



“Estar Tranquilo”: Using a Life-course Approach to Explore Perceptions of Well-being among Older Adults in Curicó, Chile

Carola Salazar-Norambuena

csalazar@ucsc.cl

Observatorio de Estudios de la Sociedad (OES-UCSC)
Universidad Católica de la Santísima Concepción

Abstract

This study assesses perceptions of well-being between two groups of older adults in Curicó, Chile. One group (n=12) were residents of a long-term care center (known as ELEAM), while another group (n=13) were members of two clubs for older adults – *Estrellitas del Vaticano* (Vatican’s Little Stars) and *Club Campo Lindo* (Beautiful Countryside) – who lived in their own homes. Data collection consisted of life-story narratives to explore differences in how older adults in different living situations – long-term residential care vs. independent living – define and perceive what it means to be well in older age. Both groups were paired according to the variables of age, educational level, socioeconomic status, and physical status. In this article, I explore how both groups expressed their desire to *estar tranquilo* or “be peaceful” in their older age; however, each group achieved this state in different ways. ELEAM residents focused on fostering good relationships with fellow residents and maintaining their autonomy. In contrast, club members focused on practicing their religion, maintaining family relationships, and engaging in activities. Although participants shared similar backgrounds and lived through the same historical events (i.e., military dictatorship), their current situations impacted their perceptions of well-being. For individuals to achieve their desired level of well-being or to *estar tranquilo* required that they adapt to different living arrangements: club members had to adapt to living without their children, and ELEAM residents to living in an institution.

Keywords: *Life course; Older age; Chile; Latin America; Well-being*

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Introduction

The concept of well-being has often been described as ‘the good life,’ embracing personal viewpoints on what is important to live a fulfilling life, shaped by the particular norms and values of different cultures (Barnes, David and Ward 2013; Diener and Suh 2000). Therefore, when addressing well-being in a specific setting, it is necessary to have models that recognize cross-cultural contexts. In some European countries, factors such as life satisfaction, health status, perceived social support, and socioeconomic status can be key contributors to well-being in old age (Bergien et al. 2023; CWIPP 2015). Furthermore, research suggests that it is essential to balance the gains and losses that come with aging (Baltes 1997). In addition to the previously mentioned factors, it is important for people living in long-term care residences to have supportive relationships with staff members (Teeri et al. 2008), an accessible and safe living environment, and an activating physical environment (Narsakka et al. 2022). However, most research focuses on studying these elements separately, overlooking how the combination of these factors impacts the subjective well-being of older individuals (Molina-Martínez et al. 2022). In this paper, I address how the aforementioned factors affected perceptions of well-being in two groups of older Chilean adults: people living in their own homes and people living in long-term care residences in Curicó, a city located in the central valley in Chile.

Much of the gerontological research conducted in Chile focuses on addressing the bodily experiences of older adults (Gitlin and Fuentes 2012). This research is often conducted in larger urban centers and emphasizes the provision of services (Marín et al. 2004). On the other hand, anthropological research addresses the spectrum of sociocultural experience of aging in Chile (Navarrete and Osorio-Parraguez 2019; Osorio-Parraguez, Seguel, and Jorquera 2014; Salazar 2017), especially considering that the experience of living in rural areas has changed in Chile due to economic and political situations over the past 50 years. Chile, an upper-middle income Latin American country, has advanced levels of population aging, and the dependency ratio has increased dramatically in recent years (CEPAL 2021). However, very little research has explored well-being in older adults living in both long-term care centers and independently in rural and semi-rural areas. As such, Chile is a rich site to explore the sociocultural implications of a rapidly aging country, while understanding the conditions in which older adults live, and how these conditions affect their well-being.

This research addresses two groups of older adults that have been understudied in Chile: those living in long-term care institutions and those living in semi-rural areas. According to estimates from 2004, about 2% of the Chilean population lives in long-term care centers (Marín, Guzmán and Araya 2004). This percentage is lower than the United States, at 3.8% (WHO 2023), but higher than in neighboring Argentina, at 2% (Ministerio de Salud, 2021). The fact that no official (or recent) numbers are available

about this group in Chile is evidence of an information gap concerning older adults living in institutions. Moreover, most research in Chile is conducted in its capital, Santiago, or in other urban areas. To explore aging in semi-rural areas, this research was conducted in Curicó, a city of 144,025 inhabitants, with 14.5% of the population 60 years and above. Curicó is in the central valley and possesses both urban and rural areas.

Importantly, in this paper, I refer to people aged 60 years and over as ‘older adults’ or *adultos mayores*, its Spanish translation. The words ‘elderly’ in English and *anciano* in Spanish were avoided because, in both languages, these words have been associated with negative stereotypes about older age (Graham 2012; Smith 2012; Sociedad de Geriátría y Gerontología de Chile 2015). *Adulto mayor* is the politically correct term to refer to people aged 60 and over in Chile.

