RIASE
REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

SOCIAL REPRESENTATIONS OF ELDERLY PEOPLE ABOUT ALCOHOLISM

REPRESENTAÇÕES SOCIAIS DE IDOSOS SOBRE O ALCOOLISMO

REPRESENTACIONES SOCIALES DE ANCIANOS SOBRE EL ALCOHOLISMO

Samilla Gonçalves de Moura[1], Luiz Fernando Rangel Tura[2,3],
Maria Adelaide Silva Paredes Moreira[4], Maria do Céu Mendes Pinto Marques[5,6],
Jordana Almeida Nogueira[4], Antônia Lêda Oliveira Silva[4].

[1]EBSERH of the Alcides Carneiro University Hospital of the Federal University of Paraíba,
[2]Health and Society History Laboratory, Institute for Studies in Collective Health,
[3]Federal University of Rio de Janeiro,
[4]Federal University of Paraíba. João Pessoa,
[5]Nursing Department, University of Évora,
[6]Comprehensive Health Research Centre.

Received/Recebido: 2023-05-01 Accepted/Aceite: 2023-08-25 Published/Publicado: 2023-08-28

DOI: http://dx.doi.org/

©Authors retain the copyright of their articles, granting RIASE 2023 the right of first publication under the CC BY-NC license, and authorizing reuse by third parties in accordance with the terms of this license.

©Os autores retêm o copyright sobre seus artigos, concedendo à RIASE 2023 o direito de primeira publicação sob a licença CC BY-NC, e autorizando reuso por terceiros conforme os termos dessa licença.

ABSTRACT

Objective: To analyze the social representations of elderly people about alcoholism.

Method: This is an exploratory study, grounded on the theory of Social Representations, held with 200 elderly people, in João Pessoa/PB and Cabedelo/PB. In Long-stay Institutions and peer groups of elderly people, we performed interviews and applied the Free Word Association Test and a sociodemographic form, which were treated by the IRaMuTeQ and SPSS softwares.

Results: In average, they were aged 70, female, brown, Catholics, widowed, 6 years of schooling, retired and earned 2 minimum wages. The following classes emerged: 1. Alcoholism consequences; 2. Reasons for Alcohol abuse; 3. Alcoholism and social exclusion; 4. Alcoholism and family impacts.

Conclusion: The meaning of alcoholism was anchored in the negative attitude due to individual, family, social and economic repercussions. Mental health and harm prevention policies should address the elderly citizens at risk for alcoholism.

Keywords: Aged; Alcoholism; Social Representation.

RESUMO

Objetivo: Analisar as representações sociais de idosos sobre o alcoolismo.

Método: Estudo exploratório, subsidiado na teoria das Representações Sociais, realizado com 200 idosos, em João Pessoa/PB e Cabedelo/PB. Em Instituições de Longa Permanência e grupos de convivência de idosos, realizaram-se entrevistas e associação livre de palavras e usado formulário sociodemográfico, processados pelo *software* IRaMuTeQ e SPSS.

Resultados: Tinham em média 70 anos, maioritariamente sexo feminino, pardos, católicos, viúvos, 6 anos de escolaridade, aposentados e 2 salários-mínimos. Emergiram as classes: 1. Consequências do alcoolismo; 2. Motivação para o uso de álcool; 3. Alcoolismo e exclusão social; 4. Alcoolismo e efeitos na família.

Conclusões: O significado de alcoolismo ancorou-se na atitude negativa devido às repercussões individuais, familiares, sociais e econômicas. As políticas de saúde mental e prevenção de danos devem contemplar os idosos em situação de risco para o alcoolismo.

Palavras-chave: Alcoolismo; Idoso; Representação Social.

RESUMEN

Objetivo: Analizar las representaciones sociales de ancianos sobre el alcoholismo.
Método: Estudio exploratorio, basado en la teoría de las Representaciones Sociales, realizado con 200 ancianos, en João Pessoa/PB y Cabedelo/PB. En las Instituciones de Larga Permanencia y en los grupos de convivencia de ancianos, se realizaron las entrevistas y se aplicaron la Prueba de Asociación Libre de Palabras y un formulario sociodemográfico, que se trataron con los programas IRaMuTeQ y SPSS.
Resultados: Tenían un promedio de 70 años; sexo femenino, marrones, católicos, viudos, 6 años de educación; jubilados y recibían 2 salarios mínimos. Surgieron las clases: 1. Consecuencias del alcoholismo; 2. Razones para el abuso de alcohol; 3. Alcoholismo y exclusión social; 4. Alcoholismo y efectos familiares.
Conclusión: El significado de alcoholismo se ancló en la actitud negativa ante las repercusiones individuales, familiares, sociales y económicas. Las políticas de salud mental y prevención de daños deben abarcar los ancianos en riesgo de alcoholismo.
Descriptores: Alcoholismo; Anciano; Representación Social.

INTRODUCTION

Alcoholism is considered a disease resulting from the uncontrolled and progressive consumption of alcoholic beverages, which can entail serious and sometimes irreversible repercussions for the human body[1]. Undoubtedly, it is a complex problem that involves psychosocial and economic dimensions that are not always taken into account, constituting a problem for health services and requiring new approaches and perspectives from health services and programs[2].

