

ORIGINAL ARTICLE

Aging creatively as a woman: a salutogenic reading in a vulnerability context

Victor José Machado de Oliveira¹, Cícera Gisela Queiroz de Souza¹, Ana Beatriz de Oliveira Ferreira¹,
Rafaella de Seixas Seixas¹, Inês Lemos Pereira¹, Inês Amanda Streit¹

¹Federal University of Amazonas (UFAM), Manaus, Amazonas, Brazil

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Correspondence: Inês Amanda Streit, inesamanda@ufam.edu.br

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Abstract

Introduction: The world population is aging, and most long-living people will live in developing countries. A perspective that considers aging in socially vulnerable contexts, which goes beyond a biological perspective, is needed. The salutogenic theory focused on the sense of coherence (SOC) offers some insights into how long-living people use generalized resistance resources (GRR) and face stressors during their lives. **Objective:** The study aims to analyze stressors and the GRR present in the creative aging of a long-living woman in a socially vulnerable context. **Methods:** Qualitative research was conducted using the life story method. An older woman living in Manaus (Amazonas, Brazil) participated in the study. An open, non-structured interview with an invisible script was conducted focusing on stressors, GRR, body practices, and physical activities during her life. **Results:** Challenges and facing strategies were highlighted into two category groups: 1) Stressors: precarious life conditions; violence suffered during childhood and youth; oppressions due to gender; work impacts; several risks during life; unexpected events. 2) GRR: plays from childhood to adulthood; social support systems; personal capabilities; reflections about life and longevity. **Conclusion:** Stressors and GRR are present in creative aging complexly connected to the participant's life conditions. Data indicate that being a woman is a significant stressor. Public

policies are needed to combat sexism and patriarchy established in society. Summing up, there is a need to potentialize the GRR to change sociocultural structures so that women in socially vulnerable contexts can access better life conditions and social support.

Keywords: Healthy Aging; Sense of Coherence; Social Vulnerability; Gender Perspective; Violence Against Women.

Resumo

Envelhecer criativamente como mulher: uma leitura salutogênica em um contexto de vulnerabilidade

Introdução: A população mundial está envelhecendo e a maioria das pessoas longevas viverão em países em desenvolvimento. Um olhar que considere o envelhecimento em contextos de vulnerabilidade social para além de uma perspectiva biológica é necessário. A teoria da salutogênese, focada no senso de coerência, oferece compreensões sobre como as pessoas longevas mobilizam recursos de resistência generalizados (GRR) e enfrentam estressores no curso da vida. **Objetivo:** Analisou-se os estressores e os GRR presentes no envelhecimento criativo de uma mulher longeva em um contexto de vulnerabilidade social. **Métodos:** Uma pesquisa qualitativa foi realizada com o método de história de vida. Uma mulher longeva, residente em Manaus (Amazonas, Brasil), participou do estudo. Uma entrevista aberta, não estruturada com um roteiro invisível foi conduzida. Ela focou nos estressores, nos GRR e nas práticas corporais e atividades físicas presentes ao longo da vida. **Resultados:** Desafios e estratégias de enfrentamento foram destacados em dois grupos de categorias: 1) Estressores: condições precárias de vida; violências sofridas na infância e juventude; opressões devido ao gênero; impactos do trabalho; diversos riscos ao longo da vida; eventos imprevistos. 2) GRR: brincadeiras desde a infância até a vida adulta; redes de apoio social; capacidades pessoais; reflexões sobre a vida e a longevidade. **Conclusão:** Estressores e GRR estão presentes no envelhecimento criativo de forma complexa e vinculados às condições de vida da participante. Os dados indicam que ser mulher é um estressor significativo. Políticas públicas são necessárias para combater o machismo e patriarcado instalados na sociedade e faz-se necessário potencializar os GRR para a mudança das estruturas socioculturais para que mulheres em contexto de vulnerabilidade social acessem melhores condições de vida e suporte social.

Palavras-chave: Envelhecimento Saudável; Senso de Coerência; Vulnerabilidade Social; Perspectiva de Gênero; Violência Contra a Mulher.

Resumen

Envejecer creativamente como mujer: una lectura salutogénica en un contexto de vulnerabilidad

