

Article

The Intergenerational Representation of Old Age in the Transition to Frailty: An Empirical Analysis in Italy

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Abstract

The results presented here are part of the outcome of a research project titled Redesign—Frail Elderly, Intergenerational Solidarity and Age-Friendly Communities (<https://redesignanziani.com>) funded by Fondazione Cariplo and coordinated by the Università Cattolica del Sacro Cuore in Milan, in collaboration with Università degli studi di Verona and Università degli studi del Molise (2019–2022). The research aims to co-acquire knowledge of the transition to old age in vulnerable situations, to develop and implement new community networks of care, and thus promote health and well-being, active ageing, and intergenerational solidarity in eight Italian municipalities. The analysis of the dyadic interviews, conducted with the NVivo software, will provide the image of ageing and old age emerging from an intergenerational dialogue. By analysing results, it will therefore be possible to identify some specific types of representation of old age in relation to the dyad, the stressful events that occurred to the interviewees and in relation to the ways of living the transition. The representation of old age seems closely connected with the quality and intensity of relationships, the environment of associative and local life that the interviewees relate to, and the stressful events that have recently occurred to them.

Keywords

ageing; dyadic interviews; intergenerational solidarity; qualitative research; representation of old age

Issue

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1. Introduction

In both individual and collective representations, the transition to old age tends to be gradually postponed. This is, to some extent, the outcome of a twofold process: On the one hand, life expectancy gradually increases, providing a long time of relative well-being; on the other hand, there is a prevailing social representation labelling old age as an undesirable condition and going as far as adopting discriminatory attitudes towards older people (ageism).

In contemporary societies, where the myth of youth and an efficient body is firmly established, the elderly are perceived as slow, non-capable, inefficient, and lacking. As Butler et al. (1998) observed, the elderly condition is almost denied by a youth-oriented society, with a form of contempt of the elderly image being prevalent in mass media.

Conversely, the number of citizens in need of care has increased, along with the number of resources to be allocated to the frail elderly population or those with chronic diseases, which represent a burden for individuals and the system.

However, social, language, working, and managerial practices are soaked with the struggle to accept “the burden of old age.” Just think about the difficulty in being hired after the age of 45, about abuses in nursing homes, about commonly used metaphors in the Italian language such as *rottamare gli anziani* (“scrapping the elderly”), or about the fact that one in six people over 60 suffers fraud, financial, physical, and/or psychological abuse.

The recent Covid-19 pandemic has brought the focus back on the elderly, who are the most vulnerable to the negative outcomes of the virus (Pilotto et al., 2022). An Italian study conducted by Diversity Lab and the University of Pavia showed that, between January and

April 2020, media coverage of the five areas of diversity (generations, gender, disability, ethnicity, LGBT+) decreased dramatically, except for people over 60.

The narrative, however, focused on the death toll and access to intensive care, with special reference to numbers and statistics. Very little was said, in fact, about how many people over 70 live and perceive this phase of their life.

This article aims to give voice to the elderly in order to understand their representations of old age and how they are coping with the transition to this stage of their life.

People experience a slow and gradual transition from the middle phase of their life, which is full of engagements, work activities, and family responsibilities, to a phase in which time is freed up and used to engage in relationships and activities that are impossible for them to engage in up until that moment. Then comes the last phase, in which energies are low and individuals tend to adopt a more conservative approach, aimed at undertaking activities that are considered essential, with a natural reduction of the reference network.

For the vast majority, the ageing process is dotted by critical events—or stressors—that expose the elderly to the risk of frailty or put them in a condition of full-blown frailty. Research helps us identify some of the events that we have called stressors and that pertain to three macro areas: (a) clinical; (b) socio-relational; and (c) socio-economic. These are dramatic events of different magnitude, like, for instance, illness, widowhood, and the loss of one's house, which are all factors that force the elderly and their family networks to rearrange their lives, on a practical level and also after acknowledging, perhaps for the first time, the need to support the elderly.

These critical events are usually the opportunity for the latter to become aware of time passing and of their impending frailty.

