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Social Representations of Care and Aging in Brazil and Italy

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ABSTRACT - This study aimed to compare the social representations of Brazilian and Italian subjects about care of elderly people. 40 people over 65 years old were interviewed, 20 Brazilian and 20 Italian. The results showed that social representations of old age and care of elderly people emphasize the importance of keeping one's autonomy and keeping active, bringing the context of disease and dependence as something unwanted. The experience of old age and the care of the elderly seem more difficult in disease situations in which the grievances impose the need for a "caregiver", which undermines the independence of the elderly. It is necessary to implement education policies for health and aging which take into account the needs of the elderly.

KEYWORDS: social representations, aging, care

Representações Sociais do Cuidado e da Velhice no Brasil e Itália

RESUMO - Este estudo objetivou comparar as representações sociais de brasileiros e italianos acerca do cuidado ao idoso e velhice. Foram entrevistadas 40 pessoas acima de 65 anos, 20 brasileiros e 20 italianos. Os resultados mostraram que as representações sociais da velhice e do cuidar da pessoa idosa, enfatizam a relevância da autonomia e manutenção da atividade, trazendo o contexto de doenças e dependência como algo indesejável. A vivência da velhice e o cuidar da pessoa idosa parecem mais difíceis em situação de doença, quando os agravos impõe a necessidade de um "cuidador", o que abala a independência da pessoa idosa. Torna-se necessário a implementação de políticas de educação para a saúde, que levem em consideração as necessidades dos idosos.

PALAVRAS-CHAVE: representações sociais, envelhecimento, cuidado

Projections say that until 2050 senior population might rise to 2.4 billion people, of a total population of 9.3 billion (UNFPA, 2011). Growing old is a process involving not only physical aspects, but also social and psychological, and it is an important subject of research in the field of Social Psychology, alongside Development and Personality Psychology (Neri, 2002).

Italy is one of the countries where the population is growing older rapidly, and it is the second country with the largest senior citizen population, with around 15 million people 60 years or older, and a strong effect of gender, for the life expectancy for men is 77.8 years, and for women is 83.7 (Contarello, Marini, Nencini, & Ricci, 2011). Data from the Brazilian Institute of Geography and Statistics [IBGE] indicate a rising tendency of the proportion of senior citizens in the Brazilian population, as a consequence of a process of demographic transitioning. In Brazil, in 2030, this proportion would be of 18.6%, and in 2060, 33.7% - by then, one in three people will be at least 60 years-old (IBGE, 2015). Life expectancy for Brazilian men is 71.5 years, and for Brazilian women, 78.5 years (IBGE, 2015).

There are several factors interfering in the quality of aging, one of them is the care received by the elderly person. Care may be understood as an act of assistance, given to a client, a friend, or family member with a chronic disease in order to aid this individual in reaching a certain degree of independence (Whitlatch & Noelker, 2007), it may take place in hospitals, residences, institutions, schools,

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communities (Del Duca , Thumé, & Hallal , 2011; Diogo & Duarte, 2002).

Studies of Social Representation (SR) of elderly care point to both negative and positive aspects. Positive aspects are the importance to maintaining the life of the elderly person with actions that show love, care, and dedication, or daily tasks such as feeding, bathing and dispensing medication (Hedler, Faleiros, Santos, & Almeida, 2016), stimulation and acceptance (Souza & Menezes, 2009). Negative aspects are the insecurity in the care provided the imposition of a role of caregiver because of necessity, the overload and stress (Aguiar, Gomes, Fernandes, & Silva, 2011).

Similarly, studies on SR of aging refer both to positive and negative aspects. Positive aspects of aging are wisdom and experience, and negative aspects are loneliness, physical disability or limitation, incapacitation, loss and death (Veloz, Nascimento-Schulze, & Camargo, 1999; Wachelke, Camargo, Hazan, Soares, & Oliveira, 2008; Magnabosco-Martins, Camargo, & Biasus, 2009).