Introducción: La población mundial está envejeciendo y la mayoría de las personas mayores vivirán en países en desarrollo. Es necesaria una perspectiva que considere el envejecimiento en contextos

de vulnerabilidad social más allá de una perspectiva biológica. La teoría de la salutogénesis, centrada en el sentido de coherencia, ofrece información sobre cómo los individuos longevos movilizan recursos de resistencia generalizados (RRG) y afrontan factores estresantes a lo largo de la vida. *Objetivo:* Se analizaron los estresores y GRR presentes en el envejecimiento creativo de una mujer longeva en un contexto de vulnerabilidad social. *Métodos:* Se realizó una investigación cualitativa utilizando el método de historia de vida. Participó en el estudio una mujer longeva, residente en Manaus (Amazonas, Brasil). Se realizó una entrevista abierta, no estructurada y con un guión invisible. Se centró en los factores estresantes, los GRR y las prácticas corporales y actividades físicas presentes a lo largo de la vida. *Resultados:* Los desafíos y estrategias de afrontamiento se destacaron en dos grupos de categorías: 1) Estresores: condiciones de vida precarias; violencia sufrida en la infancia y la juventud; opresiones por razón de género; impactos del trabajo; diversos riesgos a lo largo de la vida; acontecimientos imprevistos. 2) GRR: juegos desde la infancia hasta la edad adulta; redes de apoyo social; capacidades personales; Reflexiones sobre la vida y la longevidad. *Conclusión:* Los estresores y los GRR están presentes en el envejecimiento creativo de forma compleja y vinculados a las condiciones de vida de los participantes. Los datos indican que ser mujer supone un factor estresante importante. Las políticas públicas son necesarias para combatir el machismo y el patriarcado en la sociedad. Es necesario potenciar la GRR para cambiar las estructuras socioculturales y garantizar que las mujeres en contexto de vulnerabilidad social tengan acceso a mejores condiciones de vida y apoyo social.

Palabras-clave: Envejecimiento Saludable; Sentido de Coherencia; Vulnerabilidad Social; Perspectiva de Género; Violencia Contra la Mujer.

Translational Significance

The world population is aging, and most long-living people will live in developing countries (contexts of social vulnerability). Women seem to suffer more in these contexts. Stressors and generalized resistance resources (GRR) are complexly present in creative aging and linked to life conditions. Being a

woman is a significant stressor. Public policies are necessary to fight sexism and patriarchy in society. Summing up, there is a need to potentialize GRR to change sociocultural structures so that women in socially vulnerable contexts can access better life conditions and social support.

Introduction

By 2050, there will be around two billion people over 60 years old, and 80% of them will be living in developing countries [1]. There will be a significant increase in the number of people over

80 years old. Usually, these people will live a good and healthy life in countries of average and high income [2]. Nonetheless, what does it mean to live more for people in socially vulnerable contexts? We

are interested in this question from the Brazilian scenario, specifically in the Amazonas region.

Old age is not summed up to the biological losses and sickening processes. Old age is built as a time of new achievements, seeking pleasure and personal satisfaction [3]. We should overcome the myth that older people are passive and fragile beings. A substantial number of older people have resilience characteristics and the ability to manage the challenges faced throughout life [2]. We need to understand how the different forms of aging are conceived, the representations of old age, and the social roles our old people play [4]. Hence, conceiving old age in this way guides the analysis of other life phases.

We seek to understand what people do during their lives to have a creative aging. Creative aging is a process that develops through life trajectory (from conception to old age). It is not enough to be (physically) active but to be able to create a world to live in [5]. The life course (or trajectory) encompasses biological, social, and psychological processes that lead to transitions or planned or unplanned events [2].

Here, we bring the life story of a woman in a socially vulnerable context. The gender construct contributes to a critical analysis of aging as a woman in a patriarchal and sexist society. Discriminatory practices and violences oppress women during their lives [6]. As a reading key, we elect the salutogenic theory and constructs of the sense of coherence (SOC), generalized resistance resources (GRR), and stressors [7].

We seek to analyze stressors and the GRR present in the creative aging of an older woman in a context of social vulnerability.

Salutogenesis and aging

Salutogenesis is a theory of health promotion. It seeks answers to the mystery of health: Why do people, despite facing daily stressors, keep healthy or recover from sickening processes? To answer this question, the construct SOC was created [8].

SOC is a global guideline in which people perceive life as something structured that is comprehensibility, manageability, and meaningfulness. Three pillars establish the SOC: 1) comprehensibility – the cognitive capacity to understand life and its phenomena; 2) manageability – behavioral capacity of managing the GRR available to face stressors; 3) meaningfulness – the emotional capacity to give sense and meaning to life [8].

The stronger someone's SOC, the more conditions they will have to access the GRR to face the stressors that are inevitably present in daily life. The GRR are physical, biological, social, and cultural elements that allow for the successful management of stressors. Stressors are elements that cause a state of tension in people, which can evolve toward a state of stress and sickness [8].

The presence of GRR and stressors depends on the sociocultural context. From there emerges the metaphor of the life river. We are in the great river of life and are never close to the margins. In this sense, we need to learn how to swim (salutogenic answer) instead of only being saved (pathogenic answer). However, knowing how to swim is not enough because the river might be unsuitable for swimming. There will be moments in which the life river will have to be transformed. Salutogenesis is concerned with the relationship between swimmer-river in the dynamic relationship of individual agency with sociocultural conditions [9].