The use and abuse of alcoholic beverages by older people in contemporary times, due to its magnitude and transcendence, has been characterized as a public health problem, since it is one of the main risk factors for chronic non-communicable diseases[3,4].

In a study carried out with 614 elderly people living in the urban area of a medium-sized municipality, alcohol abuse and probable addiction were found in 26.5% of the subjects, with a predominance of males (77.3%), having from 1 to 5 years of schooling (54.5%) and an income between 1 and 3 minimum wages (52.3%)[5]. In a household survey involving 202 elderly people living in a neighborhood in Brasília, 15% of them (n= 31) drank alcohol regularly and 16% (n= 5) abused it; the majority (41.08%) had between 8 and 11 years of schooling, where women were prevalent (56%)[6].

In a study that analyzed the pattern of alcohol consumption in 10,537 elderly Brazilians and its association with sociodemographic factors, lifestyle habits and health conditions, alcohol consumption was classified as non-use, light/moderate use and risky use. The prevalence rates for light/moderate and risky use were 9.4% and 4.6%, respectively. The two consumption patterns were inversely associated with age, and were more frequent among men, those with more years of schooling, smokers and those who practiced physical activity. Light/moderate consumption was less frequent among non-whites and among those who reported strokes and diabetes, while risky consumption was less frequent among elderly people diagnosed with heart diseases and more frequent among those who reported depression. This result identifies profiles of greater vulnerability, with small differences between consumption patterns[7].

Accordingly, there is no safe level for alcohol consumption and there is no single parameter for defining moderate or abusive use. This assessment is contextual, depending on age, living conditions, association with work or driving behavior. A warning sign of alcohol abuse or addiction occurs when individuals need to drink increasingly large quantities of alcohol, have a continuous desire to drink more and are unable to reduce the amount of alcohol they consume. In addition, there is an increase in the time spent obtaining, using or recovering from the effects of the ingested substance; and, as a result, they abandon or reduce important social, occupational or recreational activities in the face of this consumption[1].

Nevertheless, in recent decades, studies about the elderly person have contributed to improvements in the Municipal Policy for the Elderly[8-11]. At the same time, there has been some research addressing alcoholism and the old age in the national literature[12-16]. Thus, the object of this study consists of the social representations of elderly people about alcoholism as a phenomenon of a psychosocial nature, since it reveals a social reality that requires serious reflection on the part of health professionals, family members, governing authorities and society in general.

To this end, the Theory of Social Representations (TSR) was used in this research to understand the meaning attributed to alcohol use in the context of the life of an elderly person.

Social representations (SR) refer to the product resulting from the formation/transformation of common-sense knowledge through its circulation in the media and in social relationships involving empirical regularities, which encompass human values and practices relating to specific objects of relevance to society. From this same perspective, they are phenomena that structure attitudes, practices, norms, beliefs and information about a given object. This process is directly linked to the history of the subject or group in question and the relationships established in the social context in which it is inserted[23-25].

SR have the function of guiding communication, the formation of behavior and identity, influencing the lives of the individuals/groups involved in the phenomenon in focus. Accordingly, communication and behavior can guide the process of social interaction that symbolically transforms the represented objects/phenomena. In addition to the action-oriented function, which is based on defining the purpose of the situation, creating a system of anticipations/expectations and prescribing social conducts/practices, there is also the identity function, which defines social identity and maintains the specificity of groups, as well as the justification function, which underpins positions and conducts[26].

Among the different TSR approaches, in this study, the procedural one was adopted. This approach considers that the processes of anchoring and objectification are fundamental to the construction of SR. Anchoring allows meanings to be attributed to strange or unfamiliar objects/phenomena, transforming them into something familiar, facilitating communication and social relationships; objectification occurs from the construction of figurative cores, with the transformation of words into images, through the naturalization of images into elements of reality that can be concretely observed in people and things[27,28].

Therefore, dealing with social representations implies considering that, in order to adapt to their particular social situation and, more specifically, to elaborate, plan and manage their behavioral strategies, subjects can be expected to use not only the information captured in their health conditions, but also the information already available, which they use whenever socially necessary.

Research and studies based on social representations make it possible to take a different look at certain social objects, and this shows the importance of knowing what has been researched with the support of TSR.

Health policies against the risky use of alcohol are aimed at the young population, leaving an emerging gap for the diagnosis and treatment of the elderly citizens. Therefore, this study is relevant in terms of understanding the knowledge, information, attitudes, beliefs and norms that older people have about alcoholism, and can thus contribute to constructing and improving the practices of professionals who deal with this population. Consequently, the knowledge of what the elderly person think about alcoholism makes it easier to understand how he/she adopts health practices and behaves in the face of aspects inherent to aging itself. In this context, the question arises: what are the meanings constructed by elderly people about alcoholism? Thus, the study has the objective of analyzing the Social Representations about alcoholism constructed by elderly people.