The ideas people have about aging and elderly care are important to help facing losses and the search for a more successful process of aging, as well as the qualification of care practices (Araujo et al., 2013). In this sense, theory of social representation becomes an important instrument for the understanding of this process. This theory has been the basis of several studies on this theme (Veloz et al., 1999; Almeida & Cunha, 2003; Nagel, Contarello, & Wachelke, 2011) and allows the understanding of a specific form to know the world, in which groups build and share a series of information, concepts and explanations about a theme while having interpersonal conversation in daily situations (Moscovici, 1976, 1981; Jodelet, 2001).

Social representations are, according to Jodelet (1989), "a form of socially built and socially shared knowledge" (p. 39). Its main function, according to Moscovici (1981), is to turn the non-familiar into something familiar. When representing, the individual reports to an object which might be real or imaginary, because there is no representation without an object (Jodelet, 2001; Moscovici, 1976). According to (1998), social representations (SR) have a fundamental role in the dynamics of relationships, in social practices, and they present four purposes. The first is the purpose of knowledge that allows individuals to understand and explain reality, facilitating social communication. The second is purpose of identity, because, through SR, groups elaborate their social identities and specificities. The third is the purpose of orientation, because, according to Abric (1998, p.29), "the system for pre-decoding reality using representations constitutes a guide for action". The fourth and last would be the purpose of justification, because the representations not only guide behavior but they also allow the later justification of these actions.

According to Camargo, Contarello, Wachelke, Morais and Picollo (2014), cultural aspects may be relevant for the study of social representations of the process of aging because social representations are subject to social change and the influence of the environment. Thus, representations of the same object may vary according to culture, and studying them might allow for the reflection on social practices in favor of a better process of aging in each context (Camargo et al., 2014).

Camargo et al. (2014) had research done on the representations of aging in Brazil and Italy. The authors highlight the distinction between Brazilians and Italians about collectivism and individualism being idealized (positive) and realistic (negative). For Brazilians, family is shown as a very important aspect, and for Italians, aging was associated mainly with disease and with the need for resources to deal with it.

The present study compared SR on elderly care and aging in Brazilians and Italians above 65 years of age, to better understand the idiosyncrasies in each group.

METHOD

In this study, there were 40 participants, all above 65 years of age. 20 of them were women (10 Brazilian and 10 Italian) and 20 were men (10 Brazilian and 10 Italian). The mean age in the Italian group was 71 years and 11 months (SD=7.29 years), with a minimum age of 65 and a maximum of 90 years. For the Brazilians, the mean age was 72 years (SD=6.34), with a minimum age of 65 and a maximum of 83 years. Concerning marital status, most participants from both countries were either married or widowed. School attendance, in Brazil, ranged from 1 to 8 years of schooling; in Italy, from 2 to 13 years.

Data collection was done in Florianópolis/SC - Brazil, and in Padova/PD and Varese/VA – Italy. The criterion for participation in the sample was accessibility. In depth interviews with open questions about elderly care and aging were done. There were four questions: a) What is aging, for you?; b) In your opinion, what makes somebody feel old?; c) What does it mean to take care of and elderly person, for you?; and d) What do people your age think about elderly care?

The Brazilian part of the research was approved by the Ethics in Research Committee at the Federal University of Santa Catarina, with consubstantiated report number 2151/13, considering that this data collection was inserted in the data collection process from the thesis *Elderly Care: Social Representations and Practices*. Data collection in Italy was approved by the Ethics in Research Committee at Università di Padova, filed under number 1271/13.

Interviews were grouped and divided according to the person's country of origin (Brazil or Italy) and were analyzed by their respective themes: 1) Aging, and 2) Elderly care. Each theme was organized in a *corpus*, which made for Brazil the *corpus Aging* and the *corpus Elderly Care*, and for Italy, two other *corpuses*: the *corpus Aging* and the *corpus Elderly Care*. The four corpuses underwent, individually, a simple Descendent Hierarchical Classification (DHC) using computer software IRaMuTeQ version 0.6 (Camargo & Justo, 2013). This computer program does a DHC as described by Reinert (1998) and Camargo (2005). DHC provides textual context characterized by vocabulary and also text fragments that share this vocabulary. The corpus for analyses was comprised by Text – which corresponded to the participants' answers. Initially, the program recognizes text, and in the standard analysis it sections them in TS (Text Segments), which constitute the environment of word enunciation, originating the unit with which statistical analysis is done.