Chile: An Aging Country

Reflecting global trends, Chile is experiencing a rapidly expanding economy and demographic transition, as its inhabitants are living longer (17.2% are age 60 and over [INE 2018]) and having fewer children (1.54 births per women [World Bank 2022]). This makes Chile the Latin American country with the second-highest level of population aging (OECD 2018). This situation presents unique challenges for Chile to avoid socioeconomic, cultural, health, and quality of life inequities among older people, because these changes have occurred more rapidly than in Europe or the United States (Gitlin and Fuentes 2012).

One of the challenges faced by Chile’s population is the privatization of social services, which began during the military dictatorship (1973-1990). This led to the current Chilean pension system, which is based on a defined-contributions (DC) scheme. The pension system relies on individual investment in personal accounts managed by private companies or pension-fund managers. These pension-fund managers are called *Administradoras de Fondos de Pensiones* (AFP) (OECD 1998; Superintendencia de Pensiones 2018). Under this system, women are often at a disadvantage, as many have not had paid work during their adulthood or, if they did, they stopped working when they had children; they may also have had frequent absences from work while taking care of another family member. These situations result in women making lower contributions to an AFP, and they therefore generally receive lower pensions (Crespo 2020).

Health-related inequalities are the primary concern among the older population in Chile (Rodríguez, Russo, and Carrasco 2017). The country’s current healthcare system consists of public and private sub-systems. The public system is called *Fondo Nacional de Salud* (FONASA) and is funded through state contributions, mandatory worker contributions (7% of taxable income), and co-payments (Superintendencia de Salud 2015). The private system, *Las Instituciones de Salud Previsional* (ISAPRE), is also funded by 7% of taxable income, plus an additional amount that depends on each beneficiary’s plan (Arteaga 2008). In Chile, only a small group of the population can afford healthcare services through the private sector. Because both the average pension and basic solidary pensions are below the current minimum wage, the additional charges of the private plan are exorbitant for many. Thus, the private health system is inaccessible for many people, particularly older adults. It is therefore not surprising that 86.1% of older adults in Chile are enrolled in FONASA; in comparison, only 7.4% are enrolled in ISAPRE (Ministerio de Desarrollo Social 2015).

In 2003, the National Service for Older Adults (*Servicio Nacional del Adulto Mayor*; SENAMA) was created by the Chilean Government. This institution promotes active aging through social programs and the

development of social services for older adults. For instance, SENAMA offers several programs including *Voluntariado Asesores Senior*, a program in which retired teachers volunteer to teach low-income elementary and middle school children in the country; *Fondo Nacional del Adulto Mayor*, which provides funding to organizations for older adults; *Programa de Cuidados Domiciliarios*, a home-care service that delivers social and health support to older adults; and *Centros de Día*, daycare centers that serve 1,200 low-income older adults who are at risk of multidimensional dependency (physical, social, psychological, and economic) and provide support to their families. Furthermore, SENAMA oversees some long-term care residences located throughout the country (Kornfeld, Abusleme, and Massad 2016). Most Chilean older adults live in their own homes. According to the 2015 National Socioeconomic Characterization Survey (CASEN), 81.8% of the population aged 60 and over lived in their own home. Although most older adults share their home with someone else, only 3.9% live in homes with overcrowding (Ministerio de Desarrollo Social 2015).

Long-term Care Residences in Chile

There are a variety of housing options for older adults in Chile. The family is still a strong institution, and most older adults live in their own homes, alone or with their relatives. However, reliance on family is challenged by the demographic and cultural changes that began in the 1970s during the military dictatorship led by Augusto Pinochet. This dictatorship was marked not only by widespread human rights abuses, but also by the imposition of neoliberal economic policies which emphasized privatization, deregulation, and free-market capitalism (Aldunate et al. 2020). These policies, impacting various facets of Chilean society, still exert influence even 50 years later, shaping the country's social and economic landscape. Although the country has been engaging in a neoliberal agenda, "market-based solutions to elder care have not been, nor are they likely to be the answer" (Pereira, Angel, and Angel 2007, 2097). Institutional care is still too expensive for most families. Those that are middle-class are not 'poor enough' to apply for public long-term care centers, yet not 'rich enough' to pay for a private option. Because of this, a small percentage of older adults live in collective residences, such as long-term care centers.

Long-term Care Centers for Older Adults or *Establecimientos de Larga Estadía* (more commonly referred to by the acronym ELEAM in Chile) aim to provide shelter for individuals aged 60 and over who, due to biological, psychological, or social reasons, require a supportive environment and specialty care. However, potential residents cannot have any ailments that require continuous or permanent medical assistance. Still, many residents receive basic medical care by regularly visiting health specialists from public health centers, such as the Family Health Centers, commonly known as CESFAM (*Centros de Salud Familiar*) (Ministerio de Desarrollo Social y Familia 2023).