METHODOLOGY

This is an exploratory study, with a qualitative approach, based on the Theory of Social Representations in the Moscovici's tradition[26] and carried out in a Family Health Unit with two groups of elderly people and four Long-Stay Institutions for the Elderly (LSIE), in the municipalities of João Pessoa and Cabedelo/Paraíba/Brazil.

A total of 200 elderly people of both genders, chosen for convenience, took part in the study. The adopted inclusion criterion was age 60 or over and cognitive normality. Subjects who were not cognitively able to answer the research instrument at the time of the interview were excluded. For this purpose, the Mini-Mental State Examination (MMSE) was applied[29].

Data collection took place between August 2017 and February 2018 in the aforementioned locations. Initially, the elderly people were informed about the objectives of the study and signed the Free and Informed Consent Form. Afterwards, the MMSE was applied; and, in positive cases, a semi-structured interview was carried out, starting with a free association of words with the inducing term "alcoholism", followed by questions about attitudes, norms, information and beliefs relating to the object under study and sociodemographic data.

SPSS® for Windows® (Statistical Package for Social Sciences), version 19.0, was used to analyze the sociodemographic data. The interview data was analyzed using the IRaMuTeQ® software, version 0.7, developed by Ratinaud and useful for processing textual data through lexicometry. In this study, it was opted to use the Descending Hierarchical Classification (DHC), following the method proposed by Reinert, which allows the corpus to be divided into classes based on the similarities of their words. These classes represent a set of existing meanings and can indicate elements of social representations relating to the object under investigation. It is a proposal that has been used with increasing frequency in the fields of health and human sciences when analyzing textual data from interviews, documents and similar texts[30,31]. It is based on lexical proximity and considers that words that appear in similar contexts relate to an identical lexical set, constituting systems of representation[32].

This research complied with the ethical precepts recommended by Resolution no. 466/12, which regulates research with human beings[33]. The study was approved by the Research Ethics Committee of the Center for Health Sciences from the Federal University of Paraíba, under opinion no. 2.190.153 and CAAE no. 67103917.6.0000.5188, derived from the project: Policies, Practices and Innovative Technologies for the Health Care of Elderly People.

RESULTS AND DISCUSSION

The profile of the elderly people in this study was similar to that found in the literature, with a predominance of females (72.5%), over 70 years of age (75%), followers of the Catholic religion (82.5%), widowed (31%), with more than 6 years of schooling (48.5%), illiterate (21%) and being retired (83.5%). There were also similarities in terms of monthly income, with 84% receiving between 1 and 2 minimum wages, and the perception of income being considered good (73%)[21,34,35]. The interviewed institutionalized elderly people had lived in the institutions for less than 5 years (72%) and received weekly visits (42%).

The Descending Hierarchical Classification made it possible to understand the expressions and each of the words uttered by the participants and to analyze them based on their places and social insertions. Figure 1↗ shows the lexical distribution and the relationships among the four classes. This distribution format revealed that classes 1 and 2 were less related or closer to class 4. It should be emphasized that class 1 was the most representative, containing 36.31% of the text segments (TS) recognized by the software, followed by class 4, which dealt with the effects of alcoholism on the family; class 3 expresses the close relationship between alcohol and social issues. Classes 1 and 2 were closely related to each other and were united in a single axis related to the motivation and consequences of alcoholism in the life context of the individual, family and community. Accordingly, the classes were named according to the representation of each one: 1. consequences of alcoholism; 2. motivation for alcohol use; 3. alcoholism and social exclusion; 4. alcoholism and effects on the family (Figure 1↗).

In class 1, called "Consequences of Alcoholism", the social representations of the elderly people were the majority regarding the individual, family and social repercussions caused by alcoholism, and this class was made up of 73 of the text segments (36.1%), adding as participants: elderly women, single, with between 6 and 10 years of schooling. In their speeches, the interviewees highlighted the culture of *violence – accident and death* – experienced and the relevant social impact, as can be seen in the excerpts:

[...] old people want to be young, seek fresh and young women, through drinking and parties, they decide to drink and drive, with poor eyesight and even drunk, so they end up doing stupid things, that's where the danger lies. [...] (I028, LSIE, 74 years old, female, divorced, 1-5 years of schooling, Catholic, retired).

[...] The increase and lack of control of addiction lead to social problems such as conflicts, traffic accidents and crimes. [...] (I024, LSIE, 75 years old, male, divorced, 1-5 years of schooling, Catholic, retired).

[...] Alcohol entails illness, abandonment, exclusion, contempt [...]. (I104, household, 73 years old, female, married, 6-10 years of schooling, Evangelical, retired).

Among the emerging themes, the consequences of alcoholism were anchored in the organic perspective, that is, the impact of alcohol use generates various illnesses, among which depression was the most frequently mentioned. Alcoholism affects users who suffer from loneliness, abandonment and family isolation.

