Lost dignity: predominant experience of old age by the elderly
Leila Sadeghmoghadam\textsuperscript{1}, Mahshid Foroughan\textsuperscript{2}, Farahnaz Mohammadi Shahboulaghi\textsuperscript{3}, Fazlollah Ahmadi\textsuperscript{4}, Akram Farhadi\textsuperscript{5}, Shima Nazari\textsuperscript{6}, Masoumeh Amiri Delui\textsuperscript{7}

Abstract
Paying attention to the views of the elderly and identifying their understanding of old age can be great help for proper consideration about their needs and problems. The purpose of this study was to understand the predominant experience of elderly people of aging. Hermeneutics phenomenology was used to collect data, and the van Manen's method was implemented to analyze those data. The required data was collected by having 10 deep semi-structured interviews with the elderly from Tehran, Mashhad and Gonabad cities, Iran, and then was analyzed for the explanation of the notion of old-age. Three views that were extracted aging agony, lost independence and marginalization. These can reflect the negative viewpoints of the elderly about the aging phenomenon. The elderly's aging description can provide experts and employees in various sanitary, training and social departments with invaluable data in order to decrease the current problems facing the elderly to plan for their future and better communicate with them, and finally enhance the available knowledge about elderly and their quality of life.

Keywords: Aged, Dignity, Older People, Phenomenology

Introduction
According to the United Nations, the phenomenon of aging population is an unprecedented and pervasive one which has emerged as a worldwide issue. Extensive and rapid demographic changes have put Iran in those countries which would have a larger population composition of elderly by the mid-twenty-first century. Despite the increasing growth of the elderly population and changes in the population pyramid there has not been any focus on this vulnerable group in society [1]. On the other hand, it is necessary to comprehend their cognition and experiences of old age to become better aware of the health status and
individual identity of people in their middle and old age [2].

The self-perception at the old age determines the extent of satisfaction and adaptation with the age-related changes [3]. The feeling of old age refers to the cultural and social experiences of each person at this age. It can be stated that paying attention to all perceptible, evaluation, and interpretation aspects are also included in this notion [4,5].

Since the phenomenon of old age is affected by geographical, health, social and economic structures so there is no doubt that understanding it through research will pave the way for a better capability to offer services and designs in preventive measures and health care fields. Most conducted investigations in the field of aging cognition were mainly focused on different scientific and specialized aspects, but just a few studies have examined it in terms of the elderly's viewpoints [6-8]. Undoubtedly, the description of this period of life by the elderly will reflect a more direct and tangible narration with the help of which in most writers' opinions, nurses and members of health teams would be able to plan better measures to ensure the health and independence of the elderly [7,9,10].

**Method**

The present study Sampling was performed from December 2014 to March 2015, used Max van Manen's hermeneutic phenomenology to explore the life experiences of older people about concept of aging. Participants were selected through purposive sampling which continued until the saturation of data and until the researcher had achieved rich in-depth data on the phenomenon under scrutiny [11].

The study inclusion criteria:
- Being 65 years or older
- Having the ability to speak in Persian (Farsi)
- Having no confirmed psychiatric diseases and the lack of visual impairment hearing loss
- Score 7 or up on the Iranian version of the Abbreviated Mental Test Score to measure cognitive functioning (AMTtest).

Maximum variation sampling was used to select participants from diverse backgrounds in terms of age, gender, education and socioeconomic status. Five old female and five old male aged 65 to 92 were interviewed. Five of them were widowed and five were married. They had diverse educational backgrounds, ranging from mere literacy to doctoral degrees.

This study was approved by the Ethics Committee of the University of Social Welfare and Rehabilitation Sciences. (USWR. REC.1393.136)

All participants were provided with information about the research's aim in a preliminary informal meeting and then both verbal and written consent for audio-taped interviews were obtained. The confidentiality of data was assured that they were informed participation in the study was voluntary and that they could refuse to participate or withdraw from the study at any time without penalty.

In-depth semi-structured interviews were conducted using "What does the term aging make you think of?", and "How do you feel about being older?". The participants were also asked to describe their own experiences of the phenomenon of aging, and whenever they digressed from describing the participants, the researcher, directed them back to the phenomenon in question by asking a guiding question such as, "Could you elaborate on this point?" and "Please provide an example for further clarification". The mean duration of each interview was 55 minutes. All the interviews were digitally recorded with the older individuals’ consent.