RESULTS

Analyses of Brazilian Interviews about Elderly Care

The corpus *Elderly Care* corresponds to the part of the research investigating what elderly people thought about elderly care and what they imagined other elderly people thought about the subject. DHC of the corpus *Elderly Care* composed 20 texts. The corpus was divided into 668 text segments – TSs – and 80.09% of these were used in the DHC. There were 23400 occurrences analyzed, with 2949 different words (mean 7.93 of occurrences per word). The words considered in the analysis presented a frequency superior to 7.93 whose chi-square test relating to the classes were equal to or above 3.84 ($p \leq 0.05$ df = 1). The *corpus* was divided in five classes of text segments.

In a first partition, the corpus *Elderly Care* was divided in two sub-corpuses, on one side classes 1 and 2, and on the other classes 5, 3 and 4. Later, the first sub-corpus was divided in two, in one side class 2, and on the other, class 1. In a third partition, the second sub-corpus was divided in two, in one side class 5 and on the other classes 3 and 4. In a fourth partition, the second sub-corpus originated class 3 in opposition to class 4. Dendrogram analysis cited the frequency and the value for chi-square ($\chi^2 \geq 3.84$), as shown in figure 1.

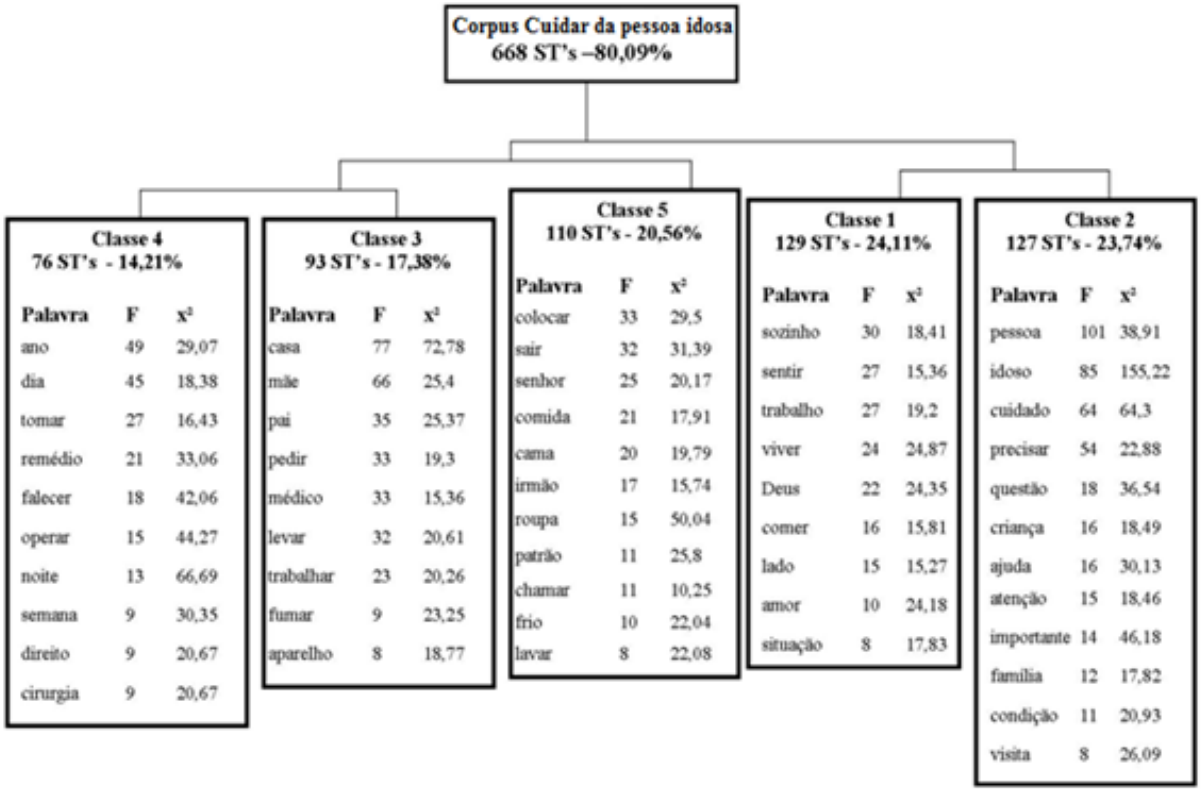

Figure 1. Descendant Hierarchical Classification of the *Corpus Elderly Care*

Class 2, the first to differentiate itself from the rest of the corpus, brings the term *elderly people*, highlighting the *care for the elderly* as a *family responsibility*. In this class, the *attention* received by the elderly person in *visits* from family members is considered relevant to avoid feelings of loneliness. The participants associated elderly people to *children*, comparing elderly care to child care. In this context, care is understood as *help* which may be greater or smaller according to the health conditions of the elderly person, as the following statement shows: "*They're like a small child, it's the same with an old person, you have to take care of them, they become a child again, and the family has to take care of them*" (Participant 19, male, married age group 75 to 84).

In class 1, the largest of the corpus, associated with male and divorced participants, wishes of independence and autonomy in self-care are more prevalent. Special needs related to food and eating alone come up as concerns when facing aging. In this context, having someone by their *side*, *lovingly* taking care of them comes as a desired situation. Excerpts from this class show that the elderly person might *feel* that their care provider is *overworked*, and then caring becomes a sacrifice. When facing disease and physical limitations in old age, *God* comes as a strategy to face hardships, and the responsibility over the course of the elderly person's life is turned over to Him: "*May God help me that I won't need to be treated like that at the end of my life because then I would be a burden to others, I never heard my daughters complain when they were taking care of me, but it is hard work*" (Participant 14, female, married, age group 75 to 84).

