this causes and, even less so, adhesion to the *non-familiar*. On the contrary, in general, the elderly person does not like great changes in his/her habits, customs and of the locations where they lived. A process of institutionalization, for example, instead of boosting the person to some new movement that is creative, and overcoming, can release a chain of traumatic experiences of distress and feelings of a total emptying-out of meaning in life.

5. Constructing new meaning from the situations that generate suicidal conduct

For many elderly people, the process of getting old is marked by contradictions in which tendencies to depression and disconnection from the world coexist with, and alternate with, an interior force that helps them to overcome difficulties, making the world, for them, a place where it is possible to live with wellbeing and satisfaction. Some of the people interviewed, even having narrated their sufferings and difficulties arising from not being judged valuable by their families, or arising from losses, have also reported that at some moment in their lives they have become capable of coming out of the isolation and the sentences of less-worth, and reconstituting life projects. Engagement in some social activity, in collective and creative projects, based on personal initiatives or those of colleagues, and together with other people in the community, is fundamental, because it brings out dormant energies,

such as the satisfaction of being useful. This is what one sees in the speech of one interviewee living in a long-term institution, which the state had attempted to close: *When I arrived here, we founded a newspaper. I have copies of it in my file. We began to help each other. We were doing something for the home that the state wanted to close* (man, 73 Rio de Janeiro/RJ).

The initiative of creating a project to orient families not to abandon their old people in long-term institutions has been the experience of another interviewee who considers himself capable of influencing and changing his environment: *This project that I'm thinking of putting in place here, I hope to create opportunities to help my family to understand some of the things that they didn't understand when they sent me here. Places like this home should exist, but they should be much better: A place where you have the pleasure of being, of feeling well, independent of anything – money, or family.* (man, 71, Fortaleza, Ceará).

Some men and women moved out of a state of suicidal ideation by reconstituting their love life, investing in the finishings of the places they lived, and finding some activity in which they feel useful. Affection, a space of one's own, and work, are the three pillars of reference of the elderly person.

In general, elderly people are unanimous in stating their aspirations that involve personal aspects (peace and tranquility); material aspects in relation to the immediate environment (home and clothes that are clean and beautiful); and relations of affection (company of the family, some distraction, interesting activities). Here is what one interviewee said: *I want to have peace, to be calm, to be in a place where I have a nicely-arranged kitchen – and I'm not succeeding in doing that. [I would like] to live closer to everything, closer to the girls, I would like to have more attention from them, more pleasurable moments* (woman, 64, Manaus, Amazonas).

The desire to exercise one's personal power, even if in a tenuous manner, is seen in the comment of this interviewee: *For me, I would change everything; I would take everything out, and sell it, do something, move to some other place* (woman, 64 Manaus, Amazonas). However, as noted above, very frequently elderly people's desires are deprived of vitality by the interference of the family, imbued as they are with cultural views that muzzle old people, delegating to them the role of people who *are unable* and *don't decide* anything anymore.

Final considerations

The results of the study presented here help widen understanding on the subjective experience of old people who have suicidal ideation or who try to kill themselves, because of their negative personal experiences of aging. At the same time, the study offers empirical evidence for the development of programs for prevention founded on the real experience of the elderly person who goes through suicidal ideation or suicide attempts.

The main feelings and meanings that stand out in the reports of these older people on their experiences of suicidal ideation and suicide attempts are: (1) pity, for losses, over time, of power, and of a place in society that they have constituted; (2) non-acceptance of, and reluctance to process, in terms of affect, loss of people who were dear to them, in old age or at any time during their lives; (3) difficulties in dealing with a lack of gratitude from family members, generating the feeling that the cycle of sowing and reaping has not been completed; and (4) feeling of uselessness, of oneself and of the life that one leads.

Although the study is of old people who are fragile and weakened in their capacity to act in the world, one finds in them a capacity for criti-

cism and reflection about life that should be given value, supported and enhanced, for the purpose of a process of personal reconstruction and recomposition of meaning.

The vision assumed here, in relation to the data discussed, is that of recognition of the elderly person in his or her condition as subject; capable of producing subjective meanings that open or close possibilities of re-orientation in relation to their specific conditions of life, including in relation to suicidal behavior – a process of taking the individual as a subject and seeing him/her in full, as an active and singular being who cannot be subjected to ‘universalizing’ procedures, even when he is part of a collective. To give a voice to the old person in the family, in the community, in the social and health services signifies this recognition. Understanding that person’s experiences and desires in the different ways of integrating the person socially is one of the best projects for prevention of suicide, since it promotes wellbeing and quality of life, even when the person is dependent. For this reason, there is a need for work in favor of cultural changes in which spaces are opened up for the emergence of new symbols that provide new meaning for old age as a positive and important moment in the cycle of life.

Collaborations

MDM Gutierrez e ABL Sousa participated in the conception and writing of the article. S Grubits participated in the review and final formatting.

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