

Activities of extensión with elders: the experience of the Life History group

Atividades de extensão com idosos: a experiência do grupo História de Vida

Actividades de extensión con ancianos: la experiencia del grupo Historia de Vida

Recevid: 19/12/2013

Approved: 14/06/2014

Lourraine Tavares Lorena¹

Álvaro da Silva Santos²

Michelle Helena Pereira de Paiva³

Carla Maria Silvano⁴

Aging is a natural process accompanied by some alterations. In old age, some elders may have pictures of emotional changes. Activities and groups can promote elders' mental health and feeling of welfare. This paper reports the experience of masters and academics in the "History of Life" group among elders who attend a daycare center. This experience is part of a project an extension project of the Federal University of Triangulo Mineiro (FUTM), Uberaba, Minas Gerais, Brazil. This activity aimed to promote the mental health of the elderly, stimulate interaction between them and rescue their stories and identity, during the second half of 2013. As a result the group, besides having strengthened bonds of friendship, had the opportunity to share experiences. Through activities that stimulated autobiographical memory, seniors shared experiences, strengthened their bonds of friendship and relived events of the past, giving new meaning to their lives.

Descriptors: Aging; Aged; Health promotion; Mental health.

O envelhecimento é um processo natural acompanhado por algumas alterações. Na velhice, alguns idosos podem apresentar quadros de alterações emocionais. Atividades e grupos podem promover a saúde mental dos idosos e sentimento de bem-estar. O presente trabalho relata a experiência de mestrandos e acadêmicos no grupo "História de Vida" entre idosos que participam de um centro de convivência. Essa experiência faz parte de um projeto de extensão da Universidade Federal do Triângulo Mineiro (UFTM). Esta atividade teve como objetivo promover a saúde mental dos idosos, estimular o convívio entre eles e resgatar suas histórias e identidade, realizado no segundo semestre de 2013. Como resultados o grupo além de ter seus vínculos de amizades fortalecidos, teve a oportunidade de compartilhar experiências. Através das atividades que estimularam a memória autobiográfica os idosos compartilharam experiências, fortaleceram seus vínculos de amizade e reviveram acontecimentos do passado, ressignificando suas vidas.

Descritores: Envelhecimento; Idoso; Promoção da saúde; Saúde mental.

El envejecimiento es un proceso natural acompañado de algunos cambios. En la vejez, algunos ancianos pueden tener trastornos emocionales. Por lo tanto, algunas de las actividades y los grupos pueden promover la salud mental de las personas mayores y el sentido de bienestar. En este trabajo se presenta la experiencia de los estudiantes de maestría y académicos en el "Grupo Historia de Vida" entre los usuarios de un centro de convivencia. Esta experiencia es parte de un proyecto de extensión de la Universidad Federal do Triângulo Mineiro (UFTM), Uberaba, Minas Gerais, Brasil. Esta actividad tuvo por objetivo promover la salud mental de las personas mayores, estimular la interacción entre ellos y rescatar sus historias y sus identidades, llevado a cabo en la segunda mitad de 2013. Como resultado, el grupo, además de haber fortalecido sus amistades, tuvieron la oportunidad de compartir experiencias. A través de las actividades que estimulan la memoria autobiográfica, los ancianos tuvieron experiencias compartidas, el fortalecimiento de los lazos de amistad y revivieron los acontecimientos del pasado, ressignificando sus vidas.

Descriptores: Envejecimiento; Anciano; Promoción de la salud; Salud mental.

¹Nursing Student - Federal University of Triangulo Mineiro (FUTM), Uberaba, Minas Gerais, Brazil.

²Nurse. Postdoctor in Social Work. Phd in Social Sciences. Associate Professor and Professor by the *strict sensu* in Health Care Graduate Program of UFTM. Uberaba, Minas Gerais, Brazil. alvaroenf@hotmail.com

³Occupational Therapist. Specialist in Elderly Health on Multiprofessional Integrated Residency mode. Masters Student of the *strict sensu* in Health Care Graduate Program of UFTM. Uberaba, Minas Gerais, Brazil. mhppaiva@gmail.com

⁴Nurse. Specialist in Elderly Health on Multiprofessional Integrated Residency mode. Masters Student in Health Sciences at the Institute for Medical Assistance to State Civil Servants - IMASCS. São Paulo, SP, Brazil cm.silvano@hotmail.com

INTRODUCTION

Aging process is happening in Brazil. That means an increase in life expectancy and in turn a decrease in the birth rate. This framework is due to lower premature mortality, advances in medicine, improvements in sanitary conditions, and changes in public policies for health¹.

Worldwide, the number of elderly people has increased to nearly 810 million in the year 2012. It is estimated that this figure will reach one billion in less than 10 years and two billion in 2050². In Brazil, the number of elderly corresponds to approximately 23.6 million, i.e. 12.1% of the individuals had aged over 60 years old³.

