

Analysis of the Relation of Social Skills and Successful Aging Strategies in Elderly People Regularly Participating in Digital Inclusion Courses

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Abstract— *Social relations contribute to give meaning to life, favoring the organization of identity through the interrelationship between people. Although there are studies that indicate an association between interpersonal relationships, social support and quality of life of the elderly, only a few focus specifically on the social skills of this population and the empirical relationship with successful aging. The objective was to analyze the association between social skills and successful aging strategies. The method had a quantitative, descriptive and cross-sectional design, with a sample of 50 people, between 60 and 84 years old, of both genders, participating in computing groups in Novo Hamburgo/Brazil. The Social Skills Inventory 2 (IHS2-Del-Prete), and the Selection, Optimization and Compensation Inventory (SOC) were used. For data analysis, descriptive, correlation (Spearman) and linear regression (stepwise) analyzes were performed. The results showed that the increase in the use of successful aging strategies is directly related to the expansion of social skills for expressing positive feelings and for social resourcefulness. The strategy of elective selection, for the promotion of successful aging is directly related to the improvement of social skills, especially of assertive conversation and social resourcefulness. The loss-based selection strategy is directly related to the expression of positive feelings and social resourcefulness. Therefore, it is relevant that public actions and policies that promote the development of successful aging strategies are maintained and promoted, as they can assist in increasing the repertoire of social skills.*

Keywords— *Elderly, Successful aging, Social skills, Digital inclusion.*

I. INTRODUCTION

Over the years, in the world, people have lived longer. It is estimated that by the year 2050 the population aged 60 or over may reach 2 billion. In 2015, there were 900 million elderly people. Today, 125 million people are 80 years old or older, and, by 2050, the number could reach 554 million people worldwide. With that, we can see that the number of elderly people has been growing dramatically [1].

Some factors such as older age, the limitations that end up interfering in the functioning of the elderly, not having

children, the losses, the difficulty of living or contacting close family and friends, as well as diseases, are risk indicators of isolation. Each individual builds their social network throughout life. The construction and extension of this network depends on sociodemographic, cultural and personality factors. Throughout the aging process, social networks change according to the changes in relationships, or as a response to the needs of each person. The social network of elderly people may consist of family members (spouse, extended family), friends, neighbors and formal support networks - social support services, social groups,

telephone, internet [2]. The social engagement of these people can be measured through their involvement in activities such as going out with friends, helping with social work, participating in groups, among others. These activities promote companionship and socialization, in addition to bringing benefits to physical and mental health, and reducing isolation [3].

Successful aging, which encompasses a balance between gains and losses, is associated with activity. In this context, the word activity is related to the ability to maintain daily tasks, which include leisure, the practice of physical exercises, health care, performing housework, and it is understood as autonomy and independence [4]. The Selection, Optimization and Compensation system (SOC) is mentioned in several studies [5, 6, 7, 8]. It was developed by Baltes and Baltes [9] who point out that through the selection, optimization and compensation processes, the elderly are able to adapt to the changes that occur in their lives. Such processes end up assuming a great importance in this age group, due to the losses associated with this phase of life.

According to the SOC model, it is possible to use mechanisms of adaptation and organization of life, which allows subjects to increase gains and decrease losses, thus reinforcing successful aging [9]. Considering that, the development of a successful aging process is facilitated through medical, technological, community and social policy interventions and strategies, psychological life management strategies should also be considered, which help in understanding the most appropriate ways to live well, until the age is reached when this is no longer a possibility. When using the selection, optimization and compensation mechanisms as a way to explain how the adaptation of human life occurs successfully, an adaptation model is composed, which can be used in different areas of human functioning (physical performance, social relationships, cognition, etc.), especially after the age of 40 and during old age. SOC is based on the conception that our life course includes regular changes related to the objectives and the meaning of life itself, demanding these changes to be carried out in a systematic way in the distribution of resources [6].

The contacts and activities that are carried out in society can provide an increase in social support networks and assist in coping with different interpersonal demands, which contributes to personal effectiveness, as well as to the development of a positive identity, as well as good self-esteem. Involvement in social activities also contributes by bringing positive effects to cognition, health, longevity and functionality, in addition to stimulating the feeling of being useful, as well as the sense

of belonging and the exchange of help, which need to be encouraged [10].