Salutogenic guidance for aging is not centered on the chronologic age but on the process of aging well. Aging is not the biological and mental degradation of the body but a process of human development [10]. SOC develops during life and increases with age. It presents correlations with better physical, social, and mental health. In creative aging, SOC can help older people to: 1) reduce vulnerability processes and unpredictability during life (comprehensibility); 2) support the use of active actions to maintain health (manageability); and 3) allow the reflection on aging to seek

motivation to live every day with a meaning (meaningfulness) [2].

SOC, social support, and self-esteem are elements that contribute to the lives of older people. So, communities that are friendly towards older people are necessary, considering that they foment social participation, work, physical and spiritual activities, and voluntary actions. As participation in social life is stimulated in decision-making and planning, the feeling of control and empowerment increases and contributes to strengthening SOC [2].

Methods

We conducted qualitative research using the life story method. The life story was produced from narratives about their experiences during their daily lives. The methodology allows us to create trust bonds with the narrator. It is a process of recovering previous times-spaces connected with the present of the narrator-protagonist [11]. This method allows us to perceive how “people live their own aging in different social, cultural, and historical contexts” [12].

The life story was narrated by an older woman who filled the inclusion criteria for the study: being over 80 years old, having preserved cognitive capacity, live in Manaus/Amazonas/Brazil. The choice was conventional because she participated in a program offering body practices and physical activities at the *Universidade Federal do Amazonas*.

On January 29, 2023, we conducted an in-depth, open, non-structured interview in the participant's house. We followed an invisible script that included the following issues: 1) stressors

present throughout life; 2) GRR presents/mobilized during life; 3) body practices and physical activities during life. The participant was invited to speak freely about her life. When necessary, some questions were asked to deepen what was said. The interview was recorded in a mobile app and stored in a private repository. After, the audio was transcribed and grammatically corrected. The transcription was presented to the participant to validate the content.

A content analysis was conducted based on the transcription. First, we freely read her life story, creating a greater familiarity and content knowledge. Then, we coded the content into themes related to the stressors and GRR. We did three movements of theme grouping (initial, intermediary, and final) from the guiding concepts that present similarities or associations. Finally, we proceeded to inference and interpretation based on the chosen literature [13].

The study followed the ethical criteria of research and was approved by the Ethics Committee

at *Universidade Federal do Amazonas* under report number 5.309.998. The participant was

informed about her participation and signed a Consent Form.

Results

Cacilda's (fictitious name) life story led to a 24-page transcription that was analyzed from two large groups of categories. The first was related to stressors: 1) Precarious life conditions and violences suffered during childhood and youth; 2) Being a woman as a source of oppression; 3) Work and sickening processes; 4) Several risks during life; 5) Unpredictable events that impacted life. The second group was related to the GRR: 1) Plays and parties from childhood to adult life; 2) Supports and social networks; 3) Personal capacity and attitudes; 4) Achievements and reflections about life and longevity.

Stressors

The precarious life conditions and violences suffered during childhood highlight the stressors observed in Cacilda's story. She talks about her life in the countryside: "[...] we didn't have running water. We had to take the water from the river. [...] light would go down at ten at night" (Interview). She retells the violence suffered and physical punishments: "[...] my father was from Ceará, one of the bad ones. And when he caught [the person], it was like: 'you devil come here'. [...] When he looked for me, I was on the top of the tree. Then, when I would go down, I'd go to the '*peia*' [to get hit]" (Interview). "Since childhood, I'd get hit because of parties. [...] I'd get hit because of everything [smile]" (Interview).

Other stressors are related to the fact of being a woman in a patriarchal and sexist society. Cacilda tells us:

[...] up to the 14, 15 years old. [...] Then, who appears? The father of my son. [...] that one was the ruin of my life. Not the birth of my son. But the consequences. I was still studying. [...] As it was a nun's school, they just married me in the civil court [...]. The priest expelled me from school. [...] So, I didn't study anymore and started living in other people's houses (Interview).

The first oppression reported was the expulsion from school and the loss of her right to study. Other oppressions were also told: "I left that home because that woman's son wanted to lay his hands on me" (Interview).

[...] a guy arrived there wanting to dance with me. But he was drunk. Then I didn't want it. Ah! Then the mess started. [...] 'You won't dance it anymore. If you dance, I'll break all this shit. I left and didn't dance anymore. [...] Much much fear (Interview).

[...] he was angry [...]. Then he said: 'Where's my shotgun?' I had kept it in the wardrobe. [...] And he got crazy wanting a shotgun. He wanted to shoot me. He was going to end me (Interview).

The testimonies show insecurities and oppressions. We can see the harassment and feminicide

attempt she endured. Being a woman stands out in its objectification, including abusive relationships with prohibitions, betrayals, frustrations, and “escapes”: “So, I left escaping from the situation here. I didn’t want to have any other man in my life” (Interview).