Aging is a natural and irreversible process accompanied by physiological, psychological, cognitive, physical and social changes common at this age group. The elderly tend to face more loss events, such as the decline in physical health, withdrawal from the job market, changes in social roles, the loss of friends and family members, or uncontrollable events that can harm their mental health.

Furthermore, in old age, some elderly may have common psychiatric disorders common at this age group such as dementia, depressive states or psychotic symptoms, especially depression, which is a common and serious problem among the elderly, which can go unnoticed by the them and their families and lead the elderly to death⁴.

In the case of mental health promotion or dealing with emotional trauma, certain occupations such as artistic or storytelling activities, can provide the expression of internal states and spiritual coping⁵.

The participation of elderly in activities or groups can provide establishing linkages, improved self-esteem and sense of well-being.

It is essential therefore pondering that healthy aging and well-being in old age mean to have a good state of physical health along with feelings of respect, safety, opportunity

to participate in society and be recognized for their contribution⁶.

In this context, this paper aims to report the academic experience of masters and undergraduate students in the life history group among active seniors who attend a daycare center.

METHOD

This is a descriptive study with a qualitative approach, an experience report performed by masters and academics of the university extension project entitled "Health Education as Promoter Agent on Quality of Life of the Elderly".

This project was carried out in the Elderly Care Unit (ECU), in the city of Uberaba, Minas Gerais, Brazil. Activities occurred once a week, from 1 to 5p.m. The project happened between June to November 2013, as a university extension project of the Federal University of Triangulo Mineiro (FUTM).

The project had 15 elderly participants and involved the participation of masters and academics of nutrition, nursing, occupational therapy and physical education courses.

The goal of the project was to promote health education actions that contribute positively to the health care and quality of life for seniors. It was composed of four groups of activities: "History of Life", "Healthy Cooking", "Corporal Expression" and "Physical Activity".

Before beginning the activities of the day, it was held a participatory lecture with dynamics, and every week a different theme was chosen by the participants.

The experiment described in this report will be on the group "Life History".

RESULTS

The "History of Life" group aimed to promote the mental health for the elderly, stimulate interaction between them and rescue their stories and identity.

The topics covered in the "History of Life" group were: history of Uberaba city; coming to Uberaba city; family lineage;

family history; history of childhood and family relationships.

There were twelve meetings in this group. The activities were carried out in the fitness room, which was performed in a circle, so that all participants sat on mats or chairs. Academics in charge of activities explained them before starting them. In addition, the academic group also participated with their stories and left the elderly participants free to express their stories and emotions.

At times some crafts, such as making a poster using some resources to help in the expression of feelings and the story to be verbalized, such as drawings, magazine clippings, collages and some dynamics have also been made. The activity was carried out individually and then socialized for the whole group.

At first the participants were insecure about sharing their stories, but as other meetings occurred, the bond and trust increased.

When someone reported its experience, it was noted in the eyes of others the desire to tell their story, or give their opinion. Participants interacted, welcomed, comforted each other and everyone respected the history and the time of others.

The "History of Life" group was the moment that occurred the expression of participants' feelings, exchanges of experiences and learnings.

The family history and childhood themes were the ones seniors brought more experiences and also memories that touched the group. These were the first topics covered in the group and there was weeping and emotion expression. The stories were often similarly experienced or had something that approximate them by the distance, longing, suffering among other things, causing feelings of empathy among the elderly.

At the end of each group, though often full of emotions, a sense of relief to be able to talk about topics often harrowing, sad or nostalgic was perceived.

At the end of the project, it was noted that the participants had strengthened their bonds of friendship and the opportunity to share experiences. And that although they had had much time together, some facts and feelings were first met only on the "Life Story" group.

DISCUSSION

The formation of memories and omissions rely on a complex system of biochemical structural modifications derived from new protein synthesis during and after the formation of each one of them⁷.

This mechanism consists of three steps: 1. encoding information - they reach the brain through the sense organs; 2. storage of information - they are coded, structured and stored in the brain; 3. maintenance and retrieval of information, transforming the information into memories, subject to recovery - a long-term autobiographical memory,⁷.

Remembering personal events requires several cognitive skills, from those that allow to remember a personal fact to those needed to write a book telling the story of a life; the personal recollections lived in the past and the history of life constitute the autobiographical memory⁸.

The "History of Life" group allowed the elderly stimulation of autobiographical memory and the recollection of personal events, thereby promoting improved mental health since people with depression, for example, have difficulty accessing the memories of autobiographical memory. The reduction of autobiographical memory may be a predictor for the development of a depressive disorder and post-traumatic stress disorder^{9,10}.