The relationship between this disorder and depression is complex, and it remains to be seen whether depression is a cause or a consequence. The association between depression and Alcohol Use Disorder is also related to situations of domestic violence, divorce, as well as social and financial decline. Depression is the most prevalent psychiatric illness among the elderly population, and it regularly goes undiagnosed and, consequently, untreated. However, it influences quality of life, increasing the economic burden, due to its direct and indirect costs and, consequently, can lead to suicidal tendencies[1,14].

It is worth highlighting the study about alcohol abuse and addiction in the elderly population, which revealed that excessive alcohol use in this group is associated with chronic diseases, including psychiatric disorders[6,22]. Another study showed the presence of frailty correlated with alcohol consumption, especially in the age group between 60 and 79 years old[20]. In this context, there is concern about the importance of monitoring the mental health of these individuals and the clinical and psychiatric comorbidities that can intensify some symptoms related to the disease.

Most of the elderly citizens have no family relationships or have conflicting relationships, which leads to a problem that may be associated with the imagery representation of family abandonment, which is loneliness in old age, leading the elderly individual to be more vulnerable to health problems and functional limitations, as well as the risk of using alcohol and other drugs as an escape from the isolation he/she experiences[19,22].

Consistently, the family system affects and is affected. Family conflicts are present in the home of alcoholic subjects, even giving rise to social consequences that strengthen the culture of violence. Alcoholism can be the means by which the individual ends up involved and becomes the protagonist of scenes of violence, such as traffic accidents, caused by the association between alcohol and driving, as well as the countless deaths that feed the statistics every day.

Furthermore, alcoholism can be associated with episodes of violence against the elderly person, as pointed out in a study about social representations of violence against the elderly population, where alcohol, drugs and unemployment were also mentioned as reasons for

violence against the elderly citizens. The frailty and vulnerability associated with old age often dictate addiction, abandonment and isolation or mistreatment and violence, dictating the place of the elderly citizens in society, where they have lost all centrality[22].

Class 2, called "Motivation for alcohol use", was made up of 32 TS (16.07%), comprising separated elderly people and pensioners. For the interviewees, the reason that leads the elderly citizens to alcoholism would be an attempt to escape from the problems that cause demotivation in life, that is, alcohol is an escape valve from the world of loneliness and abandonment that they live in; to this end, the elderly person seeks fun and happiness through drinking, as reported in the excerpts:

The lack of love and attention from the family makes the elderly person feel abandoned, so he drinks to forget about these problems. [...] (I030, LSIE, 80 years old, female, single, 6-10 years of schooling, Catholic, retired).

[...] loneliness due to disappointments that occurred throughout life and lack of courage to react to problems, in marriage, with children, life problems. [...] (I029, LSIE, 81 years old, female, separated, over 10 years of schooling, Catholic, retired).

[...] The lack of faith in God leads the elderly person to fall into the enemy's traps, until he becomes an out-of-control old man. [...] (I121, household, 81 years old, female, single, over 10 years of schooling, Catholic, retired).

The interviewees pointed out the need to drink to forget about life problems. In this sense, some authors have pointed out that moderate alcohol consumption is positively associated with the perceived health of the elderly individual. In fact, the reports identified that, among the reasons for drinking alcoholic beverages, regular consumption of wine stood out, since it is good for the heart[2].

Another aspect observed in the interviews was alcoholism as a weakness in the face of the influence of bad friendships that lead the individual to move away from God, approach the things of the devil and cause horror in the family and in society. In other words, the dualistic view between good and evil, God and Devil are evoked, showing the influence of beliefs and religiosity. In this study, the speeches of the elderly people revealed the relationship among religiosity, the institution of the family and marriage as Christian attitudes of a life project that can be threatened by alcoholism, causing separation from family members and divorce. Thus, numerous and distinct negative social representations fell on the elderly person who suffers from alcoholism.

From another perspective, "Alcoholism and social exclusion" was an emerging theme in class 3, made up of 31 text segments (15.48%), representing the speech of elderly people aged between 65 and 69 years old with more than 10 years of schooling. For the interviewees, society encourages the alcohol use through commercialization, but, in the face of addiction and the fear of violence generated in this context, the social attitude is one of prejudice and exclusion:

[...] it's a drugged, irresponsible and lost society, on the other hand, alternative and influential, where everyone is susceptible. [...] society excludes, because nobody cares about these people, they are despised and removed from social life [...]. (I001, LSIE, 74 years old, female, widowed, over 10 years of schooling, mixed religion, pensioner).

[...] The drunk is excluded from social life, through prejudice, as the addiction is very uncomfortable and causes fear. [...] (I110, household, 68 years old, female, married, 6-10 years of schooling, Catholic, retired).

In the symbolic construction of alcoholism, the lexicon "fear" was revealed as an incorporated meaning, since the user is fascinated by drinking and feels fear at the same time; in the same way that the effect caused, sometimes pleasure, sometimes states of depression, sometimes includes in social groups, but also leads to situations of social exclusion.