I stopped nowhere. I had left Cristina’s house. I went to Carmen’s house, to Creusa’s house. I rented an apartment and didn’t work out. [...] Then, from that apartment, I lived in Botafogo [neighborhood]. But it didn’t work out. So, I wanted something and it didn’t work out (Interview).

Cacilda points out the sensation that nothing was going right in her life. The “escapes” when facing adversities seem to be attempts to get rid of stressors. However, this does seem to work because she could not escape from her “condition as a woman”. In the end, she accepted certain precarious conditions to be able to take care of her second daughter.

I didn’t know how to do anything. Just to sew. I already had another daughter. I was embarrassed to take her again to my mother, because she had already raised one. It was not fair to throw my problem at her again (Interview).

Other stressors in Cacilda’s life are related to work and sickening processes related to her logic and structure. She was a housemaid (cooking, washing, ironing) and a seamstress. In another moment, she worked in a radiological clinic. She says that she learned everything “by force”,

and her memories indicate unhealthy processes at work.

They scolded me, because sometimes things went wrong. He started fighting with me [...]. I cried desperately. But, even so, I learned ‘by force.’ [...] I left just because I got a back problem. [...] I’d go up and down running those stairs dressed in a lead apron because of the X-ray. [...] I should have used that lead collar. But they never gave me. Then my throat ached. [...] And that eats you up because the radiation affects the whole body. So much that the radiology technician has to work only 20 years. You can’t work more than that because of the radiation. [...] And the doctor no longer joked with me because I broke my foot, I didn’t go for three months. He called me ‘a decrepit old woman’ (Interview).

The testimony presents the memory of a hostile work environment, harsh demands, and little safety. She understands that this physically and psychologically affected her. Thus, we observed the ageism suffered when she needed a leave from work, due to the problems caused by it. This precarious scenario led her to sickening processes: “I was really sick. [...] I had some sharp pain in my back. [...] I would go up and down, desperate, crying. [...] It is the so-called fibromyalgia. Everything hurt.” (Interview).

[...] the weight of the age tires us. It hurts. Because you look behind and see that you were young. And now, you can’t do it. So, you get tired. You can’t do it. It is even more difficult. [...] Good grief! [...]

sometimes you want to do something, but you have no force. Your body is already weak; it's at the limit of strength, and you do have to stop (Interview).

The report seems to indicate that the problem of the “age's weight” when aging is associated with the precarious conditions of life and work that cause a bio-psychological degradation. Our participant says “I'm retired due to disability” (Interview).

Another group of stressors reported is related to risks throughout life. There are external risks, such as the lack of life vests during boat rides because “those couldn't [swim] were screwed. They'd stay there for the alligators to eat” (Interview). Other risks were mentioned, such as smoking, physical inactivity, and exposition to solar radiation. These risks are associated with life condition, for instance, when she tells “But, a physical activity, I've never done. I was always working in someone's house or another. My activity was to take care of other people's children” (Interview).

Her memories also highlighted unpredictable events that affected Cacilda's life. She reports the death of her father and mother and the miscarriage of two children: “He left the office and dumped in the garbage the two I had miscarried” (Interview). In another moment, she remembered a fire where she worked: “The work was over because then he [boss] had the losses” (Interview). Besides this, she highlighted the emergency of the COVID-19 pandemic that paralyzed the community activities in which she participated.

Generalized Resistance Resources

GRR also surrounded Cacilda's life. Plays and parties from childhood to adulthood emerge as the

first GRR group. Everyday activities, such as taking water in the river, became “play, as I was a child” (Interview). Other memories indicate:

[...] we liked the kids. We played a lot, very much. At night, we continued playing, nursery rhymes: Fui ao Tororó. [...] I played ball, flew kites, fought with the kids when I was losing [laughs], and played the spinning top (Interview).

The testimonies indicate that her life gained meaning from plays because the adverse conditions were overcome through playfulness. Music was also present in her childhood: “There was a record player. We would take the records and put them there. Then I'd be there beside him [father] listening to the record” (Interview).

Cacilda also says: “I liked parties. I was always getting ready to go [speaking with a smile]” (Interview). Other memories emerged: “There was a beautiful beauty parlor. [...] we did play. I know they made many *quadrilha* parties and in Christmas. [...] my youth was really good” (Interview). Besides the parties, other elements of culture emerged: “This was when I studied at Benjamin Constant [speaking with a smile]. There a cinema very close to it. [...] That was our relief valve” (Interview). The parties, the plays, and the access to culture (cinema) appear as experiences of encounter, pleasure, and fun. They were also highlighted as a “relief valve”. These memories were always followed by smiles, indicating the attribution of senses and meanings.

The establishment of support networks and social support were identified in Cacilda's memories. They acted as the GRR that helped her to face the several stressors and overcome barriers throughout life. The following networks are observed.

1) Family network during her first pregnancy: “I went to my sister-in-law’s house. Then, my sister-in-law fed me” (Interview). “At that time, my younger sister-in-law had taken my son to the mother” (Interview).