This transition puts the individuals' agency to the test, changes their role within their families and social networks, and forces them to reorganise their networks, concerning which their material, psychological, or relational resources may determine more or less effective outcomes.

In most cases, this shift in roles is still taking place within the family, where all generations perform an important task in accompanying, supporting, and—to some extent—easing or hindering the transition.

In this article, we will try to illustrate how those who are ageing and those close to them perceive what is happening and talk about it, what they are concerned about, and what resources they provide to try and respond to the challenges of ageing (Bramanti & Nanetti, 2022).

What happens when the elderly begin to experience the first symptoms of frailty that no longer allow them to live a fully independent life? What words do the elderly and those close to them use to describe what is happening? How does the quality of the dyadic bond enable

both the elderly and their reference person to cope with the present and think about the future, while identifying a specific task for this phase of life?

Have the stressors experienced by the elderly interviewed had an impact on how they perceive ageing and cope with the transition to old age? And in what way?

62 dyadic interviews—conducted between February 2020 and June 2021, in different areas of Northern Italy, with an over-75 elderly person and a reference emergency person indicated by him/her—will be analysed.

2. Theoretical Framework

This exploration builds on several previous investigations that have highlighted how the transition to old age may, to some extent, be influenced by the perception that the elderly and their closest networks have of the meaning of ageing (Bramanti & Nanetti, 2022; Foster & Walker, 2021; Grenier, 2007, 2020; Mendoza-Nunez et al., 2018).

The chance of effectively going through critical events is affected by a variety of factors, such as the relevance of the stressor, the presence of an extended family and primary network, the quality of the dyadic bond, the significance attached to ageing at personal, family, and social level, and the availability of local services (Monteduro et al., 2021).

The first observation, in common with much of the literature so far, is that frailty is multidimensional (Marcon et al., 2010).

The studies that were conducted have investigated the bio-psycho-social indicators (Gobbens et al., 2010) that are responsible for the individual's increasing frailty and social powerlessness (Giarelli, 2019). This perspective follows a multidimensional logic as to the determinants of the state of frailty, which includes physiological, functional, psychological, relational, economic, cultural, spiritual, and environmental aspects. Thus, frailty is not limited to biological and psychological factors alone, which are inherent in everyone, but stretches to his/her social constructs (Grenier, 2012; Lowry, 2022), as well as to interpersonal relationships and social capital, which are vital resources for the individual (Bramanti et al., 2014).

The perceptions of old age in society also depend on family culture and the environment in which the elderly live. Living in an ageing-friendly environment helps fight discrimination and undermine social values and beliefs, which may lead to a jaundiced view of the phases of life. Conversely, some studies show that ageism interlaces with other discriminatory attitudes, including those based on race or culture, thus determining negative outcomes. However, how older members of different cultural groups experience and acknowledge age discrimination and react to such stereotypes may also depend on their culture. Research conducted in Canada on how ageing is perceived among groups of older people from different cultures of origin—Chinese, Arab, and South Asian Indian—highlighted that older people share relatively

positive perceptions of ageing, and preserve their physical and psychological well-being, in part through their engagement in their family and community. Participants emphasised the respect paid to older people in their culture and were mostly appreciative of their families and Canadian policies supporting older people (Bergeron & Lagacé, 2021). Therefore it could be inferred that networks of belonging play a crucial role in conveying positive messages about the meaning of getting old, and thus also play a protective role against the elderly's distress and isolation.

This article will also address another issue, which is well represented in Grenier's studies: the need to adopt the elderly's perspective. It is worth reminding that "there is a clear difference between the vocabulary used by older people and professionals" (Grenier, 2007, p. 432). Furthermore, frailty is not always experienced as a "loss": Scholars who embrace the life cycle theory emphasize that this phase of life can be characterized by a continuity of experience and not by a biographical break, by cognitive development and the implementation of coping strategies for all related issues. Poli (2015) underlines that it is possible to regard ageing as a potentially acquisitive stage, in which new acquisitions can also be used creatively and not just counteractively. Research in this field addresses the issues of body acceptance (Gadow, 1986), the creation of closer family bonds (Lustbader, 2000), the definition of room for negotiation between oneself, and the chances of autonomy that one's current state allows (Grenier & Hanley, 2007).