Class 5 was associated to female and single participants, and it highlighted special care with food, with changing diapers, clothes, and socks, especially with bed ridden elderly people. The words *lady* and *boss* come up when talking about the experience of taking care of an elderly person. Dependency is also a prominent issue, with the emphasis on the need of special care *after* leaving hospital: "*They tried to give me a bed pan, but I didn't want it, then they tried to put diapers on, but it was useless, then they had to carry me to the bathroom, and it was like that until I got out of hospital*" (Participant 18, male, married, age group 65 to 74).

Class 3 was about home care. In it, the care dispensed to elderly *parents* is an issue, and the need to host their elderly *mother* at *home* and caring for her, especially after being widowed. Associated to *father* comes the need for special health care resulting from addiction, such as *smoking*. In this sense, *machines* such as oxygen tubes are relevant for elderly care: "*Because he only had paid for his retirement for 5 years so he could not get a pension, the government should have helped, we took care of my father when he was very sick from all the drinking and smoking*" (Participant 6, male, married, age group 65 to 74).

Class 4, in opposition to class 3, was about hospital care in graver health issues. Integral care in a situation of dependence is mentioned as relevant when there is the need for constant care in shifts: day and *night*. Regularly *taking medicine* is discussed as a requirement that must be met by the caregiver because it is often neglected by the elderly person: "*[...] but after she died we found her blood pressure medicine in her drawer. She wasn't taking her medicine, and other medication for other diseases, she wasn't taking them also"* (Participant 14, female, married, age group 75 to 84).

Analyses of Brazilian Interviews about Elderly Care

The *corpus Elderly Care*, formed by 20 transcribed texts, was divided in 478 TSs, 85.2% of which were considered in DHC. There were 19377 occurrences analyzed, 2912 of them being different words (6.6 occurrences per word). Every word with a frequency lower than that was excluded from the analysis, words with a frequency equal or superior to 7 were considered, with chi-square values equal or superior to 3.84 ($p \leq 0.05$ $df = 1$). The *corpus* was divided in four classes of text segments and, in a first partition, divided into two sub-corpuses, in one side classes 2 and 3, and on the other, classes 1 and 4. In a second partition, the second sub-corpus was divided in two, opposing classes 2 and 3. In a third and last partition, classes 1 and 4 were opposed. The dendrogram in figure 2 illustrates the classes generated in this analysis.