2) The network of close people that helped her with accommodation, support to study and work: “I got a boyfriend. [...] And he said: ‘Do you want to study?’ I said: ‘I don’t know. I want to do a vocational course’. [...] He started paying it. And I took this opportunity” (Interview). “I went to the house of a friend in Duque de Caxias, in front of Balbina. I embroidered there with her” (Interview). “Cristiana was like my mother. Cristiana [weeps emotionally] welcomed me really well. That lady was very good. So, I left. I went to Rio de Janeiro” (Interview).

3) The community network that helped her to access the knowledge of popular medicine to treat and cure her pains:

The girl told me: ‘you should rub the cream of *jiquitaia*’ [a type of ant]. It’s nice. So, give me that *jiquitaia* to rub it. [...] it’s god. At least, it is relieving [the pain]. I think it relieved it. Now someone taught me about the cabbage. I’ve used it. I’ve taken the *sucupira* medicine. I took *jucá*. I’ve taken every homemade medicine you can imagine (Interview).

4) The religious network provided her with welcome and counseling: “I was always crying and talking to the priest. I said: ‘I know I’m in hell [...]’. ‘Don’t worry, go pray. This happened because the person was ignorant. You are a good person. You work to the church, [...] to Jesus. He won’t let you in hell’” (Interview).

5) The new family network after marriage that gave her more stability: “But, after he decided to get married. [...] we got married in the civil register and religious one. [...] So, there was also this that helped my old woman’s mind, so I wouldn’t go crazy” (Interview).

6) The close network with a person who helped her raise her second daughter, which helped her to go back to study: “The girl took care of Bruna in the afternoon, and I could go to school” (Interview).

7) The medical network to treat illnesses: “Then the doctor [rheumatologist] gave me many medicines. Applied compresses. Rubbed cream, oil, and all you can imagine” (Interview).

8) The social network. At the time she considered the city safer regarding violence: “At that time, we walked around in peace. There weren’t so many robbers. One or another would do such things” (Interview).

9) The institutionalized network to access body practices and physical activities during old age: “I’ve always been like that: fat. I don’t remember. Now I do it [physical activity]” (Interview).

Another GRR group observed is related to Cacilda’s personal attitudes. We identified the capacity to learn household and professional abilities. This helped her to manage several life events: “I did everything there. [...] one day, she told me to cook. Then, I cooked. And the teachers wanted to have lunch there” (Interview).

[...] I’ve learned radiology there at the time. I did everything. Even the manual mammography. [...] when we want something, we have to fight for it. Look, I thought I couldn’t learn so fast how to handle all those machines (Interview).

Goodness and generosity are present attitudes in the narrated memories. They seem to represent the daily action of helping others: “I was already a nurse. I had to be there at every hour [...] giving the girl her medicine” (Interview). “[...] the girl called me and asked me to be a Eucharistic Minister. So, we did the course. I went. [...] thank God I worked a lot in this [neighborhood] São Lázaro, giving the communion to the sick ones” (Interview). Resilience was also a characteristic that Cacilda attributes as the power to finish her studies: “I finished Middle School, under all this hardship. I wanted it. So, I had to handle it. Because the person can only do it [...] if they have a will of their own” (Interview).

Other attitudes observed are in Cacilda’s posture to face the pain: “I don’t want to be still. [...] that is why I wanted to have a good eye. So, I can sew”. Understanding that life is always in movement, she talks about a hobby: “I enjoyed crocheting. [...] I crocheted for fun [...]. It was my distraction” (Interview).

Faith and spirituality earn a highly meaningful dimension for Cacilda. She highlights that beings from a superior dimension protect her and give her meaning to continue living. “Thank God I walk now. But, I walk because I did a spiritual surgery” (Interview). “I understood I had to get closer to God, in my prayers, in my devotions” (Interview).

[...] because we’re weak. And, at these times, when you’re feeling all those things, you have to have motivation. Who? Jesus! You’re so disappointed with the world, that you hold on to Him. And his mother that is there, to hold you up, to help you. I like my life a lot: Mary. I’ll tell you that, if it were not for her, half this life would have gone away (Interview).

With a strong feeling of not feeling alone, Cacilda presents memories representing the last group of GRR that is related to the achievements and reflections about life and longevity. She is surprised of having lived so far: “I thought I wouldn’t reach 60 years old [...]. And now, with 80 years old, I’m here telling an old story” (Interview). She thought she would be “all beat up,” but she completed, “I’m still standing. Even exercising” (Interview).

And now, thank God, we wait until the day He wants to take me from here. I hope I’ve paid all my debts before going back. Because there isn’t anything else to do. I did live. I’ve done silly things. But, I’m here [gestures with her hands] asking God to help me and make everything go right [...] (Interview).