In turn, class 4, "Alcoholism and effects on the family", made up of 64 text segments (32.14%), was understood by elderly people with between 1 and 5 years of schooling, presenting aspects that denote the obstacles to family life with this major social problem, alcoholism. In their speeches, the interviewees highlighted the main difficulties and challenges faced by the elderly citizens and their families. The effects of alcoholism mainly cause marital problems and often lead to the separation of the couple or even the separation of the elderly person from his/her family:

[...]The trauma that drinking causes in people is very great, when the person drinks too much, it causes fights and destruction of the home, loss of contact with the family, which isolates the person and many even suffer from depression and must be hospitalized to treat the addiction. [...] (I131, household, 75 years old, female, widowed, without schooling, Evangelical, retired).

The elderly citizens also mention the costs incurred by the family and the State in terms of treating and hospitalizing the individual who suffers from alcoholism, costs generated by the access to drinks that burden the budget of the individual and, often, of the family, as in the following excerpt:

[...]Alcoholism entails a lot of family expenses with treatment and rehabilitation of patients and addicts. [...] (I104, household, 73 years old, female, married, 6-10 years of schooling, Evangelical, retired).

For elderly people, old age has brought with it pain and distress due to family and social conflicts and loss of life due to alcoholism. Similarly, the study carried out with elderly alcoholics in Campo Grande revealed the behind-the-scenes of alcoholism in old age, where the family appears as the primary cause and social influence[16].

In addition to the health service, the family is fundamental in terms of caring for and welcoming elderly people exposed to risky alcohol use in order to avoid addiction and complications arising from this problem. However, the family should not be blamed, since it is essential that public policies are in line with adequate therapeutic prevention during old age. In fact, these findings have shown the important role of social representations in terms of guiding communication and behavior in relation to the object in question, that is, alcoholism.

CONCLUSION

This study analyzed the social representations of alcoholism constructed by the elderly population. It is understood that this knowledge is fundamental for health professionals to conduct a careful interview with the elderly patients in order to identify physical and psychiatric comorbidities, based on their experiences and the associated social, psychological and biological aspects.

The elderly people constructed social representations of alcoholism based on its damage and prejudice to the individual, the family and the society in general. The elements reveal how familiar alcohol use is, that is, common sense is configured as everyday experiences, the coexistence with people close to the social network of the elderly person; alcoholism is associated with its negative aspects resulting from family conflicts. The results show that, although alcoholism is less prevalent in old age, even at a lower frequency/quantity, it can entail several negative consequences at this stage of life.

The study shows that the subjects expect their families to provide inclusion, welcoming, help and protection in the face of the progressive decline in their mental and functional capacities, besides expressing the need for autonomy and respect. From this perspective, care and attention should prioritize strengthening the bonds of the support network for the old person, re-establishing relationships weakened by the abusive use of alcoholic beverages and enabling the construction of new healthy bonds.

A challenge to be overcome in the Brazilian context is the development and implementation of public policies and the training of health professionals to deal with elderly people who abuse alcohol, from primary care, where elderly patients are dealt with in their family context, to emergency services and Psychosocial Care Centers. The biggest challenge is to minimize the risk factors to which the individual is exposed.

As this was a survey involving elderly people, there may have been biases, such as in the data collection process, which may have underestimated the obtained results. It is recommended that further studies be carried out with subjects in rehabilitation services and in other contexts, with a view to expanding the observation of this phenomenon through TSR.

REFERENCES

1. Alves VS. Modelos de atenção à saúde de usuários de álcool e outras drogas: discursos políticos, saberes e práticas. Cadernos de saúde pública. 2009; 25:2309-19. Available from: https://www.scielosp.org/article/ssm/content/raw/?resource_ssm_path=/media/assets/csp/v25n11/02.pdf.

2. Brasil. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. Linhas de cuidado. 2023. Available from: https://linhasdecuidado.saude.gov.br/portal/transtornos-por-uso-de-alcool-no-adulto/definicao/.

3. Viegas RD, de Siqueira JM, Donato M, Maurd MY, de Farias SN, da Silva BG. Lives of alcoholic older adults: contributions to gerontological nursing/Vivencias de idosos alcoolistas: contribuicoes para a enfermagem gerontologica/Vivencias de ancianos alcoholicos: contribuciones a la enfermera gerontologica. Enfermagem Uerj. 2018 Jan 1;26:NA-. Available from: http://dx.doi.org/10.12957/reuerj.2018.31376

4. Oliveira FK, da Costa IP, Pimenta CJ, de Almeida MR, Moraes JC, da Costa SP. Aspectos relacionados ao abuso e dependência de álcool por idosos. Revista de Enfermagem UFPE on line. 2017;11(6):2323-8. Available from: https://doi.org/10.5205/reuol.10827-96111-1-ED.1106201710

5. Guimarães MS, Tavares DM. Prevalência e fatores associados ao abuso e provável dependência de álcool entre idosos. Texto & Contexto-Enfermagem. 2019 Jul 10;28. Available from: http://dx.doi.org/10.1590/1980-265X-TCE-2018-0078.

6. Mello DA, Pereira LC, de Oliveira Karnikowski MG, Garcia KR, de Melo GF, Chiarello MD. O uso de polifarmácia e o consumo de álcool na população de idosos de um bairro de Brasília. Revista de Divulgação Científica Sena Aires. 2019;8(2):139-46. Available from: https://doi.org/10.36239/revisa.v8.n2.p139a146.