The researcher listened to the interviews several times transcribed their content and conducted thematic analyses on them [3]. A holistic and selective approach was adopted in this study to separate the thematic statements. For further clarification of the content, each interview was reviewed several times by the researcher during the stage of the theme and sub-theme extraction. Then themes and sub-themes emerging from each interview were integrated in order for the main themes and sub-themes of the interviews to be identified and for the aging
phenomenon to be explained according to van Manen's method [12]. The trustworthiness of the qualitative results was evaluated based on the credibility, confirmability, dependability and transferability of the data. To assess the credibility of the data, the results obtained were distributed among the participants for them to verify whether they matched their accounts of their experiences of aging. The results were constantly discussed with experts over several meetings; in some cases, sections of the interview texts were analyzed separately by the experts. The study documents were preserved in a safe place to help the conformability of the study in the future. The researcher's interest in the aging phenomenon prolonged immersion in the phenomenon and her attempts to seek the views of others also guaranteed the conformability of the results.

**Results**

In the present study, 10 elderly participants (5 males and 5 females) with an mean age of 76.9 years old took part. The results were obtained in sub-themes and themes.

| Main Themes          | Subthemes                                      |
|----------------------|------------------------------------------------|
| Aging Agony          | A difficulty accepting decline from aging      |
|                      | Feeling resentment at others’ negative viewpoints regarding old age |
| Lost Independence    | Threats to individual autonomy                  |
|                      | Dependence problems                             |
| Marginalization      | Being alone                                     |
|                      | Feeling lonesome                                |

**Aging Agony:** The first theme is aging agony which was divided into two sub-themes, difficulty accepting aging decline and feeling resentment at others’ negative viewpoints regarding old age. Low self-esteem was implied in most of the elderly’s statements which can be an outcome of their considering physical and performance changes: "You see my face; no longer have I the old beauty. As a youth, I didn’t like old people, and now I think people have the same feeling towards me. I feel resentment if someone comes over and does not drink some tea; I’d think they don’t like me. Now, I’m ashamed of my walking style because I see my crooked legs and walking stick. Now, I don’t look into the mirror with so many wrinkles and ugliness." (76-year-old female)

Inappropriate views of others towards the elderly either in verbal or behavioral form leaves them with the feeling that aging is a sort of agony threatening the position and previous dignity of the elderly in the society.

**Lost Independence:** The other theme was Lost Independence. All the elderly were worried about being able to keep their independence in the face of increasing inability. This theme consists of two subthemes entitled threats to individual autonomy and dependence problems.

**Threats to Individual Autonomy:** The reduction of physical ability and tolerating illnesses with aging were mentioned as threats to the individual autonomy of the elderly.

Participant 4: a 76-year-old man

‘Every day you’re concerned whether you’d be able to do your tasks yourself. I wish, like many others’ is not to be dependent someone else till my death. They say pray for this, but as we get older, we see many more hard tasks which used to be easy.’
The subtheme of dependency problems refers to the suffering in the elderly and their caregivers resulting from dependency.

Participant 1: a 92-year-old woman
‘To hurt people because of being old is irritating. Sometimes when I wake up, I notice I’d wet the whole bed by urinating, and this child, with that pain in his (her) leg has to wash it. Shame on me!’

Marginalization: For marginalization, subthemes suggested that the elderly feel loneliness in various forms, leading to reactions and to the worst feelings they have ever experienced.

The subtheme being alone refers to worries stemming from the elderly’s staying alone physically:

Participant 5: 85-year-old woman
‘When I am alone, I’m worried that if I fall down or suddenly become ill, who’s here to help me? Or if a thief or someone comes to me, I can do nothing. It’s so difficult.’

Feeling lonesome was a subtheme related not to staying alone physically, but to feel so even when among people.

Participant 1: a 92-year-old woman:
‘Since morning, children are at work and when they come home, they’re busy doing their own works and talking to one another. Looking at them, I feel they’re not in the mood for speaking to me. Loneliness is hard; you get sad.’

Discussion
The type of feeling in old age depends on the cultural and social background of the society where aging is happening. So it is a necessity to study aging in various societies [4].

The Iranian elderly people’s experience of old age is a unique one formed under specific cultural and social factors. The main themes of understanding old age based on analyzing the elderly participant’s statements were aging agony, lost independence, and marginalization.