3. Method

The empirical research reached, from February 2020 to June 2021, 62 dyads made up of an elderly person over 75 and a subject indicated as a reference person in case of need for the elderly. For the identification of cases, the intermediation of the administrations involved and informal networks (associations, neighbourhood networks, relatives, and friends) was requested. This selection method has made it possible to reach that part of the elderly population that is not in charge of services and is equipped with a significant proximity network, both from a family point of view and from a community point of view. The setting of the interviews was chosen preferentially based on the interviewees' confidence with the place and spaces. The interviews were therefore carried out partly in presence, at the home of the elderly, partly online through videoconferencing platforms.

The unit of analysis, characterized by the dyad, led us to use a particular survey tool: the dyadic interview. This form of survey differs from classic one-to-one interviews in its interactivity and ability to involve participants in building a joint response (Morgan et al., 2013).

Dyadic interviews allow one to (a) detect interactions and understand how people co-construct and interpret the social reality of the environments that they live in and share (Reczek, 2014); (b) reduce the time and costs

of the survey (Bjornholt & Farstad, 2014); and (c) provide support to the most fragile participant in the conversation (Haahr et al., 2014). The dyadic interview can be organised concurrently (copresence) or sequentially (separation).

In this research, an intergenerational approach was used in the dyadic interview, by analysing the relationship between individuals belonging to two generations from the inside, to gain a deeper understanding of how ageing and frailty are experienced and of what exchanges take place within the family network.

Moreover, since the observation perspective of the transition to frailty is focused on the relational experience of the interviewees, we chose the dyadic copresence interview—joint interview—to investigate the intergenerational relationship of care and support between the interviewees.

Most of the advantages and disadvantages of the joint interview derive from the interaction between the two participants; in fact, access to this interaction is a central feature of the joint interview. The advantages, as described by Allan (1980), derive from two types of opportunities offered by the interaction between respondents: first, the opportunity to study the interaction itself and, second, the opportunity to obtain data generated by that interaction.

The verbatim transcriptions of the interviews were imported into the NVivo software program and processed using the content analysis method.

4. Empirical Evidence

The dyads interviewed were made up of elderly women, in about 75% of cases, and elderly men in the remainder. The average age of the elderly interviewed is around 82 years, with a clear prevalence (54.8%), therefore, of the group of subjects between 80 and 84 years. The contact persons indicated by the elderly are, in order: adult children in 69% of cases, other relatives, of which mainly the spouse in 14%, a volunteer/friend in 9.7%, and lastly a grandson in 6.5%. Furthermore, net of a substantial prevalence of children, as regards men there is a greater presence of other relatives, while for women the figure of the volunteer is more present. Overall, the reference people are predominantly women, confirming the priority role that women continue to have within families and in care functions, but the presence of men is still significant, especially in the age group up to 59 years.

The target interviewed, in addition to meeting the age requirement, over 75 years of age, must also have recently been the victim of one of the following stressors that relate to three macro areas: (a) clinical; (b) socio-relational; (c) socio-economic (Table 1). The same subject can present more than one stress indicator, and the coexistence of multiple stress levels has been quite frequent.

By analysing the texts of their interviews, the 62 dyads were categorized by how they experience the

Table 1. The stressors of the dyads.

Area	Code	Stressor	%
Clinical	0	Hospitalization for Covid 19	1,7
	1.	Hospital discharge with limited results in daily living activities (six months)	27,4
	2.	Principle of dementia, initial diagnosis without severe impairment in cognitive performance	19,3
	3.	Presence of depressive symptoms (six months)	4,8
	4.	Restriction in basic activities of daily life following a recent functional loss (six months)	17,7
Socio-relational	5.	Assumption of the role of caregiver in favor of the dependent spouse/partner (from one year)	1,7
	6.	Living alone: widowhood, separation, or divorce (for a maximum of one year)	19,3
	7.	Withdrawal from/interruption from voluntary work in favor of others (from one year)	3,2
	8.	Recent change of residence/uprooting (six months)	3,2
Socio-economic	9.	Transfer of children to another city beyond 50 km (one year)	0
	10.	Precarious financial situation, following a sudden impoverishment (six months)	1,7

transition to frailty into three groups: resilient, on-hold, and resigned.