7. Noronha BP. Padrões de consumo de álcool e fatores associados entre idosos brasileiros: Resultados da Pesquisa Nacional de Saúde 201 (Doctoral dissertation). Available from: https://www.arca.fiocruz.br/handle/icict/33971.

8. Coler MA, Lopes M, Silva A. Social Representations of Violence against the Elderly. The International Journal of Aging and Society. 2016 Dec;7(3):27-34. Available from: https://dspace.uevora.pt/rdpc/handle/10174/19285.

9. Marinho AL, Veloso JA, Moreira AS, Alves KL, Silva AO, Veloso ls. Imagens e sentidos dos idosos longevos sobre o processo determinalidade do ciclo vital. Revista Ibero-Americana de Saúde e Envelhecimento. 2018 Jul 18;4(1):1297. Available from: http://dx.doi.org/10.24902/r.riase.2018.4(1).1297.

10. Amaral AK, Moreira MA, Coler MA, Saler MS, Mendes FR, Silva AO. Violência e maus tratos contra a pessoa idosa: representações sociais de jovens, adultos e idosos. Rev Enferm UERJ. 2018;26:e31645. Available from: https://doi.org/10.12957/reuerj.2018.31645.

11. Lubenow JA, Silva AO. O que os idosos pensam sobre o atendimento nos serviços de saúde. Revista Brasileira de Geriatria e Gerontologia. 2019 Aug 5;22. Available from: https://doi.org/10.1590/1981-22562019022.180195.

12. Oliveira FK, da Costa IP, Pimenta CJ, de Almeida MR, Moraes JC, da Costa SP. Aspectos relacionados ao abuso e dependência de álcool por idosos. Revista de Enfermagem UFPE on line. 2017;11(6):2323-8. Available from: https://doi.org/10.5205/reuol.10827-96111-1-ED.1106201710.

13. Martins A, Parente J, Araújo J, Menezes MJ. Prevalência do consumo de risco de álcool no idoso: estudo numa unidade dos cuidados primários da região de Braga. Revista Portuguesa de Medicina Geral e Familiar. 2016 Jul 1;32(4):270-4. Available from: https://doi.org/10.32385/rpmgf.v32i4.11828.

14. Costa Lima DW, Ferreira LD, Luis MA, Vieira AN, de Carvalho FP, Azevedo LD. < b> Os itinerários terapêuticos de idosos que fazem uso problemático de álcool/The therapeutic itineraries of elderly people that make a problematic use of alcohol< b. Ciência, Cuidado e Saúde. 2017 Dec 19;16(4). Available from: https://doi.org/10.4025/cienccuidsaude.v16i4.37276.

15. Luís MA, Garcia MV, Barbosa SP, Lima DW. O uso de álcool entre idosos atendidos na Atenção Primária à Saúde. Acta Paulista de Enfermagem. 2018 Jan; 31:46-53. Available from: https://doi.org/10.1590/1982-0194201800008.

16. Viegas RD, de Siqueira JM, Donato M, Mauro MY, de Farias SN, da Silva BG. Vivências de idosos alcoolistas: contribuições para a enfermagem gerontológica [Lives of alcoholic older adults: contributions to gerontological nursing][Vivencia de ancianos alcohólicos: contribuciones a la enfermera gerontológica]. Revista Enfermagem UERJ. 2018 Nov 28; 26:31376. Available from: https://doi.org/10.12957/reuerj.2018.31376.

17. Borges CD, Omore C, Krenkel S, Schneider DR. Família, redes sociais e o uso de drogas: tensionamento entre o risco e a proteção. Pesquisa práticas psicossociais. 2017 [cited 2020 Jun 20]; 12(2): 405-21. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_abstract&pid=S1809-89082017000200012&lng=pt&nrm=iso.

18. Braga IB, Santana RC, Ferreira DMG. Depressão em idosos. Rev Psicol [Internet]. 2015; 9 (25): 142-51. Available from: https://doi.org/10.14295/idonline.v9i26.332.

19. Soares SM, Lima EDRP, Naegle MA, Silva PAB, Santos JFG, Silva LB. Consumo de álcool e qualidade de vida em idosos na Saúde da Família. R. Enferm. Cent. O. Min. 2016 [cited 2020 Jun 20]; 6(3): 2362-76. Available from: https://doi.org/10.19175/recom.v6i3.1184.

20. Barbosa MB, Pereira CV, Cruz DT, Leite ICG. Prevalência e fatores associados ao consumo de álcool e de tabaco em idosos não institucionalizados. Rev. bras. geriatr. gerontol. [Internet]. 2018 [cited 2020 Jun 20]; 21(2): 123-133. Available from: https://doi.org/10.1590/1981-22562018021.170185.

21. Moura SG, Ferreira Filha MO, Moreira AASP, Simpson CA, Tura LFR, Silva AOS. Representações Sociais sobre terapia comunitária integrativa construídas por idosos. Rev. Gaúcha de Enferm. 2017 [cited 2020 Jul 10]; 38(2): e55067. Available from: https://doi.org/10.1590/1983-1447.2017.02.55067.