Another important moment in her old age was retiring at 60 years old: “now I’m retired. Thank God! I have my money to buy medicine” (Interview). Faced with her achievements and reflections, Cacilda gives advice to younger people:

The only thing I’ll tell you is: live your youth intensely, your young days. And try to do good things to everyone. It’s not because he is poor that you won’t do him any good. You have to do good deeds for everyone. Even the animal that is suffering, you have to help. Because you don’t know your path and what you’ll find around you. When you’re going up, you see something. When you’re going down, you’ll see another. So, you have to do good, without looking at who, and with much love for others. Because it’s worthwhile to be good and help those

in need [...]. Because one day you had already sought a hand to help you, to lift you up from the ground. You've received that. So, you have to help with all your will [...], be a good person, without looking down on anyone. Because our life is too short (Interview).

Cacilda's advice highlights the comprehensibility

of "life brevity" with a reflexive resource built in a space-time relationship. This demands a creative/active posture to live intensely. She highlights we should always be in a learning position when facing unpredictability, establishing the need for an ethics of care with one another. Finally, gratitude emerges as an engine to creatively/actively move in the world.

Discussion

In this article, we analyzed the stressors and the GRR present in the creative aging of an older woman in a socially vulnerable context. We highlight that both are simultaneously present in the experiences lived. Antonovsky [7]. places stressors as omnipresent and, therefore, SOC needs to be strengthened so that people mobilize GRR to face them successfully.

It is important to call attention to memory, which reflects the whole universe of representations and meanings. It is established by individuals' representations of their own lives [14]. Cacilda's history brings "framed" memories in a space of subjective interaction, which were being renewed by new senses and meanings acquired in the experienced moments. This is shown through the perspective of building her identity as an older woman and her affirmation strategies in social spaces.

This social and cultural place in her story is determinant for the presence of stressors and GRR. Data indicates that a context of social vulnerability contributes to the stressors of several orders to create tensions and sickening processes. In our analyses, we understand that GRR mobilizations do not always overcome the tensions created by

stressors, leading to a state of stress that interacts with the participant's sickening processes. However, without the GRR, the end of her story would be even worse. In this sense, our analysis goes through the "mystery of health" for creative aging in the life story of this study participant.

The first highlight was the life experiences in childhood and youth. Antonovsky [8] considers them important in building SOC. Plays emerge as a powerful life and development resource, considering that these are children's work [15]. Playfulness gains power in this dimension. Play emerges as a voluntary action that gives meaning to action and transcends the immediate needs of human life [16]. Oliveira [17] observed play as a GRR that strengthens SCO when allowing the creation of an order for the world (comprehensibility), gives meaning to action in the face of challenges (meaningfulness), and leads the "suspension" of experienced tension (manageability). Playfulness can be a protective source in vulnerable contexts.

Another point highlights the gender issue. Being a woman is one of the stressors that deserves more attention in the presented life story. Silva

and Oliveira's [18] review highlights that violence against women is a sociocultural phenomenon. Bourdieu [19] indicates that society, through doxic experience, builds and reiterates arbitrary and naturalized divisions.

This (re)produces male domination, including the symbolic level of unequal relationships.

Violence against women affects human development and is considered a public health problem worldwide [20]. Women are mostly abused by the simple fact of being female. The consequences of violence suffered by women are immediate physical harm and long-term effects such as depression, suicidal ideation, unwanted pregnancy, and even death (femicide). Brazil created a specific legislation to protect women (Maria da Penha Law) [18].

The stressors experiences lived by Cacilda confirm the gender issue in women's aging in a patriarchal and sexist society. We observed the oppressions suffered in the public and private spheres that significantly affected her life, showing the discrimination practices and violences endured by the single fact of being a woman [6]. Our analyses indicate that being born a woman in societies with sociocultural formats grounded on sexist patriarchy is a great stressor. Therefore, GRR need to be mobilized to survive under such life conditions. Several support networks were observed as GRR that protected our participant in several episodes of life tension.

Another element that called attention was work. Work is responsible for generating the financial conditions for subsistence but is also seen as a stressor. Work conditions create determinations for aging processes. Our analyses lead us to understand that the aging process alone does not

appear to cause the participant's illnesses. That is, data indicates that the aging process articulated with the work is linked to the manifestation of bio-psychological deterioration.

Costa et al. [21] highlighted this discussion by highlighting the work's ambiguity. On the one hand, it sustains life and builds identity. On the other, it creates alienation and exploitation mechanisms. The capitalist mode of production aims to accumulate capital through the use of work force. Thus, neoliberal policies and discussions multiply, reducing the protection networks of the working class. Furthermore, the capitalist system divides the world into two fundamental classes: the owners of the production modes (capitalists) and the workers (who sell their workforce to capitalists).