The resilient group identifies dyads that not only succeed in rising to current challenges but also show the ability to adopt a positive approach for the well-being of both members.

Conversely, the on-hold group identifies dyads that do not acknowledge the transition and where both members reached a stalemate while expecting a return to the way everything was before the critical event.

The resigned group includes dyads that are overwhelmed by the stressor and struggling to cope with the complex situation, are pessimistic about the future, or even extremely unbalanced, and where only the reference person can act because the elderly are struggling.

From first synthetic observation, it is possible to appreciate that the three profiles—*resilient*, *on-hold*, and *resigned*—show a significant difference in the perception of ageing. As per Figure 1, the resilient dyad, which is more capable of turning the experience it is going through to its advantage, shows a remarkable ability to foresee the transition (“As I get older, things go exactly as I expected”), although some interviewees claim to be facing more difficult challenges than they had anticipated. The resigned dyad judges the situation in largely negative terms (“As I get older, things go worse/way worse than I expected”): Reality appears to be harder than anticipated. Having not yet decided what direction to take, the on-hold dyad appears to be keener to positively evaluate the present.

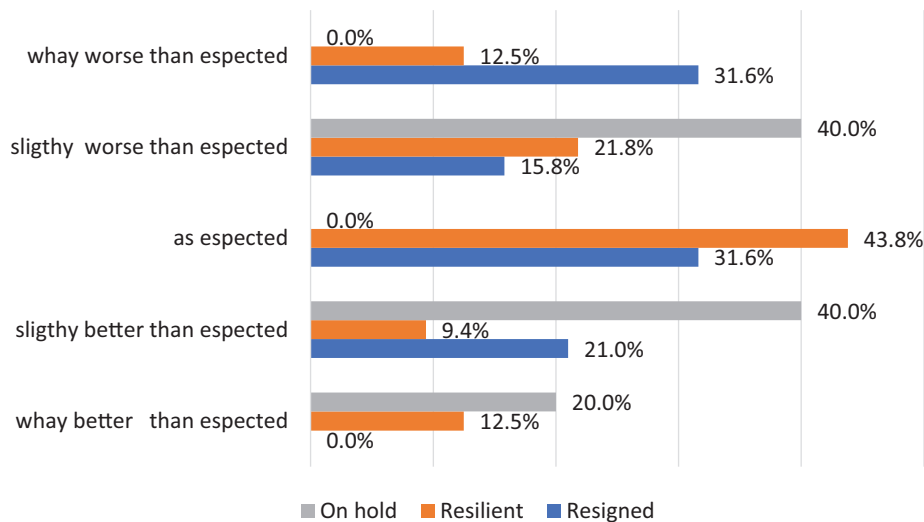


Figure 1. The perception of ageing in resilient, on-hold, and resigned dyads, prompted by the expression “As I grow older, things go...”

4.1. Resilient Dyads

Most interviewees seem to be adapting well to changes and stressful situations. Overall, more than half of the dyads were categorized as resilient (34 out of 62).

Many interviewees were able to respond to stressful events by implementing effective strategies that allowed them to achieve an adequate level of well-being in the relationship between the elderly and their reference person. However, this trend still does not reflect the variety of behaviours, attitudes, and strategies through which resilient dyads can respond to stressors. Also, the responses implemented by the dyads should not overshadow the objective and subjective hurdles along the way. We can determine a prevailing profile with varying degrees and nuances of effectiveness, empowerment, and self-growth.

4.1.1. Resilient Dyads in the Words of the Interviewees

4.1.1.1. Effectiveness

Dyads with an effectiveness profile are those capable of responding to the transition by rising up to current challenges and adopting a new attitude towards events or a more viable action strategy. At first, the loss of the usual reference points causes disorientation, but then a return to the usual routine or an adjustment in habits follows, consistent with the current situation and changed conditions.