22. Mendes FR, Zangão OB, Mestre TS. Representações sociais da violência sobre idosos: idadismo, estereótipos e discriminação. Revista Ibero--Americana de Saúde e Envelhecimento. 2018 [cited 2020 Aug 10]; 3(3): 1104. Available from: http://dx.doi.org/10.24902/r.riase.2017.3(3).1104.

23. Abric JC. O estudo experimental das representações sociais. As representações sociais. 2001; 5:205-23.

24. Jovchelovitch S. Os contextos do saber: representações, comunidade e cultura. Editora Vozes; 2008. Available from: http://eprints.lse.ac.uk/55379/

25. Tura, LFR, Carvalho, DM, Moreira, MASP, Madeira, MC. Os sentidos da aids em diferentes contextos e temporalidades. Luiz Fernando Rangel Tura, Maria Adelaide Silva Paredes Moreira, Robson Antão de Medeiros. (Orgs). Envelhecimento e saúde. João Pessoa, Editora CCTA, 25023. p. 247-74

26. Moscovici S. A psicanálise, sua imagem e seu público (Coleção Psicologia Social). Petrópolis, RJ: Vozes. 2012.

27. Moscovici S. Representações sociais: investigações em psicologia social. In Representações sociais: investigações em psicologia social 2009 (pp. 404-404).

28. Jodelet D. Representações sociais: um domínio em expansão. As representações sociais. 2001 Nov;17 (44):1-21.

29. Brucki S, Nitrini R, Caramelli P, Bertolucci PH, Okamoto IH. Sugestões para o uso do mini-exame do estado mental no Brasil. Arquivos de Neuro--psiquiatria. 2003;61:777-81. Available from: https://doi.org/10.1590/S0004-282X2003000500014

30. Sousa YS. O uso do software IRAMUTEQ: fundamentos de lexicometria para pesquisas qualitativas. Estudos e Pesquisas em Psicologia. 2021;21(4):1541-60.

31. Acauan LV, Abrantes CV, Stipp MA, Trotte LA, Paes GO, Queiroz AB. Utilização do software Iramuteq® para análise de dados qualitativos na Enfermagem: um ensaio reflexivo. Revista mineira de enfermagem. 2020;24:1-5. Available from: https://cdn.publisher.gn1.link/reme.org.br/pdf/e1326.pdf.

32. Salviati ME. Manual do aplicativo Iramuteq (versão 0.7 Alpha 2 e R Versão 3.2. 3). 2017. Disponível em: http://www. iramuteq. org/documentation/fichiers/manual-do-aplicativo-iramuteq-par-maria-elisabeth-salviati Access on. 2019 Feb;3. Available from: http://www.iramuteq.org/documentation/fichiers/manual-do-aplicativo-iramuteq-par-maria-elisabeth-salviati.

33. Brasil, Ministério da Saúde. Resolução n.º 466/2012. Dispõe sobre pesquisa envolvendo seres humanos. Brasília; 2012.

34. Friedlander MR, de Fátima Gonçalves E. Perfil sócio demográfico e satisfação com a vida de idosos do município de Guaraí, Tocantins. Revista Saúde--UNG-Ser. 2019 Dec 30;13(3/4):51-61. Available from: http://dx.doi.org/10.33947/1982-3282-v13n3-4-4185

35. Rivas CM, Bolzan NC, Santos NO, Bierhals CC, Gehlen MH, Petter EB, Marques CT. Cognição e humor/comportamento de idosos da atenção domiciliar. Cogitare Enfermagem. 2023 Mar 24;28:e84220. Available from: https://doi.org/10.1590/ce.v28i0.84220.

Authors
Samilla Gonçalves de Moura
http://lattes.cnpq.br/5607549770971094
Luiz Fernando Rangel Tura
https://orcid.org/0000-0003-4069-2542
Maria Adelaide Silva Paredes Moreira
https://orcid.org/0000-0001-9460-9172
Maria do Céu Mendes Pinto Marques
https://orcid.org/0000-0002-8820-8038
Jordana Almeida Nogueira
https://orcid.org/0000-0002-2673-0285
Antônia Lêda Oliveira Silva
https://orcid.org/0000-0001-7758-2035

Corresponding Author/Autor Correspondente:
Samilla Moura – Universidade Federal da Paraíba, Campus I Lot. Cidade Universitaria, Brasil.
samilla_1988@hotmail.com

Authors' contributions/Contributos dos autores
SM: Coordenação do estudo, desenho do estudo, recolha, armazenamento e análise de dados, revisão e discussão dos resultados.
LT: Desenho do estudo, análise de dados, revisão e discussão dos resultados.
MAM: Desenho do estudo, análise de dados, revisão e discussão dos resultados.
MCM: Desenho do estudo, análise de dados, revisão e discussão dos resultados.
JN: Desenho do estudo, análise de dados, revisão e discussão dos resultados.
AS: Desenho do estudo, análise de dados, revisão e discussão dos resultados.
Todos os autores leram e concordaram com a versão publicada do manuscrito.

