

**07 - SUCCESSFUL AGING: PLURALITY IN VIEWS**

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#### Introduction

An aging population is a worldwide reality. According to projections done by World Health Organization (WHO), between 2015 and 2050 the percentage of the world's population over 60 will grow from 900 million to 2 billion, representing a jump from 12% to 22% increase, the fastest growth in history (WHO, 2017). As for a local projection of the population based on gender and age done in 2013 by IBGE (Brazilian Institute of Geography and Statistics), the proportion of people over 60 by year 2030 will comprise 18.6% of the population, and by 2060 it should be reaching 33,7%. In other words, out of every 3 people, one will be 60 in the least, following the world's trend. (IBGE 2015).

Increase in longevity represents an important social development, but it tags along new demands and new challenges in the pursuit of providing that aging is lived out with wellness and quality of life, besides keeping one's autonomy, for an active insertion in society. (LIMA; SILVA; GALHARDONI, 2008).

Advancements in science and development have demonstrated that aging is marked by a balance between the advantages and limitations of this phase of life, and needs the contribution of several areas of knowledge. Due to its heterogeneous and unique character, aging suffers impact from biological, social, functional and emotional aspects of life, among others. (NERI; YASSUDA; CACHIONI, 2015; MACIEL, 2014).

Initial studies on this topic have focused on the attitudes towards old age, and also on the role of transitional events which promote the adjustment of adults and seniors. As for the recent years, scholars have started to do research on the characteristics and the determining aspects of successful aging (SA). (NERI; YASSUDA; CACHIONI, 2015).

Historically speaking, the term SA (successful aging) is attributed to Robert J. Havighurst from his article *Successful Aging*, published in 1961, in the magazine *The Gerontologist*, when the topic was, for the first time, discussed in professional grounds. This instance represented a change in ideology for the study of aging. From then on, research started to investigate positive aspects of old age and its potential for continuing development. (SILVA; LIMA; GALHARDONI, 2010; ALMEIDA, 2013).

Among proposed SA models, there are those who take into consideration the biomedical and psychosocial perspectives. For Rowe and Kahn, SA would be related to low probability of diseases and of disability, associated with the practice of healthy habits for the reduction of risks; also, to the maintainance of high levels of functional and cognitive abilities, in order to achieve full engagement with life, including interpersonal relationships. (MACIEL, 2014).

For Baltes, aging is a psychosocial construct, and therefore people who achieve SA, would have used, throughout their lives, compensational and regulating mechanisms for losses associated with aging – a sequence of selection, optimization and compensation (SOC) of resources – and studies could indicate how individuals use internal and external resources to maximize gains and minimize losses in their course of life (SILVA et al, 2010; ALMEIDA, 2013).

According to Teixeira and Neri (2008) based on a literature review of specialized material in this area, there is no consensus regarding SA. Many researchers have added new dimensions and new model proposals, proving, by this, that aging is multidetermined by individual, social, cultural and economic factors, among others, surpassing the objectivity of physical health, and falling into a personal perception of innumerable possibilities of adjusting oneself to the changes that come with growing old, coupled with new ways of doing things:

(...) there are infinite ways to feel and evaluate one's own life, so that the literal interpretation of the term "successful" suggests a simplist notion of either success or failure. In order to widen the knowledge of health professionals in the issue of senior people competencies, surveys done on the topic should be conducted under this perspective: using both objective data analysis and also analysis of personal perceptions. (TEIXEIRA; NERI, 2008, p. 91).

Therefore, the issue is a fertile ground for the production of scientific knowledge, and as Neri, Yassuda and Cachioni suggest (2015, p.3), surveys can offer subsidies that may have a positive impact in the quality of services offered to seniors and also in government policies.

In this context, considering the aging indexes of the Brazilian population, this is certainly a recent and very relevant topic, and the objective of this present study was to identify how SA has been conceptualized in Brazil, and which components and/or factors are associated with its definition.

#### Methodology

The methodology used in this theoretical study was literature review, seeking to identify and evaluate abstracts from onlines database systems (BIREME, SciELO e LILACS) and also from CAPES' thesis eletronic database.