Changes significantly affect the dyad in everyday life, with the elderly sometimes being forced to suffer severe limitations and the reference person being forced to respond accordingly. However, the dyad learns how to adjust its winning strategies by trial and error (the code at the end of the following quotes refers to: city, progressive number, age, sex, and stressor number, as per Table 1):

Now she has to do what he [the husband who died] would normally do...like grocery shopping, because he used to take care of it, and this caught her off guard. (reference person, grandchild—Calderara_03_86_F_6)

In the morning, but also during the day, I still struggle to take care of the kitchen....I just have to get the hang of it again. (elderly woman—Milan_01_77_F_1)

I had to get organised, and I think I was quite organised....I wrote down my plan for the day, what I had to do, and that *vade mecum*—that's what I called it....[I] detailed essentially how I was supposed to spend the whole day. (elderly woman—Brescia_07_84_F_4)

He has never let himself go. Therefore, although he might struggle or feel a little down at times, he tries not to let it get on anyone. (reference person, son—Milan_11_83_M_4)

4.1.1.2. Empowerment

When stressful events occur, readjustment is progressive and not limited to the practical or functional aspects of lifestyle, habits and actions. It also includes a broader adjustment of one's life and condition.

Sometimes, the change is sudden and perceived by the dyad as a true existential transformation leading them to see not only their own condition, but life in general, with a new set of eyes. To this extent, not only does the stressful event represent a challenge to the dyad, but it is also instrumental in developing one's potential, skills, and empowerment. Also, the stressor and transition enable the dyad to be more aware of themselves, their relationships, and what they care about the most:

Realizing that, even if it happens—can I say if tragedy strikes?...You can still overcome it, it may be something that you do not consider, but it makes you stronger. (reference person, son—Calderara_02_80_F_6)

The first moments were particularly difficult, but as time goes by, I can see that she is more and more calm, relaxed, self-confident. (reference person, son—Calderara_01_84_F_6)

In these instances, faith is of great help: Therefore, after seeing that he was more serene and, as time went by, that he had those treatments and the medical check-ups went well...inevitably, you relax too. (reference person, sister—Milan_06_82_M_1)

If the Lord has decided that I have to stay here, it means that I'm still of some use. That was the trigger for her to get even more committed to helping us and she became a crucial point of reference. (reference person, daughter—Verona_08_88_F_3)

I feel I've changed, because my reaction to whatever happens is more calm, more patient....There were things that would bother me in the past, but now I let them roll right off my back, I'm more patient. (elderly woman—Brescia_07_84_F_4)

4.1.1.3. Self-Growth

The transition is not just a challenge facing the elderly and their networks, it can also produce positive effects on the well-being of both the elderly and their reference person. Being closer and spending more time together is not just a constraint imposed by the current predicament; it can be a chance to strengthen the bond and build a new understanding, i.e., grow together while acknowledging that something is changing.

For the elderly and their reference person, the learning process—i.e., using the experience itself to improve one's condition and relationship with significant others—

is mirror-like. On the one hand, the elderly has to discover or rediscover virtues that are crucial to face this new chapter in life, such as patience, attention to others, oneself, and relationships; on the other hand, the reference person acknowledges this transition by providing the elderly with a new image of him/her that is consistent with the transition and the relationships guiding it:

We have learnt how to appreciate even the little things, how to care more about those who suffer, or have issues....There is more compassion, trying to understand...understand those struggles. (elderly man—Milan_07_80_M_10)

The wound is still open, but the love Gianni gave me will always stay with me and give me the strength to go on. (elderly woman—Verona_07_83_F_6)

Maybe you learn to be a little more patient and handle situations better, even issues, while trying your hardest to still be able to have a decent quality of life. (reference person, son—Milan_11_83_M_4)

There's more tenderness in my heart, I feel closer to my children, all four of them. I have four children, two of them live abroad, far away, but I feel them close to me. (elderly woman—Milan_05_88_F_4)

4.2. On-Hold Dyads

As we know, every transition includes elements of risk and potential complications, whose outcome may be uncertain. In one possible outcome, all players involved in the changing process feel somewhat disoriented and may reach a sort of impasse. This can lead, in turn, to denying what happened, or expecting that things can go back to how they were.