One of the most common organizations for older adults in Chile are *clubes de adulto mayor* (clubs for older adults). These clubs are comprised of only older adults, typically those who live in the same neighborhood. Usually, these clubs are formed based on common interests as well as a desire to participate in social activities. These clubs are governed under a National Law which establishes regulations governing neighborhood councils and other community organizations allows individuals to create their own organizations after registering with the local municipality.

Theoretical Perspectives

In this paper, I argue for a life course perspective on well-being, which means recognizing that well-being in later life varies because of the life course trajectories of individuals. Both concepts – well-being and life course – provide an important analytical framework to focus on the diversity of experiences

between people of the same age (Ladusingh and Ngangbam 2016; Rutagumirwa and Bailey 2022). In this study, a life-course perspective was used to address perceptions of well-being among older adults living in two distinctive situations (long-term care residence vs. in their own homes, who were participants in social clubs for older adults). The life-course perspective focuses on both micro and macro factors that impact a person throughout their life, and how this sum of experiences unfolds during old age (Elder, Kirkpatrick, and Crosnoe 2003). For this research, I approach the life course as a lens for a holistic perspective of how individuals live well and perceive living well (Diener and Suh 2000).

Sociologists Glen H. Elder, Monica Kirkpatrick, and Robert Crosnoe (2003) describe life course as a theoretical perspective which serves as a framework for conceptualizing how individuals move through the life cycle, inspired by the different sets of values and beliefs provided by their cultures. This theoretical orientation is mainly based on five principles – life-span development; agency; time and place; timing; and linked lives – each of which provides a different angle from which to understand and study older age and aging. The first principle, life-span development, assumes that life is a continuum. Consequently, aging is not an isolated life stage, and events occurring in earlier stages have a lasting impact. In this paper, perceptions about well-being in later life are connected to early life events, such as family of origin. The second principle, agency, assumes that people make choices, and that these choices will affect choices made in late life. I show how participants' choices during adolescence and adulthood influenced their well-being during old age, affecting various aspects such as income and social support. The third principle, time and place, helps to provide a context for an individual's life that create cultural and historical variations. The fourth principle, timing, provides insights about the time in which the person is living. For example, the older Chilean adults in this study were born between the mid-1930s and 1950s. Therefore, they were raised during a time in which educational levels and sanitation levels were lower, and fertility rates were higher than present-day Chile. Finally, the linked lives principle recognizes the interdependence between individuals, and how they can influence each other. Family and friends of participants played significant roles in various life stages, subsequently influencing perceptions of well-being during older age.

As a concept, well-being has been described as “elusive and promiscuous” (Barnes, David, and Ward 2013, 474), because of the lack of consensus about what it means, its scope, and how it is measured. Still, this does not necessarily mean that there is no consensus at all. Some authors suggest that its main scope may be related to what makes a good life: i.e., how each individual thinks and feels about what is important in their lives (Diener, et al. 1985; Ladusingh and Ngangbam 2016). In this sense, well-being reflects “how much people are living in accord with evolutionary imperatives and human needs, but also represents judgments based on the particular norms and values of each culture” (Diener and Suh 2000, 4). For this reason, it is important to consider cultural relativism alongside well-being because the set of values used to judge ‘living well’ vary cross-culturally. From a life course perspective, the values of living well are also impacted temporally. The values used to judge well-being may be impacted by historical events and change throughout an individual's life. When studying well-being, it is crucial to utilize models constructed from local data. Acknowledging the uniqueness of a particular region or community ensures that the models accurately capture the local context. This, in turn, guarantees that the results are relevant to the specific characteristics of the individuals in that area. Research has found that, for older Chilean adults, family is the most important factor in assessing well-being. For example, in a study conducted in Antofagasta, one of the largest cities in the northern part of Chile, participants reported that the foremost factor of their well-being was the social support provided by their families (Urzúa et al. 2011). In fact, the main source of social support among older adults is their own family.

Sociologists Carmen Barros and Mónica Muñoz (2001), working in Santiago, found that 75% of older adults relied on their families for support. Spouses and domestic partners (43%) were the first person they turned to for help, followed by adult children (21%). This means that families are one of the main sources of social support among Chilean older adults, which in turn, supports possibilities of well-being during old age.

Finally, as explained earlier, Chile experienced a military dictatorship from 1973 to 1990, which heightened social inequities. To recognize the impact of this historical event, I have employed the cumulative disadvantage/advantage theory which posits that inequality is not a static outcome; instead, it is produced across the life course and persists into older age. The cumulative disadvantage/advantage theory is integrated with a life-course perspective through what sociologist Kenneth Ferraro and social gerontologist Tetyana Shippee (2009) call the 'cumulative inequality theory.' The first axiom of the cumulative inequality theory suggests that "social systems generate inequality, which is manifested over the life course through demographic and developmental processes" (Ferraro and Shippee 2009, 334). As the results show, the sociocultural inequities experienced by the participants throughout their lives, and particularly those they experienced through the dictatorship years, shaped the way they lived during old age.