The adopted procedure was a search through the key term "successful aging" by which it was possible to select articles, dissertations, and thesis that contained the said expression whether in the key words, in the title or in the abstract itself.

140 publications were selected at first. They were then submitted to the following criteria: publishing year (2010-2016), written in Portuguese and available in full; interdisciplinary in scope (medicine, psychology, psychiatry, collective health, social service, social sciences and humanities). After this screening, 40 papers were left. The final criteria for the selection of the bibliography consisted in making sure that the theoretical reference framework for SA used was that of Rowe & Kahn or of Baltes (SOC), that the survey was done among individuals over 60, and works which were not simply literature reviews. 8 publications fell, then, into the established requirements, and were selected (namely, 2 articles, 4 dissertations and 2 thesis).

#### Results

In order present the gist of the selected publications in an organized way, Chart 1 was devised to expound the data. Aspects contemplated in the chart are the following: authors and publishing year; type of study and methodology; results.

Chart 1 – Basic content of publications dealing with successful aging, produced within 2010 and 2016, in Portuguese.

Author and year	Type of study and methodology	Results
Oliveira, A. L. G. 2015	Applied survey with qualitative approach. Sample of 7 individuals.	Cognitive functions had a significant influence on their retirement process and towards building SA.
Crispim, M. C. M. 2014	Traverse and quantitative survey. Sample comprised of 913 participants.	Validation of two instruments used for the identification of SA: SAS and BRS. Results showed as protective factors for SA: satisfaction with life, resilience, social support, a better perception of health. Factors of vulnerability would be presence of depressive symptomatology and stress.
Maciel, P. C. S. 2014	Applied and experimental survey using traverse framework and quantitative approach. Sample of 21 seniors.	Positive correlation between the use of ICTs and their satisfactory cognitive performance digitally active seniors in comparison with those digitally inactive. (Observed during some digital inclusion workshops) Perception of SA was well observed; self-health-awareness was verified.
Moura, E. A. 2014	Traverse, descriptive, co-relational and quantitative study of 97 seniors who regularly come to a senior fellowship center.	Decline in manual ability comes with age, no matter the gender. Life satisfaction was not dependent whether on age, educational level, social class or status. Mobility affected only due to age; decline observed in older seniors only; of them showed satisfaction with life.
Barboza, T. A. 2011	Exploratory and descriptive research of qualitative approach on six seniors 98 above.	Personality traits: extroverts, low level of neuroticism, gentleness and conscientiousness; family support and a subjective feeling of autonomy were pointed out as positive contribution for life quality and health. They reported to have never needed health services and only submitted themselves to routine tests after having reached a more advanced age.
Santos, M. B. 2011	Traverse study of quantitative approach comprising of 268 senior ladies enrolled in a Family Health Program.	The senior ladies in the study had low educational level, low income, with a regular or bad perception of health issue. Functional aptitude components like muscular strength, agility & dynamic balance, coordination and flexibility were related to age, education, functional capacity, and level of physical activity. 16.4% were classified as SA individuals: presence of up to 2 comorbidities, excellent/good self-health awareness, no symptoms of depression, owning functional independence and with a level of physical activity labeled as active/very active.
Gonzalez, L. M. B. e Seidl, E. M. F. 2011	Exploratory and descriptive research of a qualitative approach. Sample of 13 men with different educational levels	From the verbal report of the participants, their view on limitations: it's physical, related to health decline. On advantages of maturity: personal, social, material gain, an change in life style. On the topic of health improvement, was pointed out: search for health services, adopting a more active and healthy life style, quest for information and participation in educational activities plus cultivating spiritual and religious practices.
Lima, P. M. R. e Coelho, V. L. D. 2011	Case study comprising of 8 seniors, with qualitative analysis of semi structured interviews.	Data analysis reveal that factors such as social involvement, religiosity, gerativity** and fellowship with children and grand-children have influenced building SA. On the other hand, factors like stagnation, lack of social involvement seem to have contributed to the development of psychopathological symptoms.

\* To feel responsible for the world around oneself, to participate in the collective life, not to be focused only in one's own problems and health condition.