In the case at hand, we identified a number of dyads that, albeit to varying degrees, have not experienced transition yet. This does not mean that they did not take action to cope with the present, but that everything is put on hold. Therefore the dyad is more exposed to the risk of not being ready, should the current situation worsen.

That is one way for those involved to respond to a critical event. It includes some specific elements, which fall into three main categories: impasse, denial, and postponement.

4.2.1. On-Hold Dyads in the Words of the Interviewees

4.2.1.1. Impasse

In these dyads, transition has stopped, as it has reached an impasse for very particular reasons.

For instance, one old lady's health issues suddenly ended; she had been tormented by these issues all her life, therefore she felt as if she was living a new youth, with the support of the person who is closest to her.

In some cases, older people face a peculiar situation where they perform the challenging task of being the caregiver of a relative who is not able to take care of him/herself. Taking care of someone's well-being is symbolically rewarding for caregivers, but it also postpones their transition, thus making it more difficult to take care of themselves and focus on their own transition:

I still feel young! I go places, do stuff, make decisions....I do everything! Right? I'm doing everything here: I wash the laundry, hang it, fold it. (elderly woman—Milan_02_85_F_1)

To be fair, her case is quite peculiar, because she has always been ill. She is healthier now than when she was young, as she had many issues. (reference person, daughter—Milan_02_85_f_1)

It is quite satisfying to be able to take care of someone, as far as we can. I think that it was fortunate that I realized he needed help. I take care of him, I live close by [a disabled cousin]. (elderly man—Verona_05_79_M_5)

4.2.1.2. Denial

The on-hold dyad embodies a denial of the transition that can create two very different categories: One includes those who are still in perfect health and fully independent, and are thus capable of planning activities and commitments, perhaps even slightly exaggerated for their age; the other one includes those who somewhat refuse a label and claim to have already overcome the issues arising from the stressor.

Reference people perceive this explicit denial of ageing with ambivalence. They are fully aware of the inherent limits, but they also confirm some sort of postponement of the transition:

I don't feel old, not at all, really. It's true: I'm planning to visit Japan. (elderly man—Brescia_08_89_M_0)

I'm here. I can confirm that my dad is not old. I'm learning now of his plan to visit Japan. (reference person, son—Brescia_08_89_M_0)

I listen to my daughters, but I decide what to do. I know how I feel and what I want to do, that's all. I really felt, not quite old, but almost. Now that period is over. (elderly man—Milan_08_83_M_1)

Hurrah for honesty! There is [an] inconsistency between age and how it is managed, right? I mean, this is something that annoys me. I spend a lot of time...both Stefania and I...trying to convince him that there are limits, even if he does not perceive them, they are there. (reference person, daughter—Milan_08_83_M_1)

4.2.1.3. Postponement

In other dyads, postponement is evident, leading to a tendency to admit a transition to frailty only in case of serious issues. Therefore, in family histories, only a condition perceived as definitely incapacitating is acknowledged as the beginning of old age. These dyads somehow reflect the outcome of a broader social narrative that cannot seem to find true potential and positive resources in this phase of life. Unlike in resilient dyads, there is no room for a positive outlook.

In short, these dyads claim that someone does not become old until they are sick:

No, I don't feel too old, not at all. (elderly woman—Milan_04_80_F_4)

No...not old. She's in excellent health...she's still very active. (reference person, grandchild—Milan_04_80_F_4)

I don't feel too old, at least for now. (elderly woman—Verona_01_78_F_1)

If we regard the elderly as a retired person anyway, someone who is at home, who follows the usual routine of fetching bread and going to the doctor; if this is the kind of mental image we have, then she's different. She's also very active socially, in the parish, in the village. (reference person, daughter—Verona_01_78_F_1)

4.3. The Resigned Dyad

This profile encompasses the dyads reportedly facing an essentially negative and complicated transition, without being able to find any trace of positivity or personal and family enrichment.

In these instances, the transition is deliberately launched; however, the dyads experience only its negative aspects. Albeit for different reasons, both members are struggling, often because of some sort of inevitable fate, but also because of someone very close, or of a lack of material and relational resources.