Methods and Settings

Research was conducted in Curicó, a city located in Chile's central valley, about 195 kilometers south of Santiago, the capital, at three main field sites: ELEAM (a long-term care center) and two social clubs for older adults: *Estrellitas del Vaticano* and *Club Campo Lindo*.

ELEAM is located in a low-income neighborhood (Figure 1). The center has controlled access 24 hours a day, seven days a week. The building is gated to prevent residents with cognitive problems from leaving. The center works at full capacity with 70 residents. There is 24/7 medical and therapeutic staff on hand, and residents are provided with three meals a day.



Figure 1: ELEM Carmen Martínez, Curicó. Photo by the author.

The *Estrellitas Del Vaticano* (Vatican's Little Stars) club is located in northwest Curicó in the middle-income Vaticano neighborhood. While the club has about 50 members, only around half of them regularly participate. They meet biweekly from March to December and take a summer break during January and February due to most of the members being on vacation with their respective families. The club meets in a communal office, located on a gated basketball court, often sharing the space with neighborhood children playing sports.

Finally, members of the *Campo Lindo* (Beautiful Countryside) club (Figure 2) are from *Isla de Marchant* (Marchant's Island), a community located in a semi-rural area beyond Curicó city limits. This club also has about 50 members, and they meet biweekly from March to December, also taking a summer break in January and February. The club meets in a small wooden cabin built especially for them, located in the backyard of the club president's house. It is surrounded by an open field; the windows have protective bars for security.



Figure 2: Campo Lindo, Curicó. Photo by the author.

In October 2015, I recruited two groups of 25 older adults each. Group 1 was comprised of ELEM residents while Group 2 were members of the social clubs. Anyone from the recruitment sites could participate, however, there were a couple terms of inclusion. Participants had to be at least 60 years of age, which coincides with the legal definition of *adultos mayores* in Chile. Moreover, participants could not have any major cognitive impairment because it was necessary for them to be able to give informed consent.

The study had two phases. The first phase included participant observation and survey research that measured components of well-being in 50 older adults, conducted during October and January 2016. Scores for life satisfaction were calculated for each one of the participants using the Satisfaction with

Life scale (Diener et al. 1985). The results were classified into six categories from extremely dissatisfied to highly satisfied. These scores were then used to select participants for phase two (May to August 2016): ELEAM members and club members with scores from every possible category and from both sexes were chosen to create a diverse sample.

In this paper, I present the findings from the second phase of research, which consisted of interviews with 12 ELEAM residents and 12 club members.¹ During May and August, interviews were conducted in Spanish with each session lasting approximately 90 minutes, producing 108 hours of material. During the interviews, a table that included life stages was used to help guide participants in their narratives. For each life stage, participants were asked about their roles and responsibilities, what they did in their free time, their relationships with family and friends, and what things made them feel good.

Interviews were transcribed using Dragon Naturally Speaking v12.5 software. Once the transcription was ready, each interview was checked for errors. Only selected excerpts were translated into English. For the narrative analysis, an issue-focused analysis (see Kornblit 2007) was conducted. As the name suggests, this kind of analysis focuses on a particular issue. This is also known in Spanish literature as *análisis temático* (thematic analysis), which requires reading the transcripts of the interviews to make them familiar to the analyst, and then identifying thematic clusters to later organize data according to the relationships that can be established between these concepts. For my research, I gathered all information from the interviews that related to participants' ideas of what contributed to their well-being. This analysis was conducted through four steps: coding, sorting, local integration, and inclusive integration (Weiss 1994). The first step, coding, involved linking responses from interviews with concepts and categories that emerged from the interview material. Subsequently, these categories were organized into "a set of folders containing excerpts from cases, each folder holding a category of material" (Weiss 1994, 157). Following this, the local integration stage occurred, wherein the interview material was integrated with my observations. This integration aimed to facilitate the development of theories explaining the results. Finally, during inclusive integration, the results obtained from local integration were utilized to formulate a framework and draw general conclusions.

The results were divided into the three categories that were used to analyze the narratives: *childhood and adolescence* (the period between birth and age 17 because, legally speaking, in Chile an individual who is 18 years is an adult); *adulthood* (the period between ages 18 to 59); and *older age* (from age 60, the legal age of an 'older adult' in Chile, and above). An option for an older group was not considered in this study because significant differences were not found among people aged 75 and over.

Childhood and Adolescence

Because this research uses a life-course perspective, participants' early exposure to gender roles is important in understanding how they perceive well-being during old age. Gender roles during childhood and adolescence refer to the sociocultural expectations for how girls and boys should behave and act. Most of the participants were born between the mid-1930s and 1950s and grew up in rural and semi-rural areas. The data shows that perceptions of gender were shared between those of the same gender across field sites. For example, women living in their own homes shared the same perceptions as women living in ELEAM; the same occurred with men.