The inequalities between these classes create a fundamental determination for sickening processes Barata [22] states that inequalities harm people's health. In this scenario, isolated actions that seek to "cover" problems are not enough. There is a need for a global reflection on the consequences of the capitalist way of life for people and the planet as a whole, which can result in different actions to take new paths and have more solidary and healthy modes of production.

Beyond macrosocial aspects, we also must reflect on the omnipresence of stressors in everyday microsocial life [7]. The several risks and unpredictable events establish experiences throughout the participant's life. Some risks are personally assumed (for example, start smoking), and others are connected to life conditions (for instance, lack of conditions for physical exercise). On the other hand, chance also appears in events that cause great impacts (for example, the loss of loved ones or a pandemic).

It is important to notice that our participant mobilizes several GRR when faced with stressors.

The capacity for learning, resilience, coping, and faith are connected to the construction and strengthening of SOC pillars (comprehensibility, manageability, and meaningfulness). We see the focus given to religion/spirituality that contributed to people finding meaning in life [23], well-being, and greater resilience [24] in the aging process. This was also correlated with higher meaningfulness levels in a group of Holocaust [25].

Finally, we highlight that the GRR is related to the achievements and reflections about life and longevity. Heufemann et al. [5] argue that understanding the inevitability of the aging process shows a development path, wisdom, and the construction of abilities to live. Our participant's creative posture highlights elements to understand the "mystery of health". This happens when she is surprised to reach so far, having lived through different stressors that have tensioned her life.

Hence, we move away from the myth that highlights the stereotyped and deficient view of aging people as a passive and fragile being [2, 26]. For our participant, old age is a creative time-space for new conquests, as she has resilience characteristics and the capacity to manage life

challenges [2, 3]. Bassit [12] observes similar characteristics in the life stories of a group of women who, despite life adversities, have a joyful and satisfying old age.

We highlight as a strong point of this research the development of qualitative approaches in salutogenic research [27]. We stress the challenge of broadening data with more life stories. Therefore, producing new qualitative evidence of creative aging would be possible. Analyzing the social place taken by the participant, our study contributed to the theoretical production of new concepts about aging.

The life story analyzed is a possible example for answering the mysteries of longevity. We see its relevance in the sense of changing the view of what old age is, now having a creative meaning. Studying ageing guided by the theory of salutogenesis makes us see that there are old bodies that have been through many stressors, but that have created and mobilized GRR to live with life's changes. In this sense, from here on, we aim to collect new stories which, when analyzed through the lens of salutogenesis, can give us a greater understanding of the subjectivity of growing old.

Conclusion

We conclude that stressors and GRR are present in the creative aging of a woman in a complex form and are always connected to her life conditions. Being a woman is a significant stressor. This highlights the need for policies to combat patriarchy and sexism in society. Potentialize GRR means

changing sociocultural structures for women in socially vulnerable contexts to access better life conditions and social support.

In conclusion, salutogenesis allows us to change our understanding of aging, which does not relate to losses and deficits. Harmful effects

and illnesses in the aging process seem to be more connected to adverse life conditions than a natural biological process.

However, more studies are needed to strengthen this evidence. Aging is the creative power to face the stressors in life trajectory and manage the challenges. New studies that want to follow salutogenic guidance should focus on the strong points of GRR instead on the risks and deficits.

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Conflict of Interest

The authors declare that there are no conflicts of interest of any kind.

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Authors' contribution

Research conception and design: Oliveira VJM, Streit IA. Data collection: Oliveira VJM, Ferreira ABO, Seixas RS, Pereira IL. Data analysis and interpretation: Oliveira VJM, Streit IA, Souza CGS. Manuscript writing: Oliveira VJM, Streit IA. Critical review of the manuscript for important intellectual content: Oliveira VJM, Streit IA, Ferreira ABO, Seixas RS, Pereira IL, Souza CGS.

References

1. World Health Organization. Active ageing: a policy framework. Geneva: WHO, 2002. <https://iris.who.int/handle/10665/67215>
2. Koelen M, Eriksson M. Older people, sense of coherence and community. In M. B. Mittelmark et al. (Eds.), *The handbook of salutogenesis* (2 ed., pp. 185-199). Springer. 2022. https://doi.org/10.1007/978-3-030-79515-3_19
3. Debert GG. Reinvenção da velhice: socialização e processos de reprivatização do envelhecimento. São Paulo: EDUSP, 2012.
4. Debert GG. A antropologia e o estudo dos grupos e das categorias de idade. In Barros MML. Barros (Ed.), *Velhice ou Terceira Idade? Estudos antropológicos sobre a identidade, memória e política* (pp. 207-222). Ed. FGV., 2009.
5. Heufemann NSC, Streit IA, Ferreira HJ, Kirk D, Oliveira VJM. Active ageing in a vulnerable context: Moa's life story from a salutogenic perspective. *Estudos Interdisciplinares sobre o Envelhecimento*, 29(1), e132079, 2024. <https://seer.ufrgs.br/index.php/RevEnvelhecer/article/view/132079>
6. Bassit AZ. Envelhecimento e gênero. In E. V. Freitas & L. Py (Eds.), *Tratado de geriatria e gerontologia* (3 ed., pp. 2177-2181). Gen. Guanabara Koogan. 2013.
7. Antonovsky A. The salutogenic model as a theory to guide health promotion. *Health Promotion International*, 11(1), 11-18. 1996. <https://doi.org/10.1093/heapro/11.1.11>
8. Antonovsky A. *Health, stress and coping: new perspectives on mental and physical well-being*. Jossey-Bass Publishers. 1979.