Ethical Disclosures
Conflicts of Interest: The authors have no conflicts of interest to declare.
Financial Support: This work has not received any contribution, grant or scholarship.
Provenance and Peer Review: Not commissioned; externally peer reviewed.

Responsabilidades Éticas
Conflitos de Interesse: Os autores declararam não possuir conflitos de interesse.
Suporte Financeiro: O presente trabalho não foi suportado por nenhum subsídio ou bolsa.
Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

©Authors retain the copyright of their articles, granting RIASE 2023 the right of first publication under the CC BY-NC license, and authorizing reuse by third parties in accordance with the terms of this license.
©Os autores retêm o copyright sobre seus artigos, concedendo à RIASE 2023 o direito de primeira publicação sob a licença CC BY-NC, e autorizando reuso por terceiros conforme os termos dessa licença.

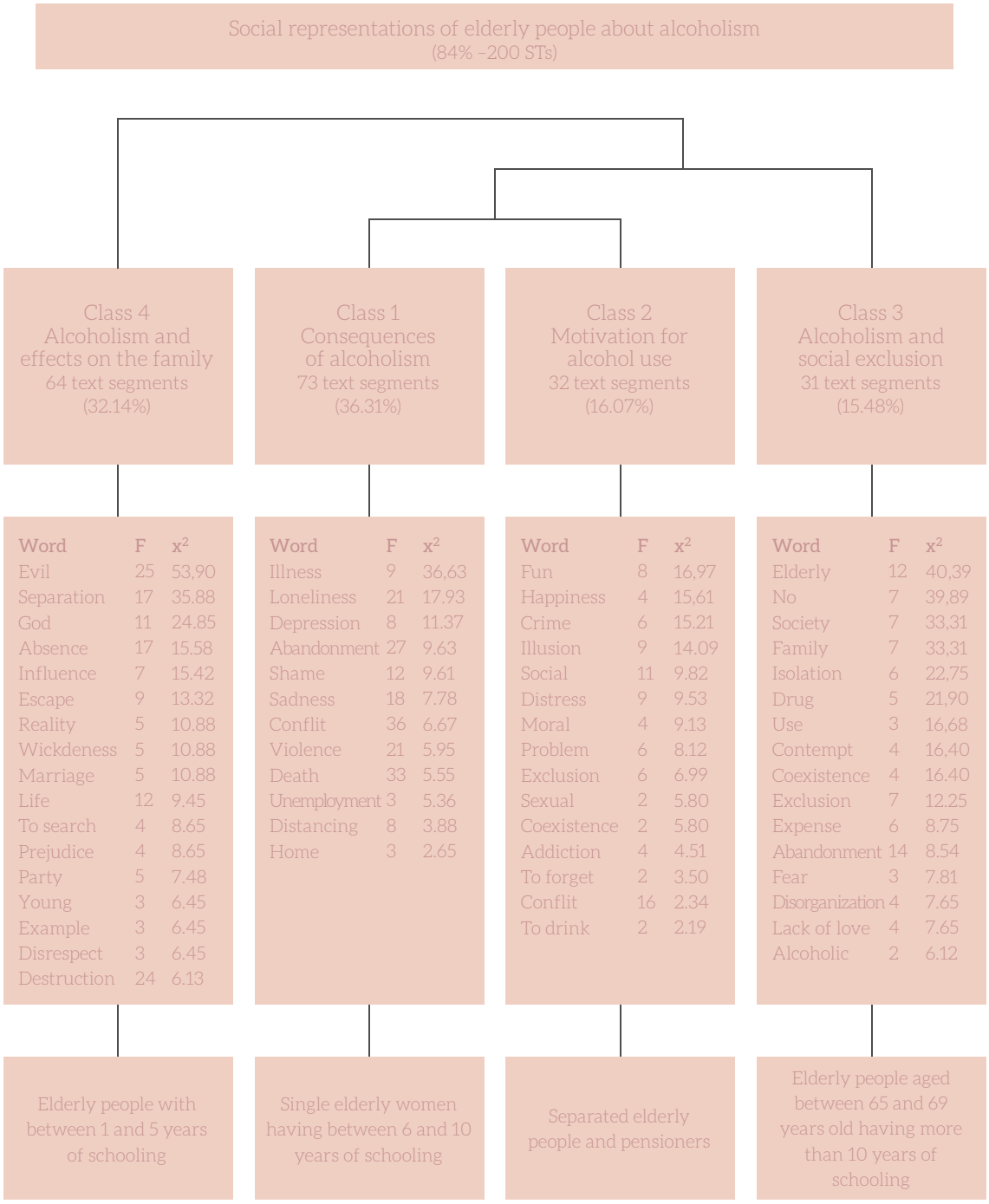


Figure 1 – Dendrogram of the Descending Hierarchical Classification of the social representations of the elderly people about alcoholism. João Pessoa, Paraíba, Brazil, 2020.[KK]