This group was not only a space for the sharing of lived stories, but also the expression of internal states. According to some studies, an event is only held in memory and can be recovered if it is accompanied by a strong emotional charge. This implies that the memory was stored in a

time of hyperactivity of hormonal systems, ie, those events that leave marks in and the outside world get registered. Events that pass by emotion are recorded; therefore what has or had a sense or meaning remains in memory^{7,11}.

This group provided a rescue of their own history and identity of the elderly, thus being able to understand their role and path and rebuild a new meaning to life. Through the activities that stimulated autobiographical memory it was possible to relive past events and interpret them in a different way, redefining its life story and thus finding a reason to live. Reliving its history, the facts of the past provocateurs of suffering can be rethought and often interpreted as not so sufferable as when they happened, or even capable of understanding by the individual.

Humans are what we remember; memory is the acquisition, retention and recall of information, of facts experienced by each individual⁷.

After the experience with "Talk Groups" - part of an extension project of the Federal University of Mato Grosso do Sul - FUMS called "Ageing and health promotion in primary health care" - the researchers reported that the importance of the past in the lives of the elderly became clear during the meetings, and that emotion was an expression of longing for the days they lived, moreover, the reframing of the alleged loss of cognitive memory in affective gains as biographical life story refers to a relativization of losses and gains of old age¹².

The importance of disclosing such experiences is given the possibility that similar experiments can be replicated, promoting the mental health of older people, rescuing autobiographical memories and building a new meaning to their lives.

CONCLUSION

This group conducted by postgraduate students and academics was an opportunity to exchange experiences and learning. The "History of Life" group showed that it is possible to review the story itself and give it

a new meaning, ultimately reducing hopelessness and stimulating to continue to live better.

It is hoped that by sharing this experience more groups to conduct life history in order to promote mental health of older people can be encouraged and can also serve as inspiration for researchers, professionals, family members and caregivers of elderly.

REFERENCES

1. Ribeiro EE. Tanatologia, vida e finitude. Rio de Janeiro: UNATI; 2008.
2. Fundo de População das Nações Unidas (UNFPA). Envelhecimento no século XXI: celebração e desafio [Internet]. New York: UNFPA; 2012 [citado em 10 de fevereiro de 2014]. Disponível em: <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/Portuguese-Exec-Summary.pdf>.
3. Instituto Brasileiro de Geografia e Estatística (IBGE). Coordenação de População e Indicadores Sociais. Estimativas da população residente com data de referência 1º de julho de 2010 [Internet]. Rio de Janeiro: IBGE; 2011 [citado em 05 de novembro de 2014]. Disponível em: <http://www.ibge.gov.br/home/estatistica/populacao/estimativa2011>.
4. Andrade HAS, Silva SK, Santos MIPO. AIDS em idosos: vivências dos doentes. Esc Anna Nery Rev Enferm. 2010; 14(4):712-9.
5. Algado SS, Mehta N, Kronenberg F, Cockburn L, Kirsh B. Occupational therapy intervention with children survivors of war. Can J Occup Ther. 2002; 69(4):205-17.
6. Rocha IA, Braga LAV, Tavares LM, Andrade FB, Ferreira Filho MO, Dias MD et al. A terapia comunitária como um novo instrumento de cuidado para saúde mental do idoso. Rev Bras Enferm. [Internet]. 2009 [citado em 14 jan 2014]; 62(5):687-94. Disponível em: <http://www.scielo.br/pdf/reben/v62n5/06.pdf>.
7. Izquierdo I. A arte de esquecer. Cérebro, memória e esquecimento. Rio de Janeiro: Vieira & Lent, 2004.

8. Gauer G, Gomes WB. Recordação de eventos pessoais: memória autobiográfica, consciência e julgamento. *PsicolTeorPesq*. 2008; 24(4):507-14.
9. Kleim B, Ehlers A. Reduced autobiographical memory specificity predicts depression and posttraumatic stress disorder after recent trauma. *J Consult Clin Psychol*. 2008; 76(2):231-42.
10. Sumner JA, Griffith JW, Mineka S, Rekart, SM, Zinbarg RE, Craske MG. Overgeneral autobiographical memory and chronic interpersonal stress as predictors of the course of depression in adolescents. *Cogn Emot*. 2010; 25(1):183-92.
11. Brandão VMAT. Memória (auto) biográfica como prática de formação. *Rev @ambiente educação [Internet]*. 2008 [citado em 22 de novembro de 2013]; 1(1)1-17. Disponível em: <http://wp.ufpel.edu.br/gepiem/files/2008/09/vera.pdf>.
12. Combinato DS, Vecchia MD, Lopes EG, Manoel RA, Marino HD, Oliveira ACS, Silva KF. "Grupos de conversa": saúde da pessoa idosa na estratégia saúde da família. *Psicol Soc*. 2010; 22(3):558-68.

CONTRIBUTIONS

The authors gave equal contributions in all stages of production of the manuscript.