Class 2 presents daily aspects of care, involving *taking medicine*, *eating* every meal, with set times for these actions, represented by the word *morning*. This segment illustrates this class: "*You have to eat, you have to make an effort, maybe you don't like it, then you have to buy something different, whatever you like, you have to eat*" (Participant 8, female, divorced, age group 75 to 84).

In class 3, participants evoked memories from the time they took care of their parents. They remembered the trips to *hospital*, going after a cure, and the need to live in the same house, expressed in the word *living.* Considering all the stress involved in looking after someone, the need for support from family members in this process is shown by the emphasis on the word *sister*. Facing physical disability, *death* is seen as something good and even desirable, as could be seen in the following statement: "*Over her last few years, we said it would be best if she died, she couldn't even speak anymore, talk, she was evidently out of sync with reality*" (Participant 19, male, divorced, age group 75 to 84).

In Class 1, made of married participants, family members are seen as emotionally important for the elderly. They are seen as responsible for looking after the elderly, in a lovingly way, shown by the word *experience* with the elderly. The following statement shows this idea: "*First, I'd say that taking care of an elderly person, the first care given to these people is the care given by a loving and caring family, family*

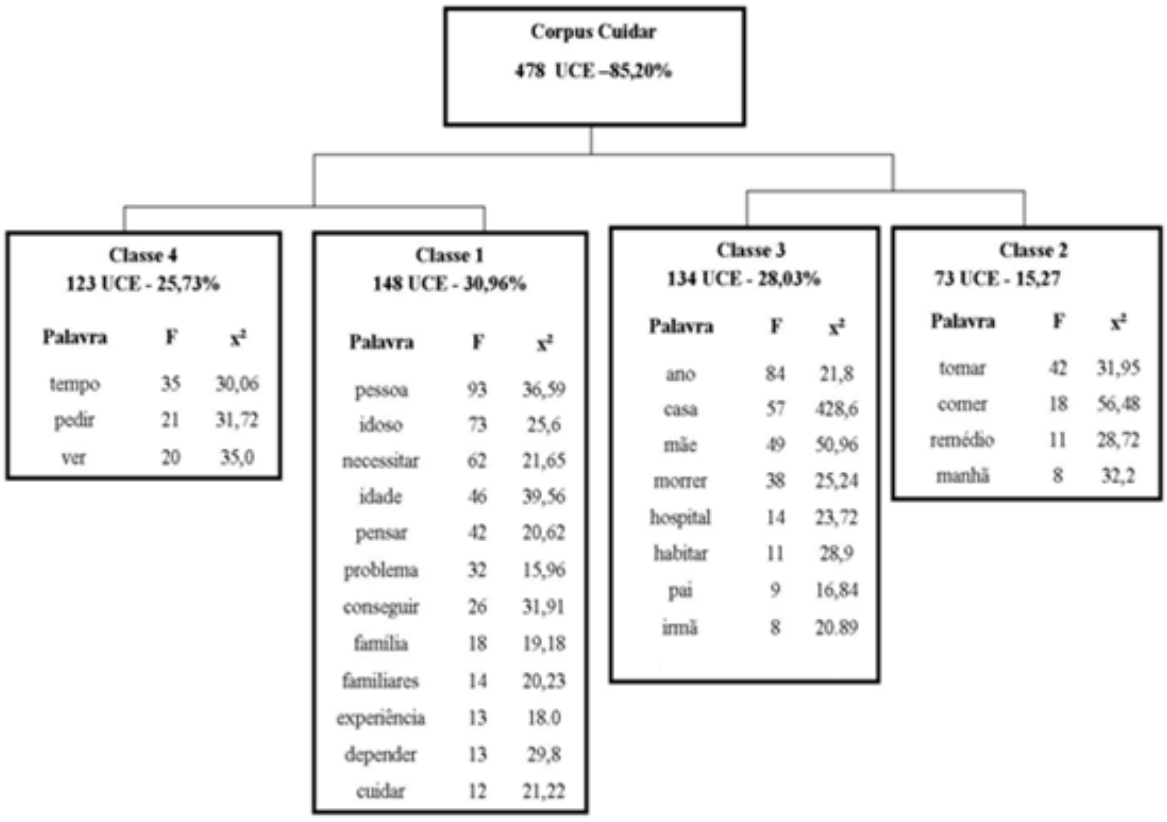

Figure 2. Dendogram of the Descendant Hierarchical Classification of the *Corpus Elderly Care*