For 19 pairs of subjects, the transition was quite challenging, not because stressors were more traumatic, but because all players involved were quite overwhelmed by dramatic events that they could not overcome. The underlying justification is that ageing entails a loss of health and independence in social functions. Therefore the prevailing mood is distinctly depressive.

Still, this profile also includes differences that may be associated with keywords like dependence, ineluctability, and frustration.

4.3.1. Resigned Dyads in the Words of the Interviewees

4.3.1.1. Dependence

For these dyads, the transition unfolds in a negative way. Regardless of the support provided by the reference person, the need to depend on someone, especially children, triggers a sense of sadness, of regret for the heavy burden falling on the children.

The perception of gradually becoming dependent on others is what makes the experience of ageing appear negative. In light of this feeling, it is difficult for the elderly to accept solutions that would be logistically more optimal, with people available for help and support:

Then she started to get old, like everybody else, and at times she could not use her bicycle, buy her groceries, which means a lot to her, being able to go, choose, decide what to cook. That is how her impairment began. (reference person, daughter—Abbiategrasso_07_82_F_2)

Yes, this is not easy for me, because I feel that his illness is consuming him. And I get anxious, I'm afraid I cannot cope with that, because what my daughter can give me is already too much: She has a family, three small children, and she cannot provide me with all the help I might expect, it's impossible. (reference person, wife—Verona_10_75_F_5)

4.3.1.2. Ineluctability

In some cases, entering old age coincides with losing one's spouse. This death is regarded as a negative event preventing one from living the last phase of life peacefully, also because it somehow anticipates one's own death.

In other cases, it coincides with losing specific caring tasks within the family network. For instance, tasks related to grandchildren, who have grown up and no longer need their grandparents looking after them.

Lastly, the gradual loneliness, which, in some cases, is a source of distress, is the result of a life where no bonds were formed and further heightens the feeling of resignation and helplessness towards this difficult phase of life.

Even those with a husband and children do not always seem to have built an extended network of meaningful bonds around their family but report a very sheltered family history, which has gotten even more limited and fragmented over time:

I'm a very negative person, very negative indeed. They tell me: "You're anxious." I take Lexotan, the sleeping medicine...and if no one comes by at a certain time, I wonder whether everyone is home, whether everyone is okay. That's how I live, I lead a miserable life, see? I'm in a terrible state. I tell Marialuisa that I'm sorry, and it hurts, maybe I'm

not showing her that, but it hurts. (elderly woman—Abbiategrasso_05_83_F_4)

When your mind tells you: “Now I’m going home and I’m sure that he will be there...” But he is not there. And then your anxiety grows a little bit, it grows a little bit, and it does not feel good. (elderly woman—Calderara_04_80_F_6)

Yes, one thing she often says is that she feels useless. (reference person, son—Milan_06_83_F_1)

Yes, nobody needs me. (elderly person—Milan_07_92_F_4)

I did not expect such a decline, and so soon regretably. It happened, unfortunately, and we cannot change that, that’s it. It’s not that we ignore it, or don’t care about it: it’s just that nothing can be done. (reference person, wife—Verona_07_76_M_4)

4.3.1.3. Frustration

Dyads in which the elderly reports a complex situation and the reference person claims that his/her supporting role is an unbearable burden appear to be in a truly awful predicament. An animosity towards life also emerges because it entails too heavy a commitment.

This is usually associated with a lack of supporting relationships, and consequently with being entirely alone in dealing with issues.

Clearly, the experience of frustration is crucial in the dyad’s response to the specific stressor and in its ability to find effective strategies:

Yes, I feel old, and I feel older every day, because I have a degenerative disease which will lead me to death. Since when? Well...since I was born. (elderly person—Verona_02_77_F_8)

To me, it’s a heavy burden on my shoulders, because we have economic issues. I have a taxing job and therefore I struggle physically and psychologically. I’m alone with a child, divorced, I have a teenage son, I had my hands full already. (reference person, daughter—Verona_02_77_F_8)

This situation has taught me that I have to make do, with everything. (reference person, daughter—Verona_02_77_F_8)

5. Discussion of the Results

From the above verbalisations, it is possible to extract a long list of words through which the elderly express and describe themselves. They never use technical terms like frailty, vulnerability, non-self-sufficiency; they use rather common terms which show a clear view of what they are experiencing.