In terms of mandatory activities, 12 out of 14 female informants mentioned that, because they were girls, they had been the caregiver by default when their mother and/or father was away working. For example,

My dad also worked a lot, sometimes he spent weeks outside, working... when he returned, he was always fighting with my mother because he wanted the house to be clean and ready for him. And because my poor mother was washing all day, she didn't have time to do everything...me and my sister were exhausted, after all, we were little girls. And guess what, my brothers were just playing outside! [...] I obviously didn't question these things back then because I was a girl, but...bad luck is what you got. (ID 9; age 77, female ELEAM resident)

Realizing that expectations for boys had been much lower led female participants to reflect on their well-being during their childhood with many concluding that they thought their male counterparts were even happier as children and adolescents. In contrast to the work expected of the women when they were younger, most male participants identified their childhood as a time to play. Moreover, they mentioned that they had more stamina to play during childhood, but they felt a difference now that they were older. When participants were asked about the activities that they enjoyed the most as children, most women mentioned being at home and playing with dolls while the men enjoyed spending time outside and helping their fathers.

Adulthood

The female participants from ELEAM and the clubs held various professions during their adulthood: housewife, waitress, farmer, newspaper vendor, and maid. When asked about what they enjoyed doing in their free time, women from both groups mentioned that, because they were used to being at home as a housewife, they enjoyed being there. This is even though they assumed most of the responsibilities for child-rearing. Thirteen out of the 14 women had children, and most expressed that taking care of their children was a source of happiness, impacting positively on their well-being:

When I was younger, like...I don't know, I was like 20 something, I really enjoyed being with my daughters when they were little...they were so sweet, and you get the opportunity to teach them, to love them...I think that's one of the best feelings about being a woman: being able to have children, feeling them, raising them...suffering for them...because as a mother, the only thing that really matter is their happiness. (ID 32; age 62, female club member)

Most women from both groups considered their adult children as critical to their well-being, even more than their partners. During older age (as discussed in the next section), mothers and fathers still worry about their children – even though their children are now adults and have their own families. However, some of the women mentioned that they wished they had had fewer children. Because access to sexual education was limited and taboo during their childhoods and reproductive years (in the 1960s), they did not know how conception and contraception worked:

We were so naive. When we were like 8 or 9 years old, we thought that if we kissed a boy, we would get pregnant. We didn't know anything, parents didn't talk about it, and in school you didn't learn those things. [...] When I had my first child, I learned how things worked. I got married, and then a month later, I was pregnant...if back then I had known about the [birth-control] pill, I would've taken it, and I wouldn't have had children. (ID 43; 66-year-old female club member)

However, the men's experiences were completely different. ELEAM members had worked as foremen, construction workers, farmers, and security guards, while male club members had been electricians, farmers, food vendors, newspaper vendors, and military personnel. All male respondents from both groups enjoyed working because they felt that they were doing what was expected of them – that is, to be the breadwinners of the family:

My wife took care of our children because I spent all day working. Back then, if you wanted to earn good money, you had to work away from home. And I worked in Punta Arenas [a city located almost 3,000 km south of Curicó], so, I came to Curicó every three months. My wife was alone with our children, I'm thankful for that. (ID 37; age 70, male club member)

Although the male club members did not directly participate in parenting because of the traditional gender roles that implied that caring for children was the woman's responsibility, most of them worked to provide better options for their children. This situation had an impact on their well-being, because they felt pressured to be the individuals responsible for providing economic security to their family, so that their children could have a better childhood than they did. It is necessary to remember that most of the participants came from poor families living in rural areas.

A completely different situation was experienced by the male ELEAM residents. Their experiences were impacted by traditional gender roles. Among the men who had children, they never had to worry about child-rearing because they worked away from home. Now in older age, most did not have a relationship with their children or the mother of their children. Therefore, their perceptions of well-being during this life stage were not tied to their family, as in the case of the male club members. Instead, the responsibility for having good well-being was associated with engaging in activities they desired, as single men. When discussing this stage of their lives, some of the interviewees expressed regret for not having established stronger bonds with their offspring.

Older Age

This research applies a life-course perspective, especially in terms of considering older age as a 'sum' of the previous life stages. Thus, during this life stage, it was evident how events that had occurred during childhood, adolescence, and adulthood had an impact on the current conditions of the participants from both groups. Although the similarities found in childhood/adolescence and adulthood were typically gender-related, these differences were more prevalent between ELEAM residents and club members in older age.