\*\* At old age gerativity has to go beyond mere concern and care for others; yes, it demands an outward look, to involve people around you, but also an inward look, to care about yourself. Moreover, it encompasses the use of resources to promote one's own health, both mental and physical, culminating in the development of wisdom. (Lima & Coelho, 2011)

## Discussion

The first finding from the search in the data banks was that “successful aging” is used as a synonym of “healthy”, “active”, “positive” and “productive” aging, and that there is no consensual definition for the term, neither are the theoretical reference frameworks in the models of Rowe & Kahn and of Baltes commonly used. (TEIXEIRA; NERI, 2008).

On account of being a topic that started to earn attention in Brazil only in the 80's, the decision was to cut out a timeframe ranging from year 2010 to 2016. The findings were that 50% of the publications were from 2011, 37.5% from 2014 e 12.5% from 2015. Half of the surveys were quantitative and another half of the surveys were qualitative – data collected from verbal reports, following the more advisable rule, to associate objective data with subjective information (TEIXEIRA; NERI, 2008).

All results showed that the concept under study is multidimensional and includes physical, social and psychological components. The physical component was present in 87.5% of the surveys and was evaluated as: cognitive function, diseases, health awareness, cognition, manual ability and physical activities. (OLIVEIRA, 2015; CRISPIM, 2014; MACIEL, 2014; MOURA, 2014; BARBOZA, 2011; SANTOS (2011) GONZALEZ; SEIDL, 2011).

The social component considered the following: retirement, family and social support, autonomy for daily activities, participation in educational activities, spiritual and religious practices, social involvement and stagnation. It represented 62.5% of the publications. (OLIVEIRA, 2015; CRISPIM, 2014; BARBOZA, 2011; GONZALEZ; SEIDL, 2011; LIMA, 2011).

The psychological component is also characterized in various ways, and is measured by the perception of the subjects in the sample. Present in 62% of the surveys, it was pointed out as: satisfaction with life, resilience, personal traits, autonomy, quality of life, gerativity, wisdom and spirituality. (CRISPIM, 2014; MOURA, 2014; BARBOZA, 2011; GONZALEZ, 2011; LIMA, 2011).

It was remarkable the wide variety in the number of instruments used, in the dimension of the components of SA investigated, and in the size of the samples. A research done in 2014 should be highlighted for having dared to submit two instruments to crosscultural adjustment and to psychometrical analysis in order that they could be used to identify SA, namely, Successful Aging Scale (SAS) and Brief Resilience Scale (BRS). (CRISPIM, 2014).

Despite of the great amplitude of SA dimensions found in the surveys, for the most part, one cannot tell from the survey what indexes of SA were found. Only Santos's survey (2011) records that information, stating that, from the analyzed sample, “16.4% were classified as SA.”

Possibly, due to the fact that aging is still a quite new topic of research, the dimension that has more of a biomedical perspective is better systematized because it is linked to the presence or absence of diseases. Despite of that, Knappe, Espirito Santo, Leal and Marques (2015) affirm that “SA can co-exist with diseases and functional limitations when psychological and social compensatory mechanisms are used.” This is well exemplified by the way the seniors perceive their own health in the studies of Crispim (2014), Maciel (2014) e Santos (2011).

The social dimension imparts to different circles the responsibility to care for an aging society: whether warning about the need to provide room for seniors to have fellowship; whether calling on families to offer care and support to their own; whether evaluating the capacity of being productive before and after retirement; or mentioning the duty of the government to act on it.

As for the psychological dimension, it seems to be a fundamental aspect. However, its factors have to be better

characterized. For instance, concepts like: psychological welfare, satisfaction with life, quality of life are difficult to be measured or compared, for they are not measured by the same instruments neither by the same measures. (BARBOZA, 2011; MOURA, 2014). So, taking on the subjective component, the challenge is to develop validated and precise instruments in order that further research might advance in quantity and provide indexes that may prompt the production of resources that will contribute to the last phase of human development, specially because, when it comes to topics on subjective and affective domains, many professionals do not feel prepared to approach such issues. (CRISPIM, 2014)

Based on the obtained data, it was confirmed that SA is a diffuse concept with various dimensions. Teixeira e Neri (2008) are the ones who condense what would better describe SA: maintenance of one's physical and mental capacity, satisfaction in life, social insertion, added to the role of society in acting along with public policies in order to avail together the necessary conditions for aging individuals.