9. Antonovsky A. Unraveling the mystery of health: how people manage stress and stay well. Jossey-Bass Publishers. 1988.
10. Antonovsky A. The salutogenic approach to aging. A lecture held in Berkeley, 21 January 1993. Retrieved 24 Feb 2015, from <http://www.angelbre.com/ok/soc/a-berkeley.html>.
11. Correia PMS. O cotidiano de idosos com doença celíaca: histórias de vida perpassadas por mudanças envolvendo o lazer e a promoção da saúde. [Tesis doctoral, Federal University of Santa Catarina – UFSC]. UFSC RI. 2020. <https://repositorio.ufsc.br/handle/123456789/220406>
12. Bassit AZ. Histórias de mulheres: reflexões sobre a maturidade e a velhice. In M. C. S. Minayo & C. E. A. Coimbra Junior (Eds.), *Antropologia, saúde e envelhecimento* (pp. 175-189). Fiocruz. 2002.
13. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde (10 ed.). Hucitec. 2007.
14. Ferreira MLM. Memória e velhice: do lugar da lembrança. In M. M. L. Barros (Ed.), *Velhice ou Terceira Idade? Estudos antropológicos sobre a identidade, memória e política* (pp. 49-68). Ed. FGV. 2009.
15. Sarmiento MJ. Generations and alterity: questions to the sociology of childhood. *Educação & Sociedade*, 26(91), 361-378. 2005. <https://doi.org/10.1590/S0101-73302005000200003>
16. Huizinga J. *Homo ludens: a study of the play-element in culture*. Routledge. 1998.
17. Oliveira VJM. The game as a salutogenic resource: an analysis of “Life is beautiful” movie. *Cadernos do Aplicação*, 36(1), 1-14. 2023. <https://seer.ufrgs.br/index.php/CadernosdoAplicacao/article/view/134153>
18. Silva LEL, Oliveira MLC. Violence against women: systematic review of the Brazilian scientific literature within the period from 2009 to 2013. *Ciência & Saúde Coletiva*, 20(11), 3523-3532. 2015. <https://doi.org/10.1590/1413-812320152011.11302014>
19. Bourdieu P. *Masculine domination*. Stanford University Press. 2002.
20. Divin C, Volker D, Champion J, Angel JL. Hope and health in aging Mexican-American women with a lived experience of intimate partner violence. *Innovation in Aging*, 1(suppl_1), 790. 2017. <https://doi.org/10.1093/geroni/igx004.2860>.
21. Costa AMMR, Moraes PF, Costa JLR, Lopes RGC. Envelhecimento e trabalho. In J. L. R. Costa, A. M. M. R. Costa, & G. Fuzaro Junior (Eds.), *O que vamos fazer depois do trabalho? Reflexões sobre a preparação para aposentadoria* (pp. 23-32). Cultura Acadêmica. 2016.
22. Barata RB. *Como e por que as desigualdades sociais fazem mal à saúde*. Fiocruz. 2009.
23. Biolchi CS, Portella MR, Colussi EL. Life and old age at 100 years of age: perceptions on elderly speech. *Estudos Interdisciplinares sobre o Envelhecimento*, 19(2), 583-598. 2014. <https://doi.org/10.22456/2316-2171.37220>
24. Margaça C, Rodrigues D. Spirituality and resilience in adulthood and old age: a revision. *Fractal: Revista de Psicologia*, 31(2), 150-157. 2019. <https://doi.org/10.22409/1984-0292/v31i2/5690>

25. Cassel L, Suedfeld P. Salutogenesis and autobiographical disclosure among Holocaust survivors. *The Journal of Positive Psychology*, 1(4), 212-225. 2006. <https://doi.org/10.1080/17439760600952919>
26. Lara LR, Finato MSS, Zalula R, Morete VS. Estratégias de coping utilizadas por uma idosa: um estudo de caso. *Estudos Interdisciplinares sobre o Envelhecimento*, 8(1), 83-97. 2005. <https://doi.org/10.22456/2316-2171.4776>
27. Eriksson M, Lindström, B. Validity of Antonovsky's sense of coherence scale: a systematic review. *Journal of Epidemiology & Community Health*, 59(6), 460-466. 2005. <https://doi.org/10.1136/jech.2003.018085>



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