When ELEAM residents were asked about their favorite activities, some female informants mentioned that they enjoyed receiving physical therapy, while others preferred being alone and quiet. Male ELEAM residents mentioned talking to other male residents and taking long walks. Both female and male club members mentioned having contact with their children:

One of the things that I enjoy the most is visiting my children. They're living in another city, but I plan to visit them soon. When I visit them, I always find something to do in their houses, like fixing the electric power system or making a fence, whatever. I like to help my children with their stuff, whatever is it because I can't just be here at home doing nothing...because I worked as a welder for so many years, I like to do small

repairs around...not only for my children, but also for friends. (ID 37; age 70, male club member)

Nine out of 10 male club members mentioned that they enjoyed doing things around their own home or helping their children. They said that, because they spent all their life working and are now retired, sometimes they found themselves looking for any activity to feel active. Most female club members mentioned that they enjoyed being at home because they felt that they spent most of their adulthood taking care of children; therefore, they wanted to enjoy their new life stage, dedicating themselves mainly to caring for their garden and flowers. For these women, it was important to spend the free time they had in old age on activities they described as relaxing. Since they no longer had to take care of children, they could engage in other pursuits. However, like most of the men, they were also worried about their children and grandchildren, and visited them as much as they could, but they did so without the pressure they felt when raising their children; instead, it was a concern that, according to them, arose from their affection for their adult children and their families.

A key aspect of well-being in old age is income. During this stage of life, informants described the need for higher incomes to cover expenses related to health. This is especially pertinent considering that, as they age, most of them had been diagnosed with chronic diseases. Both female and male club members felt that their income was not enough to satisfy their needs. For example,

As a housewife who never had a formal job, I only have the consolation of having taken care of my children because now I receive a misery that some people call 'pension.' We're getting older, we're getting sicker, and every day we need more money to buy medications...we now use the public health system because it's free, but still, you must pay for most medicine, you can't get it all for free. (ID 42; age 84, female club member).

The problem is that I was used to earning CLP\$ 400,000 [about 460 USD] monthly and, even though I was responsible and I put money into the AFP every month, I'm losing money right now...because my pension is less than half of what I earned when I was working. And although I knew that I was going to retire... I never thought that I would have such a squalid pension. (ID 37; age 68, male club member).

Although informants from both groups felt that their pension is not adequate to cover their expenses, ELEAM residents described feeling "not as bad" because they were living in a long-term center. They pay 80% of their pension as a fee to the center, and they can spend the remaining 20% as they wish:

If I didn't live here, I'm pretty sure I'd be homeless...I know I have a basic pension and that is not enough. Before I lived in a center, I lived a couple of months on my own. And in that time, like years ago, that wasn't enough, that's why I asked for help (ID 1; age 72, male ELEAM resident)

I know that with my current pension I wouldn't be able to pay for food, housing, and medicine...that's the best about living here, that you know for sure that every day you will get that here. I'm so thankful for that. (ID 4; age 82, female ELEAM resident)

Perceptions of well-being during old age are intricately linked to the life trajectory of the participants. Factors such as childhood experiences, gender roles, relationships, and the sociohistorical context

played a significant role in shaping their lives from childhood to adulthood. In the following section, participants defined, in their own terms, what it means to be well during older age.

Meanings of *estar tranquilo/a* in Older Age

When discussing well-being in older age, participants from both groups mentioned that the most important thing was *estar tranquilo*. The literal English translation of this term is ‘to be at peace;’ however, the meaning that participants gave to it is closer to the English expression ‘enjoying peace of mind.’ Therefore, for this group of older Chilean adults, *estar tranquilo* (for men) and *estar tranquila* (for women) constitutes a culturally embedded model of aging well. Both ELEAM residents and club members used this concept to address their ability to balance the gain and losses that come with aging, supporting evidence that suggests that individuals who can balance these aspects tend to enjoy a better life (Baltes 1987).

In this research, both groups aimed to achieve peace of mind, adapting it to their respective residential status. As a result, different factors influenced their ability to reach this balance. For ELEAM residents, *estar tranquilo/a* means maintaining good relationships with fellow residents and being able to be alone. In fact, 10 out of 12 participants mentioned this. For example,

Now that I’m old, I think the only thing that matters is that I want to *estar tranquila*...you know, to have good relationships with staff members, with the other residents...I don’t know how much time I have left, but I know that it’s important to be on good terms with the other *abuelitos* (grandparents) ...But I also like being alone, to go to the backyard and to feel the sun in my face. (ID 4; age 82, female ELEAM resident)

On the other hand, *estar tranquilo/a* had a different meaning for club members. Eleven out of 12 informants mentioned *estar tranquilo/a* as a term that included having good relationships with their families, especially with their adult children and grandchildren. For club members, it was crucial to maintain contact with family and to see each other regularly:

I think the most important thing now that we’re old is to see my family very often, especially my grandchildren. They make us so happy when they visit us...I think that now, in my eighties, the most important thing in life is to avoid conflict, to be well...*estar tranquila*. (ID 42; age 84, female club member)

Moreover, for club members, *estar tranquilo/a* meant being able to keep their autonomy and independence because they did not want to become a burden to their family:

Seeing my family every weekend makes me happy...being able to share moments with my grandchildren...because I know they’ll remember those good moments. [...] If you have constant contact with your family, and also have good health– so you can do your things on your own– then you can say that you are *tranquilo*. That is a constant topic here in the club, everyone tries to be in good health... because nobody wants to be a burden to their family. If you get sick, then your children must take care of you. (ID 33; age 65, male club member)