Finally, as pointed out by Farinatti (2008, p.6), "individuals are happier when they continue to be integrated into society; such joy of living depends on their self-perception and self-esteem, that, in turn, come from enjoying good health and maintaining a level of physical condition that would provide autonomy and independence."

#### Conclusion

Many aspects both objective and subjective were pointed out as responsible for SA, predominantly the biomedic – health or sickness. Nevertheless, due to the fact that aging is a complex phenomenon, social and psychological dimensions were also considered in the great majority of the studies.

So, in view of an integrated approach, surveys that will take the contribution of psychology – on emotional and affective aspects of aging – can be coupled with other fields of knowledge – physical education, nursing, physiotherapy, nutrition, medicine, social science, among other – and provide further evidence, in order to foster policies, change in the culture that stigmatizes the elderly and, most of all, make room for old age to become a life privilege for all—whether one is productive or not, healthy or with many limitations, psychologically well or not. In Brazil it is a priority to create structures that will enable people to live old age with dignity, surrounded with love and care – just as in any other phase of their lives.

Key words: aging; senior; succesful aging.

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#### SUCCESSFULAGING: PLURALITY IN VIEWS

**INTRODUCTION:** By year 2060, following the world's present trend, Brazil will be a country made up of seniors, and the expectation is that this increase in the senior population should be matched with quality of life. A research on the topic of aging found a variability in the used terminology: successful aging (SA), healthy aging, active aging and positive aging. Based on that, it is obvious enough that there is need for further discussion of SA in national publications. **OBJECTIVE:** The research aimed at sorting out the components of SA through literature review. **METHODS:** A search in the data bases of BIREME, Scielo, LILACS and CAPES (using the key word successful aging), to find the criteria for its definition. **RESULT:** 2 articles and 6 thesis were selected (written between 2010/2016 in Portuguese). These draw on the SA criteria (by Rowe & Kahn and by Baltes), surveying on individuals over 60. Observation was as follows: (1) used methodology – traverse with quantitative and qualitative approach; publications start from 2011 (showing that the topic is quite new); (2) there is multidimensionality in the definitions of SA; (3) prevailing components were the Physical aspect (covered by 87,5% of the publications: cognition, diseases, physical activity), the Social aspect (62,5%: retirement, family and social support) and the Psychological aspect (62,5%: satisfaction in life, wellness, quality of life). Validated instruments for the identification of SA were Successful Aging Scale (SAS) and Brief Resilience Scale (BRS). **CONCLUSION:** in the study of SA, the prevailing model is the biometric. There is an urgent need to foment research focusing on the social and psychological aspects of aging. There is no consensus in the present literature regarding the definition of SA and its components.

Key words: aging; senior; succesful aging.

#### VIEILLISSEMENT RÉUSSI: PLURALITÉ DE LOOKS

**INTRODUCTION:** En 2060, suivant la tendance mondiale, nous serons un pays de personnes âgées et on s'attend à ce que cette augmentation soit accompagnée d'une qualité de vie. La recherche sur le vieillissement a révélé une variabilité des termes: vieillissement réussi (ESB), sain, actif et positif. Nous soulignons donc la nécessité de discuter de l'ESB dans les publications nationales. **OBJECTIF:** Examiner la littérature décrivant les composants EBS. **Méthodes:** Dans les bases de données BIREME, Scielo, LILACS et CAPES (le mot-clé succès du vieillissement), les critères de définition sont relevés. **RÉSULTATS:** Nous avons sélectionné 2 articles et 6 thèses (en portugais, dans la période 2010/2016) qui ont suivi les critères EBS (Rowe et Kahn et Baltes) avec des sujets âgés de plus de 60 ans. Il a été observé: (1) la méthodologie utilisée - transversale avec une approche quantitative et qualitative publiée après 2011 (c'est un thème émergent), (2) il existe une définition multidimensionnelle du SRS, (3) composante de la prévalence élevée, physique %: cognition, maladies, activités physiques), 62,5%, social: retraite, soutien social et familial, et 62,5%, psychologique: satisfaction à l'égard de la vie, du bien-être et de la qualité de vie. Instruments validés pour l'identification EBS: SAS et BRS. **CONCLUSION:** Dans l'étude sur l'ESB, le modèle biomédical prédomine; il est urgent de promouvoir la recherche axée sur les aspects psychologiques et sociaux. Il n'y a pas de consensus dans la littérature sur la définition de EBS et de ses composants.