In general, the behaviors that occur in social interactions can be grouped into two broad categories: antisocial and social skills. Antisocial skills cover a variety of aggressive behaviors, which can be verbal and/or physical, and are highly likely to compromise the quality of interpersonal relationships. In contrast, social skills are groups of behaviors available in a person's repertoire, which contribute to the quality and effectiveness of the interactions they establish with others, in addition to contributing to their effective coexistence in society [11].

These social skills refer to the ability to perform socially imposed tasks, which can be related to leadership, group coordination, stress management and internal, external and group conflicts. As for the context, social skills can be learned, as well as determined by the culture in which the individual is inserted, thus, the opportunities arising from the environment and culture are of great importance. Environmental influence may or may not reinforce the social behaviors that are presented, in the same way that it allows learning new skills through observations and interactions. Some of the environmental elements that exert influence are age, the stage of development, gender, the level of education, the family situation, the cultural context and the socioeconomic and occupational situation [10, 12].

Although there are studies indicating an association between interpersonal relationships, social support and quality of life for the elderly, there is still little research that focuses specifically on the social skills of this population and its empirical relationship with successful aging. Thus, it is possible to assume that the elderly who have a good social support network tend to be more socially competent, and have higher levels of quality of life than those who interact only with their family group and some friends. It should be noted that deficiencies and impairments in social skills are generally associated with difficulties in interpersonal relationships, as well as with various types of psychological disorders such as social isolation, suicide and depression [10, 12, 13, 14, 15, 16].

With this in mind, this study sought to analyze the association between social skills and successful aging strategies in elderly people who regularly participate in computing activities in the city of Novo Hamburgo, Rio Grande do Sul, Brazil. The choice for this subject is justified due to the importance of social relationships in people's lives, as well as its influence throughout the successful aging process. Based on this relation, it seemed important to investigate the social skills present in these

subjects, due to the few studies carried out on this theme. This investigation aims to bring contributions on the issue of social skills in the elderly, seeking to deepen this theme that is increasingly relevant, due to changes in the population and technological profile, which has been increasing people's life expectancy.

II. METHOD

The method used has a quantitative, descriptive and transversal design, and the research was carried out in the municipality of Novo Hamburgo, Rio Grande do Sul, Brazil, in partnership with the Directorate of Digital Inclusion of the Municipal Administration Secretariat (SEMAD) of the Municipality of Novo Hamburgo. A total of 50 elderly people, over 60 years old, of both genders, participated in this study, who regularly attend these groups. The participants have been selected according to their availability and convenience in participating in the research. Data collection was carried out from June to October 2019, weekly on Wednesday afternoons.

The variables analyzed in this study were social skills and strategies for successful aging. The instruments used were the Social Skills Inventory 2 (IHS2-Del-Prette) and the SOC Inventory, which are described below:

- Social Skills Inventory - The IHS2-Del-Prette is a self-report instrument, easy to apply, which is aimed at characterizing the social performance in different situations (work, school, family, everyday), that is, it enables the assessment of the repertoire of social skills usually required in several everyday interpersonal situations, offering diagnosis for use in the clinic, in education, in the selection of personnel and in professional training. It consists of 38 items that encompass essential skills for satisfactory and successful relationships. Each item describes a situation of social interaction and a possible reaction to it, enabling the identification of available or deficient resources in the respondent's repertoire and, consequently, facilitating the planning and monitoring of the intervention to be carried out [17].

- Selection, Optimization and Compensation Inventory (SOC) explain the concept of successful aging, developed by Baltes et al. [18]. In its original version it contains 48 items. However, in this study, the brief version described by Baltes [19] as more favorable was used. This version consists of 12 items that assess the use of SOC strategies by the elderly. Almeida, Stobäus and Resende [20] proposed the Brazilian version of this instrument. Each item consists of two statements; one describing the behavior reflecting the SOC and the other offering a reasonable option, but not related to the SOC. Participants

must decide which of the two alternatives characterizes their behavior. After the classification and planning of the collected data, descriptive, correlation and regression studies were carried out.

The Ethics Committee of the Feevale University approved the study. All participants signed an informed consent form (ICF), in accordance with the resolutions 466/2012 and 510/2016 of the National Health Council of the Ministry of Health that deals with research involving human beings.