is the most important thing there is" (Participant 7, male, married, age group 75 to 84).

Class 4 highlights the passage of time observed in old age, and the importance of having time to adequately care for the elderly. Care is described as burdensome, especially for the caregiver who has to take requests from the elderly person. The participants cited the various aspects involving caring, and the responsibility for the care, emphasizing the division between the duties of the family and the duties of the state: "*Caring for the elderly clearly is twofold: the responsibilities of the state, and the responsibilities of the family*" Participant 16, male, single, age group 65 to 74).

Analysis of Brazilian Interviews about Aging

DHC for the *corpus Aging*, obtained from the analysis of the participant's answers, was made up of 20 texts. The *corpus* was divided into 542 TSs, and 86.35% of these segments were taking into account in the DHC. There were 19226 occurrences analyzed, of 2675 different words (an average of 7.18 occurrences per word). The words used in the analysis presented a frequency equal or superior to 7.18, whose chi-square values in relation to the classes were equal or superior to 3.84 ($p \leq 0.05$; $df = 1$). The *corpus* was divided into five classes of text segments. In a first division, the *corpus* was divided into two sub *corpuses*, on one side, class 2, and on the other, classes 5, 3, 1 and 4. There was a second division later, on one side class 5, and on the other, classes 3, 1 and 4. In a third division, classes 3 and 1 separated from class 4. At last, there was the separation between classes 3 and 1. In the analysis of the dendrogram in question, there were the frequency and the value of chi-square (χ^2 3.84), as shown in figure 3.

Class 2, the largest of the corpus, brings aging as a moment when people feel the impact of *children* leaving *home*. The participants brought back memories of hard times they had had at *home* during their children's infancy, and at the same time emphasized the need to be near their children in old age. In this class, there was a predominance of answers of widowed participants. Statements highlighted the relevance of avoiding loneliness in old age, because if the elderly person is *alone* at home, he might need to constantly *ask for help*. The following statement shows this idea: "*What we find different in old age is that, in the beginning, we used to have a full house when we were young, there were my parents, me and my sister, then I got married and there came the children and also my husband*" (Participant 16, female, widow, age group 75 to 84).

Class 5 was associated with divorced males. Its contents show that elderly people like to pass along their *experiences* and the *question* of acting their own age. Present days are described as a *moment* in which people try to "copy the *young*", which is seen as a mistake: "*I don't particularly fit in this moment were living, of copying young people, I try to position myself as an artist and an old man, I put myself*