Mots clés: vieillissement; personnes âgées; vieillissement réussi.

#### ENVEJECIMIENTO BIEN-SUCEDIDO: PLURALIDAD DE MIRADAS

**INTRODUCCIÓN:** En 2060, siguiendo la tendencia mundial seremos un país de ancianos y se espera que ese aumento sea acompañado de calidad de vida. Investigando sobre envejecimiento encontramos una variedad de términos: envejecimiento exitoso (EBS), sano, activo y positivo, por lo que se nota la necesidad de discutir EBS en publicaciones nacionales. **OBJETIVO:** Revisar literatura discriminando componentes del EBS. **MÉTODOS:** Levantar en las bases de datos BIREME, Scielo, LILACS y de CAPES, (palabra clave envejecimiento exitoso) los criterios de su definición. **RESULTADOS:** seleccionados 2 artículos y 6 tesis (en portugués, en el período 2010/2016) que siguieron criterios del EBS (Rowe y Kahn y de Baltes) con sujetos mayores de 60 años. Se observó: (1) la metodología - transversal con enfoque cuantitativo y cualitativo publicada después de 2011 (que es un tema emergente), (2) existe una definición de EBS, (3) Componente de mayor prevalencia, física (87,5 y el 62,5%, el psicológico: satisfacción con la vida, el bienestar y la calidad de vida. Instrumentos validados para la identificación de EBS: SAS y BRS. **CONCLUSIÓN:** En el estudio de EBS predomina el modelo biomédico; es necesario fomentar investigaciones enfocando los aspectos psicológico y social. No hay consenso en la literatura sobre la definición de EBS y sus componentes.

Palabras clave: envejecimiento; edad avanzada; envejecimiento exitoso.

#### ENVELHECIMENTO BEM-SUCEDIDO: PLURALIDADE DE OLHARES

**INTRODUÇÃO:** Em 2060, seguindo a tendência mundial seremos um país de idosos e espera-se que esse aumento seja acompanhado de qualidade de vida. Pesquisando envelhecimento encontramos uma variabilidade de termos: envelhecimento bem-sucedido (EBS), saudável, ativo e positivo, portanto nota-se a necessidade de discutir EBS em publicações nacionais. **OBJETIVO:** Revisar literatura discriminando componentes do EBS. **MÉTODOS:** Levantar nas bases de dados BIREME, Scielo, LILACS e da CAPES, (palavra-chave envelhecimento bem-sucedido) os critérios de sua definição. **RESULTADOS:** selecionados 2 artigos e 6 teses (em português, no período 2010/2016) que seguiram critérios do EBS (Rowe e Kahn e de Baltes) com sujeitos acima de 60 anos. Observou-se: (1) metodologia empregada - transversal com abordagem quantitativa e qualitativa publicados após 2011 (é um tema emergente), (2) há multidimensionalidade de definição de EBS, (3) componente de maior prevalência, o físico (87,5%: cognição, doenças, atividades físicas), 62,5%, o social: aposentadoria, suporte social e familiar, e 62,5%, o psicológico: satisfação com a vida, bem-estar e qualidade de vida. Instrumentos validados para identificação do EBS: SAS e BRS. **CONCLUSÃO:** No estudo de EBS predomina o modelo biomédico; urge fomentar pesquisas enfocando os aspectos psicológico e social. Não há consenso na literatura sobre a definição de EBS e seus componentes.

Palavras-chave: envelhecimento; idoso; envelhecimento bem-sucedido.