III. RESULTS

For the analysis of the results, descriptive and correlation analyses were performed by using the Spearman Correlation coefficient, with acceptance level ≤ 0.05 . For the statistical study, the Statistical Package for the Social Sciences - SPSS - for Windows, v. 25.0 was used. The variables analyzed were mean score, assertive conversation, affective-sexual approach, expression of positive feeling, self-control/coping and social development (IHS2 - Del-Prette), and mean SOC, elective selection, loss-based selection, optimization and compensation (Inventory SOC). The study sample consisted of 44 women and 6 men, totaling 50 participants aged between 60 and 84 years.

In the descriptive analysis of social skills (IHS2-Del-Prette) a great variability in the percentiles obtained was present. This variation occurred not only between the percentile classifications, but also within the intervals for each factor, as shown in Table 1.

Table 1: Participants by percentile range for IHS2-Del-Prette factors

IHS2 factors	IHS2 percentile ranges					Total
	1 - 25	26 - 35	36 - 65	66 - 75	76 - 100	
Mean Score	6	2	19	3	20	50
Assertive Conversation	3	7	23	2	15	50
Affective-Sexual Approach	12	4	11	7	16	50
Positive Feeling Expression	3	0	10	2	35	50
Self-control/Coping	8	6	9	6	21	50
Social Resources	18	2	7	4	19	50

The percentile range from 1 to 25 indicates a lower repertoire of social skills, that is, a need for social skills training. The percentiles between 26 and 35 indicate a lower mean repertoire of social skills, and a necessity for training. The percentile range from 36 to 65 indicates a good repertoire of social skills, with average results. The range of 66 to 75 percentage points indicates an elaborate repertoire of social skills and results within this range are considered above average in most of the items in which they appear. Finally, the 76 to 100 percentile range point to a highly elaborate repertoire of social skills and also represent an above average result in virtually all items in which they appear [17].

The analysis of the IHS2-Del-Prette percentile averages in the female and male sample and in the age groups (60 - 69 years and 70 - 84 years), as well as in the total sample, is shown in Table 2.

Table 2. Percentile presented in IHS2 - Del-Prette by gender and age group

IHS2 Factors	Gender		Age group		Total
	Female	Male	60	70	
			to 69	to 84	
		years	years		
Mean score	66.54	59.5	70.11	60.91	65.7
Assertive Conversation	59.5	46.5	62.61	52.87	57.94
Affective-Sexual Approach	54.38	60.83	58.79	51.25	55.16
Positive Feeling Expression	81.84	73	81	80.54	80.78
Self-control/Coping	59.38	75	62.15	60.29	61.26
Social Resource	50.68	68.66	56.34	49.04	52.84
N	44	6	26	24	50

In general, the sample shows that elderly people have an elaborate repertoire of social skills, with results above average for most of the items and subscales in which they appear. These outcomes are indicative of very satisfactory interpersonal resources. Among all, the factor that obtained the highest percentile was the positive feeling expression, indicating a highly elaborated repertoire of social skills to express and deal with demands when facing the family and others, including giving and thanking

praise, expressing affection and love, talking with strangers and even dealing with fair criticism and defending others in a group. The factor with the lowest average, on the other hand, was social development. However, even with the lowest average, the percentile presented indicates a good repertoire of social skills that express disinhibition and social resourcefulness in the face of interactive demands in general, therefore superimposed on the other factors, in response to demands for interaction with acquaintances, strangers, people with authority and group self-assertion [17].

The female population presented an elaborate repertoire of social skills, with above average results, while the male population presented a good repertoire of social skills, with results within the average. The male sample, despite having a good repertoire of social skills, was slightly below the averages found, but with a balance between resources and deficits. In men, the best performance occurred in self-control and coping, which represents the ability to deal with situations that demand coping with the potential risk of undesirable reactions on the part of the interlocutor (possibility of rejection, reply or opposition), such as reacting to unfair criticism, express displeasure, disagree with a group of acquaintances or people of authority or defend someone who is being criticized. The worst performance in the male sample occurred in assertive conversation that represents skills such as initiating, maintaining and ending conversation, dealing with criticism and praise, approaching authorities, asking questions and asking favors from strangers, negotiating condom use, requiring, starting and maintaining conversation, speaking in public, expressing displeasure and asking for behavior change. In the female sample, the factor that shows the best performance is the positive feeling expression and the worst performance is in social resourcefulness. However, this difference is not significant due to the size of the male sample [17].