The theme aging agony represents a condition referred to by older people which includes resentment as signs of aging (facial wrinkles, bent body, being slow at tasks) and even disgust at hearing the word of aging.

Further, they suffer in aging because of negative attitudes by others such as disrespect, ignoring, rejecting, and scornful looks. Some part of the perception is related to others’ reactions vis-à-vis this phenomenon [10,13,14]. That is how the others react towards the elderly and the feeling the individual acquires from these reactions.

Although there are positive and negative stereotypes about aging, negative stereotypes have a greater impact and the significance of them in relation to losing one’s vitality affects health and life expectancy of the elderly [15].

The results of a meta-analysis also showed the effects of negative stereotypes to be three times more than positive ones in the elderly [14]. In the literature about sociology of aging and related studies, it is mentioned that the feeling of the elderly towards aging has been changed from a positive view (value of aging, respect for experience and aging) to a negative one (being a worthless burden [4,10,16-18].

Some studies showed that negative stereotypes are normally made up of mental and physical stereotypes which are more common in western countries [19]. Yet, the studies in Asian cultures present contradictory results [7, 20]. The effect of negative stereotypes of aging is so great that some old people refuse to accept the truth and limitations by using cosmetic surgery, hair dye and anti-aging products [20].

In the theme lost independence, it was revealed that an average Iranian old person likes doing daily tasks by him/her despite the physical limitations may have. The ability to keep their independence was so important to them that most of them preferred death to dependence.

Maintaining independence and control on their surroundings and prevailing conditions are some factors affecting the elderly’s feeling towards old age and their health [21]. In the studies about science of old folk, independence consists of not only physical ability, but also other aspects of life such as economy, politics, etc [22]. In most papers published about the perception of aging, some traces for independence and unwillingness to dependency can be seen in the words of the elderly [22,23]. In Sijuwade’s study entitled
as attitudes toward old age, the worst part of aging was determined to be dependency and reduced physical performance [17]. Being alone physically and feeling lonesome are some of the themes mentioned by the elderly. Loneliness is an individual unpleasant experience which is negative, tormenting, hard and painful leading to a sort of hopelessness, depression, lack of dignity and fear. In fact, the elderly experienced loneliness, rejection and marginalization, and the feeling of being gradually forgotten tormented them. This has been considered as a leading factor for arousing negative views in the elderly [24,25]. However, some studies mentioned positive effects resulting from being alone [22,23].

Study limitations Although inclusion of 10 older adults is considered a fairly robust sample size in phenomenological research, there are limitations. Another limitation is that there may be unreported views and uncovered themes that participants did not think of during the interview or observation.

Conclusion
By understanding old age through the elderly who have directly experienced this period the sense of old age would become clearer. In this study, based on the statements made by the participating elderly people, three main themes have been obtained: aging agony, lost independence, marginalization which are associated with the elderly’s lost dignity. The participating elderly people, having experienced old age hardships and other people’s negative viewpoints, described the old age as a sort of stigmatization which had threatened their individual independence. They felt lonesome and marginalized in the society. Though this perception is not generalizable to the whole population of the elderly, it can shed light on the situation and feelings this group can provide experts and employees in various sanitary, training and social departments with invaluable data and help them through the actions like better planning for giving service to and communicating with the elderly.

Acknowledgments
The researchers express their gratitude to the participating of elderly people for their patience and trust them.

Authors’ contributions
Study design: LS, MF, FM, FA
Data collection and analysis: LS, FA, AF, SN, MA
Manuscript preparation and editing: LS, MA, SN, MF, FM, FA
All authors have read and approved the final version.

Funding
The author(s) received no financial support for the research, authorship and/or publication of this article.

Conflict of Interest
"The authors declared that they have no competing interests."

Availability of data and materials
The datasets used and/or analyzed during this study are available from the corresponding author on reasonable request.