As shown in Figure 2, the most used term is “years,” followed by “home,” and “I feel alone.” For almost everyone, the key element of feeling old is the years passing by and the astonishment at how quickly they have passed, with some differences between the elderly and the reference person. Home is par excellence the place where life goes on: It is both a protection and a cage from where it is increasingly difficult to escape and offset that widespread sense of loneliness among all interviewees, despite family or friends being available to provide

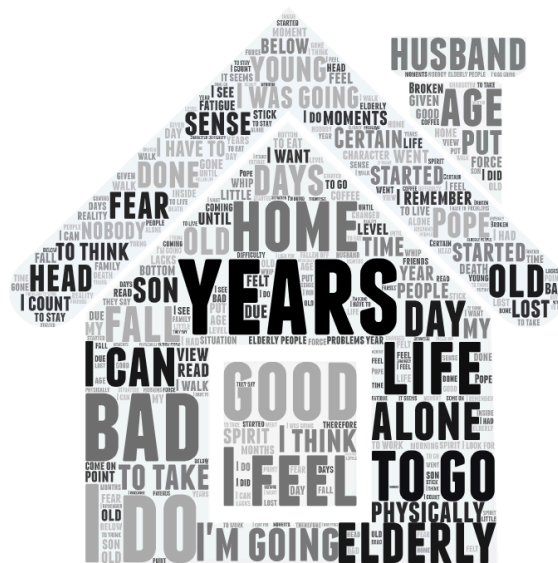


Figure 2. The House of Words: How the elderly and their reference people represent ageing. Note: The words in the house were identified through the NVivo software through a “word frequency” of the words in the analysis code of the “ageing” text corpus, which includes the interview excerpts concerning the elderly’s personal self-perception and the reference persons’ representation of ageing.

support. However, in resilient dyads, the words “I think,” “I do,” “I’m going,” “I can” have a positive and factual meaning, whereas in resigned dyads, they express the impossibility of playing a key role. The word “fall” conveys the idea of being afraid of running the risk. For many, the stressor was a fall which got them into the hospital, or which made them feel insecure and made their reference person worry.

Other words, however, eloquently express how the elderly and their reference person feel: “life,” “days,” “age,” “good,” “bad.” They suggest an assessment of one’s life and the great dilemma as to how much good and bad there has been in one’s experience.

The representations, shared by the dyads, show a less traumatic view than what often emerges from the claims of experts.

The interviewees show a vision of the phase they are experiencing consistent with their previous active life and with the value they attributed to relationships and their capacity for commitment.

In summary, it can be noted that those facing transition in a more functional way display the ability to learn from experience. The interviewees’ accounts reveal that this ability is essentially the ability to positively reinterpret the stressful event: The critical event can thus produce not just negative effects, but also positive ones, and the dyads will acknowledge having learnt important lessons from it, which have allowed them to grow and mature. For instance, the accounts reveal deeper compassion for those who suffer and increased sensitivity to such issues.

This learning ability and self-growth can be associated with the idea of post-traumatic growth developed by Tedeschi and Calhoun (1996), i.e., the possibility of achieving personal and interpersonal growth in three main areas: change in interpersonal relationships, self-perception, and in lifestyle. The growth achieved by the interviewees and the lessons they learnt also play a significant role in the dyad, since the reference person acknowledges and appreciates this change, producing a new and more positive self-image in the elderly person during this transition.

Conversely, as opposed to the more functional profiles, the dyads facing difficulty are fully focused on themselves, and thus concentrate their attention on preserving activities that are considered essential. This inevitably entails a reduction in their reference network. Their perspective appears more conservative and leads the members of the dyads to not devote time or allocate resources to others. The alter of the dyad acts as a mirror and re-asserts a more passive approach in social representations, while sometimes producing a sudden and early withdrawal.

Conflict of Interests

The author declares no conflict of interests.

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