Regarding the age ranges, from 60 to 69 years old (26 participants) and from 70 years old onwards (24 participants), those in the first age group had higher percentile averages than those in the latter. However, both were allocated the same percentile ranges in all factors, except for the overall score. Therefore, the sample with subjects above 70 years old, despite presenting a good repertoire of social skills, is slightly below the averages found, but with a balance between resources and deficits. In both age group classifications, the factor that presents the best performance is the positive feeling expression and the worst performance is in social resourcefulness. Therefore, the studied group does not present any indication of deficit and need for social skills training [20].

Table 3 shows the descriptive analysis of strategies for promoting successful aging: SOC, Elective Selection (ES), Loss-Based Selection (LBS), Optimization (O), Compensation (C), according to gender and age group: SOC.

Table 3. Descriptive analysis of successful aging strategies according to gender and age group

		N	Min.	Max.	Mean	Sd	
Male	60 to 69 years	SOC	2	8	11	9.50	2.12
		ES	2	2	3	2.50	0.70
		LBS	2	2	3	2.50	0.70
		O	2	2	2	2.00	0.00
		C	2	2	3	2.50	0.70
	Over 70 years	SOC	4	5	11	8.25	2.50
		ES	4	1	3	1.75	0.95
		LBS	4	2	3	2.75	0.50
		O	4	1	2	1.75	0.50
		C	4	0	3	2.00	1.41
Female	60 to 69 years	SOC	25	3	10	7.12	2.04
		ES	25	0	3	1.84	0.98
		LBS	25	1	3	2.08	0.70
		O	25	0	3	1.72	0.79
		C	25	0	3	1.48	0.82
	Over 70 years	SOC	19	4	10	7.05	1.77
		ES	19	0	3	1.84	0.83
		LBS	19	0	3	2.05	0.84
		O	19	0	3	1.42	0.76
		C	19	0	3	1.74	0.93

Almeida, Stobäus and Resende [21], in their work of adapting the Selection, Optimization and Compensation (SOC) inventory, point out those SOC strategies can be observed in people's daily lives, in which each individual reacts in different ways in the face of the situations that arise, seeking to adapt to the choices necessary to achieve their goals. The selection strategies refer to the need to choose goals and actions. When it is not possible to pursue and achieve all the opportunities that arise, elective selection is used. When losses are faced, it is necessary for individuals to concentrate on finding ways to seek new

objectives and adapt to the new standards presented and in these cases the loss-based selection strategy is used. Optimization strategies can be understood as a process in which resources are acquired, improved and applied to achieve the objectives, in order to maximize the gains. Finally, the compensation strategies elect some strategy to be used in maintaining a specific level of desirable functioning, when losses are suffered.

The participants in this study presented a minimum of 3 and a maximum of 11 strategies, with an mean of 7.28 strategies (sd = 2.000). Loss-based selection was the most used, with a mean of 2.14 strategies (sd = 0.756), followed by elective selection with a mean of 1.86 (sd = 0.904), compensation with a mean of 1.66 (sd = 0.917) and optimization with a mean of 1.66 (sd = 0.753). The male group presented the greatest number of successful aging promotion strategies, especially in the 60-69 year age group.

The SOC Inventory used in this study has the following strategies: Elective selection strategies - focus on a more important objective at a given time. When I think about what I want out of life, I dedicate myself to one or two important goals. I think exactly what is important to me. Loss-based selection strategies - When I can not follow through on what I was doing, I focus on my most important goal. When things do not go well, I pursue my most important goal first. When I can no longer do something as I used to, I think of what exactly I can do in that circumstance. Optimization strategies - I make every effort to achieve a given goal. When I want to go ahead I choose a successful person as a model. I think about exactly how I can best carry out my plans. Compensation strategies - When things do not work as before, I look for other ways to achieve them. When I can not do something as well as before, I ask someone to do it for me. When something does not work as usual, I pay attention to how people do it [21].

Table 4 shows the bivariate correlations performed by using the Spearman test with social skills and strategies for successful aging.

Table 4. Correlation analysis of social skills and strategies for successful aging

		SOC	ES	LBS	O	C
Spearman's rho Social Skills	Coeff.	0.248	0.315*	0.143	0.107	0.010
	Correl.					
	Sig.	0.082	0.026	0.323	0.462	0.942
	N	50	50	50	50	50

Assertive Conversation	Coeff.	0.205	0.282*	0.121	0.129	-0.060
	Correl.					
	Sig.	0.153	0.048	0.403	0.371	0.681
	N	50	50	50	50	50
Positive Feeling Expression	Coeff.	0.296*	0.214	0.305*	0.168	0.038
	Correl.					
	Sig.	0.037	0.136	0.031	0.242	0.795
	N	50	50	50	50	50
Social Resource	Coeff.	0.427**	0.343*	0.295*	0.112	0.202
	Correl.					
	Sig.	0.002	0.015	0.038	0.437	0.160
	N	50	50	50	50	50

*. Significance level = 0.05.