References
1- Noroozian M. The elderly population in iran: an ever growing concern in the health system. Iran J Psychiatry Behav Sci2012; 6(2): 1-6.
2- Burke E, McCarron M, Carroll R, McGlinchey E, McCallion P. What it’s like to grow older: the aging perceptions of people with an intellectual disability in Ireland. Mental Retardation2014; 52(3): 205-19.
3- Sargent-Cox KA, Anstey KJ, Luszcz MA. Longitudinal change of self-perceptions of aging and mortality. J Gerontol B Psychol Sci Soc Sci 2014; 69(2): 168-73.
4- Westerhof GJ, Whitbourne SK, Freeman GP. The aging self in a cultural context: The relation of conceptions of aging to identity processes and self-esteem in the United States and the Netherlands. J Gerontol B Psychol Sci Soc Sci 2011; 67(1): 52-60.
5- Thorpe AM. Attitudes to ageing: Relationships with Health and Health Behaviours in Midlife. [dissertation]. Otago: Philosophy University of Otago 2015; pp:326.
6- Freitas MCD, Queiroz TA, deSouza JA. The meaning of old age and the aging experience of in the elderly. Rev Esc Enferm USP2010; 44(2): 407-12.
7- Atchley R. Spirituality, meaning, and the experience of aging. *Generations* 2008; 32(2): 12-6.
8- Da Silva Mda G, Boemer MR. The experience of aging: a phenomenological perspective. *Rev Lat Am Enfermagem* 2009; 17(3): 380-6.
9- Barker M, O’Hanlon A, McGee HM, Hickey A, Conroy RM. Cross-sectional validation of the aging perceptions questionnaire: a multidimensional instrument for assessing self-perceptions of aging. *BMC Geriatr* 2007; 7(1): 9.
10- Giasson HL, Queen TL, Larkin M, Smith J. Age group differences in perceived age discrimination: associations with self-perceptions of aging. *The Gerontologist* 2017; 57(suppl_2): S160-8.
11- Van Manen M. Researching lived experience: Human science for an action sensitive pedagogy. New York: Routledge; 2016.
12- Van Manen, M. Professional practice and "doing phenomenology", in Toombs SK, ed. Handbook of phenomenology and medicine. Dordrecht: Springer; 2001. pp: 457-74.
13- Mortagy AK, Fahim HI, Farid TM, Rahman EE, Abdellah AF. Self perception of community dwelling elderly toward aging in shubra El Khima City. *Egypt J Hosp Med* 2013; 53(1): 782-88.
14- Meisner BA. A meta-analysis of positive and negative age stereotype priming effects on behavior among older adults. *J Gerontol B Psychol Sci Soc Sci* 2011; 67(1): 13-7.
15- Kotter-Grühn D, Hess TM. The impact of age stereotypes on self-perceptions of aging across the adult lifespan. *J Gerontol B Psychol Sci Soc Sci* 2012; 67(5): 563-71.
16- Lökkenhoff CE, De Fruyt F, Terracciano A, et al. Perceptions of aging across 26 cultures and their culture-level associates. *Psychol Aging* 2009; 24(4): 941.
17- Sijuwade PO. Attitudes towards old age: a study of the self-image of aged. *Studies on Home and Community Science* 2009; 3(1): 1-5.
18- Ng R, Allore HG, Trentalange M, Monin JK, Levy BR. Increasing negativity of age stereotypes across 200 years: evidence from a database of 400 Million Words. *PloS one* 2015; 10(2): e0117086.
19- Levy BR, Slade MD, Kasl SV. Longitudinal benefit of positive self-perceptions of aging on functional health. *J Gerontol B Psychol Sci Soc Sci* 2002; 57(5): 409-17.
20- Weiss D, Lang FR. “They” are old but “I” feel younger: age-group dissociation as a self-protective strategy in old age. *Psychol Aging* 2012; 27(1): 153-63.
21- Jang Y, Poon LW, Kim SY, Shin BK. Self-perceptions of aging and health among older adults in Korea. *J Aging Stud* 2004; 18(4): 485–96.
22- Petry H. Aging happens: experiences of swiss women living alone. *J Women Aging* 2003; 15(4): 51-68.
23- Caldas CP, Berterö CM. Living as an oldest old in Rio de Janeiro: the lived experience told. *Nurs Sci Q* 2007; 20(4): 376-82.
24- Heravi-Karimooi M, Aноosheh M, Foroughan M, Sheykhki MT, Hajizadeh E. Understanding loneliness in the lived experiences of Iranian elders. *Scand J Caring Sci* 2010; 24(2): 274-80.
25- Heinrich LM, Gullone E. The clinical significance of loneliness: a literature review. *Clin Psychol Rev* 2006; 26(6): 695-718.