In addition, religion was mentioned by five of the 14 female club members as a main source of peace, and to deal with life's difficulties:

For me, happiness is being at home. And what other source of happiness you can have if you could talk with the one who is there [indicating a picture of Jesus]. Yes, I do talk with him, and he helps me...I'm a very Catholic person, I do believe in God and the Virgin. [...] Every day, when I wake up at 5 am, I pray, I pray the rosary, full, and when I finish, I fall asleep again, and then I get up. The full rosary takes me like 30 minutes, and I enjoy that, I feel like I give away all my sorrows when I talk with God. (ID 28; age 78, female club member)

Both ELEAM residents and club members used the term *estar tranquilo/a* to express a sense of well-being during old age. However, the activities and relationships necessary to achieve this state varied between the two groups. ELEAM residents relied on their connections with fellow residents and staff members, whereas club members prioritized maintaining family ties, especially with their adult children and their families. In the following section, these findings are juxtaposed with the theoretical perspectives presented earlier in the paper.

Discussion

In general, exposure to gender roles from an early age can influence attitudes about women and men's roles in later life (Morgan and Waite 1987). In fact, hypotheses about 'impressionable youths' argue that young people absorb the ideology of the period when they grew up, and this remains relatively stable over their life course (Alwin and Krosnick 1991). However, it is not clear to what extent attitudes about gender roles help to motivate family and career decisions. According to social scientists Jessica Lendon and Merrill Silverstein (2012), evidence supports both perspectives, meaning that there is a reciprocal relationship between gender ideology and life pathways of women.

For the older Chilean adults in this study, their perceptions of well-being in later life seem to be closely tied to the strict gender roles to which they were exposed during early life stages. Based on the narrative data, both ELEAM residents and club members were exposed to traditional Chilean gender roles during their childhood, customary of the time: girls had to help their mothers with the house chores, and boys played or helped their dad with work. Furthermore, the women from both groups often described playing with dolls and helping their mothers as fun activities, while men typically described playing outside as fun. During childhood and adolescence, family had a strong impact on research participants. Exposure to gender roles combined with their family's socioeconomic status was key in shaping their early years.

A life-course perspective is helpful for understanding how these early experiences shaped the participants' perceptions of well-being in later life. Most of the participants were born between the mid-1930s and 1950s, when Chile was a more traditional society. As a result, they came of age during a time when traditional gender roles were the norm. These individuals internalized these roles and continued to perform them throughout their lives, as evidenced by their descriptions of their adult experiences and their current lives in older age.

During adulthood, the women tended to do what was expected of them, staying at home and choosing traditional leisure activities and hobbies like sewing. There was a 20-year age difference between the female respondents, though they all came of age during the 1960s and 1970s when Chile was moving

towards modernization and experiencing several socioeconomic structural changes. Yet, these participants did not notice significant changes in their gender roles in comparison to their mothers. According to Óscar Arteaga (2002) this can be attributed to the fact that most of the development indicators, such as greater access to education and better socioeconomic status, did not reach the popular and vulnerable sectors. Chilean sociologist Rodrigo Parrini (1999) suggests that, because the military dictatorship increased inequality through privatization of services and systematic repression, identity based on traditional gender roles was reinforced. This was especially the case in sectors with low educational levels: it was better for a woman to stay at home being a mother and for men to look for jobs, even though most of these jobs were only temporary.

Another important topic among women from both groups was maternity. Some women expressed that, although they enjoyed motherhood, they would have preferred having fewer children. This was attributed to the lack of access to contraception and sexual education when they were young. It was only in 1965 that the National Health Service in Chile began implementing public health measures aimed towards family-planning programs. A life-history study (Castañeda and Salamé 2015) conducted with 64 older women indicated that, from the beginning of the program, many women were not aware of services for them because doctors did not mention it to their patients. In addition, due to misinformation, participants' attitudes reflected a cultural taboo about using contraceptives. According to another study, reproductive programs in public health centers were not used adequately as they could have been during the sixties and seventies (Magaña et al. 2011).

With regards to older age, the differences between the groups were more noticeable. For instance, although all participants received a basic pension, club members felt that the amount was not enough to cover their basic needs. In terms of income, ELEAM residents were in a better situation than club members. Although some of them were living in an institution because they did not have social support and were vulnerable, they did have 'guaranteed' access to housing, medications, and food. Conversely, most of the club members were economically dependent on their pensions, which made them worry about how to finance their expenses, especially those related to medications and medical care. Other research conducted in Chile by Ximena Sánchez and colleagues (2017) has shown that access to health care among older adults has been linked to better health outcomes and increased individual well-being, which, for this research was related to what makes a good life: i.e., how each individual thinks and feels about what is important in their life (Diener, et al. 1985; Ladusingh and Ngangbam 2016). Although some of the club members lived with their children, they apparently did not have as many conflicts as the ELEAM residents, who were 'forced' to live with other people. Club members also worried about remaining independent and being able to take care of themselves for as long as possible.