**. Significance level = 0.01.

The correlation analysis showed that the increase in the use of successful aging strategies is directly related to the expansion of social skills for expressing positive feelings and for social resourcefulness. The strategy of elective selection, for the promotion of successful aging, is directly related to the improvement of social skills, especially of assertive conversation and social resourcefulness. The loss-based selection strategy is directly related to the expression of positive feelings and social resourcefulness. The optimization and compensation strategies to promote successful aging and the social skill factors of affective-sexual approach and self-control did not show significant correlations.

In this study, a linear regression analysis was also performed by using the stepwise method, with a significance level ≤ 0.05 , with social skills as a dependent variable.

Table 5. Multiple Linear Regression of the Social Skills variable (n=50)

Model	Non-standard coefficients		Stand. Coef.	t	Sig.
	B	Stand Error	Beta		
(Constant)	75.730	4.847		15.62	0.000
Elective Select	5.930	2.348	0.342	2.525	0.015

In the analysis presented in table 5, a direct relation (signal and intensity) between the social skills variable (dependent, explained) and the elective selection variable (independent, explanatory) was verified. In this model, a R-squared (R^2) = 0.117 was obtained. This coefficient of determination is a measure of the efficiency of the regression equation. It indicates that 11.7% of the variations in social skills can be explained by variations in the use of the elective selection strategy to promote successful aging. In this group, the promotion of the use of elective selection strategies is associated with the increase of social skills.

IV. DISCUSSION

Aging can have repercussions on people's health and social relationships. It may be related to increased morbidity and functional decline, which affects independence and social participation, in addition to causing losses in the social network due to illness and death of relatives, friends and neighbors. Old age can also be related to greater fragility and vulnerability in the face of adverse events, depending on the circumstances of life and genetic and environmental predispositions. In successful aging, there is a balance between gains and losses, which among other propositions help in the proper maintenance of activities. These activities are related to maintaining daily tasks, including health, physical exercises, housework, leisure, among others. In this context, the activities can still be considered a synonym for independence and probably autonomy. With regard to the social network, it has a very relevant role throughout the development and aging process, as the presence of family and friends is associated with the well-being perceived by each subject. This situation contributes to the strengthening of self-esteem and provides channels of communication and confidential relationships [4].

Evidence in the literature points to the importance of quality in social relationships, but does not provide enough data to indicate how to help the elderly to become socially competent. Social behaviors that lead to personal fulfillment, maintenance or improvement of self-esteem, increase in the quality of relationships, as well as respect and expansion of basic human rights are those that contribute to social competence and, for this reason, are called social skills [22, 23].

A good repertoire of social skills helps to improve the health and quality of life of the elderly, providing an increase in social and interpersonal skills to deal with conflicts of interest, defenses of their own rights, as well as an adequate expression of feelings and needs [22]. Del

Prette and Del Prette [23] emphasize the importance of social conversational skills in the behavioral repertoire, as these favor social skills. Through assertive skills, the elderly are able to express their needs appropriately to the context, promoting an increase in self-esteem and avoiding the manifestation of hostile behavior.

The use of selection, optimization and compensation mechanisms can be seen as a way of explaining how the adaptation of human life occurs successfully. Such mechanisms make up an adaptation model that can be used in different areas of human functioning (physical performance, social relationships, cognition, etc.), especially from the age of 40 on and during old age [6]. In order to achieve successful development, the selection includes the search for a better psychic functioning in the face of new challenges, such as learning new behaviors, including minimizing the loss of certain abilities. It is an adaptive task that encompasses environmental demands, motivations and individual capacities [9].

According to Baltes [19], in old age, SOC strategies can assist the elderly in saving resources, allowing them to use fewer actions to achieve a goal, in addition to selecting the most significant goals to focus their efforts on. Thus, as it was possible to observe in the outcomes of this study, SOC strategies optimize or take advantage of the available resources so that the goals are possible to achieve. These strategies also compensate for losses, mobilizing resources with possible alternatives to create viable paths to achieve the desired objectives, for example, using prostheses to supply the lack of teeth.

Baltes [19] also states that to compensate for losses related to biological potential, the elderly have a greater need for culture and education. This situation ends up creating favorable conditions for the compensation and the stimulation of their development in the acquisition of new resources and skills.

Like any other behavior, social skills can be learned throughout life, either formally or informally through interaction with other people. Thus, the learning process ends up being influenced by culture and other aspects related to the environment (family, work, school, leisure, etc.) in which the subjects are inserted. These skills can also be organized based on the social role that each individual assumes throughout their life. Such roles are determined by culture, and involve certain types of behavior, which are expected by the social group in carrying out specific tasks [20].

In the case of our sample, it is clear that engagement in social inclusion activities are part of the spectrum of activities and situations that these people seek to face

adversity and set up strategies to continue maintaining successful aging.

The access of older people to education and learning can act as a resource for transformation, both in conception and in the image of dependence that is imposed on this population. With this, it is possible to create new mechanisms and spaces that are permeated with meanings [24]. Therefore, it can be considered that educational interventions act as agents to promote health and well-being, and contribute to a higher quality of life among the elderly and their communities.

Based on this perspective, it is also possible to infer that educational processes can make the reintegration of these elderly people into society viable, and thus compensate for the withdrawal that normally occurs due to retirement, the children leaving home and the other losses that occur in this period of life. Therefore, the return of these subjects to the context of learning or their engagement in socio-educational processes can provide the conditions for maintaining good health and well-being. The behavioral effects that may arise from these actions may influence new ways of living [25]. The learning process that occurs through social inclusion, which permeates selection strategies, optimization of internal and external resources and compensation for gaps, is enhanced by social integration and the consequent exercise of social skills.

Those who maintain contact with other people tend to have healthier habits and the help they provide or receive contributes to increasing the feeling of personal control, positively influencing psychological well-being. The support that social networks offer reduces isolation and increases the individuals' satisfaction with their lives. It is possible to verify throughout life that the coexistence between people promotes health-monitoring behaviors, corrective behaviors, such as exercises, diet, and adherence to drug treatment, sleep and general health care. Social relationships also help to give meaning to life, enabling the organization of identity through the relationship between people [26].

The IHS2-Del-Prette overall score represents the set of all social skills available, the assertive conversation includes the necessary skills to be able to talk effectively, being able to express, make and receive criticism, making the interaction fluid. The positive feeling expression includes the skills we use to demonstrate our positive feelings (love, friendship, gratitude, etc.), as well as defending people. Integrating social resourcefulness includes the skills necessary for people to be able to themselves in an uninhibited manner, facilitating social

behavior in situations that require interaction with acquaintances, strangers, authorities, groups, among others [17]. In regard to SOC strategies, selection strategies refer to the need to choose objectives and actions to achieve them, either by setting priorities, or to seek adaptation. Through optimization, people use what they have in the best way, seeking to increase gains and decrease losses. Finally, compensation defines the best strategy for maintaining people's operation when suffering a loss [21]. In conclusion, the selection, optimization and compensation strategies influence the use of the most appropriate social skill for each situation, as well as the acquisition of new skills and behaviors.

The computing groups that these elderly people participate can provide new social relationships, restoring the interaction of these subjects with their peers. These groups can also assist these subjects in the development of new social skills, in order to obtain a better relationship with their colleagues and teachers. For this, they can use SOC strategies to define their goals, as well as the best way to achieve them and obtain the best results with minimum losses. It is also worth noting that although all the social skills in our sample were good or very good, two did not show a significant relation with successful aging strategies, demonstrating that the affective-sexual approach and self-control are variables, which, during the aging process, are related to other social and emotional factors.

V. CONCLUSION

In conclusion, considering the outcomes from this study, it was possible to identify the existence of an association between social skills and SOC strategies, which are one of the ways used to achieve successful aging. Such findings reinforce the importance of conducting studies on this topic in this population. In addition, it is necessary to think and develop programs and public policies that enable the training and learning of social skills, since they help to maintain health, improve interpersonal relationships, reduce isolation and facilitate reintegration in the society.

As limitations of the study, it is worth noting the small number of people in the sample in general, especially the number of male participants, as well as being restricted only to elderly people who participate in the computing courses. Therefore, a larger and more comprehensive sample is suggest for future research. Another suggestion is for other instruments to be included, thus expanding the variables and characteristics, such as social relations and

interactions. Although this research has some limitations, its contribution to psychogerontology is quite significant.

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