As previously mentioned, pensions in Chile are lower than the minimum wage, and the current system is a defined contributions scheme, based on individual capital accounts, which are managed by private companies. Because of this, people who did not make monthly contributions during their working years are at a disadvantage because they have less money in their accounts. This is a problem, especially for women, because many of them did not have formal work due to being a housewife and taking care of their children. They may have also had maternity leave or had to abandon their work to take care of children and/or other family members.

The cumulative disadvantage/advantage theory helps us to understand the stratification among older adults. Participants from both groups were born into poor families, which limited their options throughout the life course. In addition, current social policies such as the defined-contribution pension

system in Chile have contributed to increasing inequalities, especially gender inequalities (Crespo 2020). Due to traditional gender roles, most women in this study dedicated their adult years to motherhood and overseeing household chores.

Finally, both groups mentioned that well-being in older age is related to *estar tranquilo/a*. This expression had different meanings for both groups because of their living situation. For ELEAM residents, it meant maintaining good relationships with staff members and fellow residents because they have to interact with them daily. However, for club members, *estar tranquilo/a* was related to religion, keeping good relationships with their families, and maintaining their autonomy. In terms of relationships, club members longed to see their families more often, yet at the same time they “cherish[ed] their independence” (Myeroff 1980, 8). They wanted to keep in touch with their families but still maintain their autonomy; they did not want to end up depending on their families, which has been found to be a common concern among older adults (Uhlenberg and Mueller 2003).

Regarding religion, sociologists Monika Ardelit and Cynthia Koenig (2007; 2009) suggest that practicing religion can improve subjective well-being among older adults. They found that, among Americans, “intrinsic religiosity” – one that provides a master plan for living, beyond individual benefits – had a positive effect on feelings of purpose in life, which is related to greater subjective well-being and lower death anxiety. Instead, “extrinsic religiosity” – meaning that it is used for personal benefits – is related to higher death anxiety (Ardelt and Koenig 2009; Malone and Dadswell 2028). Another study found that, among older Latino/a people, having a strong faith in God influences their “sense of emotional well-being despite physical functional capacity and chronic health conditions” (Beyene, Becker, and Mayen 2002, 155). In Chile, sociologist Carmen Barros (1991) found that for older adults, religion is considered to be a key element of life. Even though the number of religious people in Chile is decreasing, among older adults these levels have not declined (UC and Caja Los Andes 2017). This is likely because many of them were raised in highly religious households, and some of them even studied in Catholic schools during the fifties and sixties in which being religious was part of the norm.

Conclusions

It is hard to claim that one group is ‘doing better’ than the other because narratives show that each group in this study is, to some degree, happy with their current lives. They have adapted to their environment to achieve balance among the gains and losses inherent in older age (Baltes 1987). As previously mentioned, *estar tranquilo/a* has different meanings for each group but, during older age, informants from both groups look at the positive aspects of their lives. In both groups, there were *adultos mayores* who had experienced difficult lives; however, they were able to focus on the positive aspects, seeking to find meaning in their experiences, and focusing on maintaining good relationships with the people with whom they interact frequently. Expressing gratitude has been associated with higher satisfaction with life as well as increased psychological and physical health (Alkozei, Smith, and Killgore 2018, 1537).

This study suggests that, for this group of *adultos mayores*, well-being in older age is related more to finding a balance in older age rather than what the literature of ‘successful aging’ suggests: absence of disease, physical/cognitive capacity, and engagement with life (Lamb 2014). This is similar to current debates within gerontology about harmonious aging: across cultures, older adults may be looking for balance instead of uniformity and are concerned with cultivating good relationships with the people around them (Lamb 2014; Liang and Luo 2012).

This research demonstrates that perceptions of well-being in older adults are not homogenous, even in a group with similar characteristics. For this reason, it is critical to gain information about older adults at an individual level. With insights into some of these variations, it may be possible to gain a better understanding of the factors that contribute to well-being in older age across populations (Ladusingh and Ngangbam 2016; Sereny and Gu 2011). In this context, the life course perspective emerges as a crucial tool for comprehending that perceptions of well-being in old age result from the cumulative experiences individuals undergo throughout their lives. Consequently, elements that may appear distant during old age, such as one's family of origin, play a pivotal role in shaping perceptions of well-being during this life stage. This is because all life experiences, encompassing individual, historical, and sociocultural contexts – as well as the capacity to adapt to living arrangements – establish distinct criteria for determining whether an individual is genuinely experiencing well-being in their old age.

Notes

1. In total, 12 ELEAM members and 13 club members were selected to participate in this second phase of the study. Of these, 23 accepted the invitation to participate. One club member was not included because she passed away a few days before being contacted. Her data was eliminated from the study out of respect, and her case was replaced with a new club member with similar characteristics who did not participate during the first phase of research. Therefore, the new participant's socioeconomic data was obtained during the second phase along with her life-story interview.

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