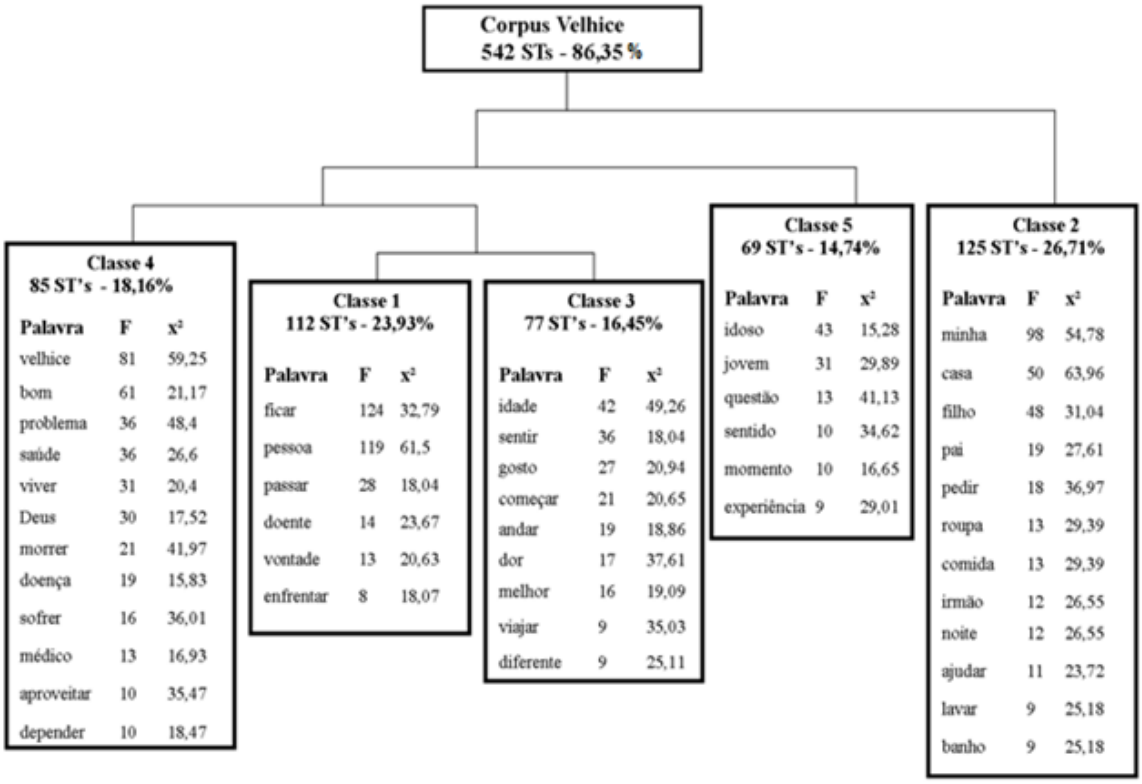

Figure 3. Descendant Hierarchical Classification of the *Corpus Aging*

into my art as an old man" (Participant 17, male, divorced, age group 75 to 84).

Class 3 shows statements from participants who emphasize the need not to stop in face of *pain* in old age. Being able to *walk* is seen as an important factor of well-being in old age. The participants say that one should not focus on illness. It is relevant, in this context, to fully *live*, *travel* and avoid *feeling* old, and one should enjoy aging: "*It's wonderful to age well, with affection, with understanding, I don't complain about aging, I like aging, I feel fine, I don't complain about my younger years also, I worked very very much*" (Participant 2, female, single, age group 75 to 84).

The main idea in class 1 is that the *person* might be old, but they must *face* old age. In this class, *being ill* is considered as something that should not stop the elderly from doing their usual activities. The unknown future, characterized by the word *tomorrow*, emerges as the justification for seizing the present experiences. The person who feels old is described as one who is not active, who has no *will* to live: "*You can't put it into your head or you'll get sick, I'm talking about illness, thinking like 'I won't go out because I have this or I have that'*" (Participant 3, female, widow, age group 75 to 84).

Class 4, associated with married people with ages between 65 and 74, presented *aging* as dependent on health issues, mainly the fear of *suffering* because of *illness*. *Depending* on family members in this stage of life is seen as undesirable, a heavy burden, so they highlight the importance of saving money through life, to treat *health problems* and to enjoy *old age*. In this context, God appears as the one holding the elderly person's destiny, his health, and the one who determines the time of their death: "*But I am afraid of suffering in my old age, I worry about depending on others, if I was financially able to pay someone to look after me, so I wouldn't have to use a family member to take care of me*" (Participant 18, male, married, age group 65 to 74).

Analysis of Italian Interviews about Aging

DHC for the *corpus Aging* was made up of 20 texts. The *corpus* was divided into 436 TSs, and 85.16% of these segments were taking into consideration on the DHC. There were 17693 occurrences analyzed, of 1554 different words (an average of 11.38 occurrences per word). The words retained in the analysis presented a frequency superior to 11.38 in the entire corpus, with chi-square values in relation to the classes were equal to or higher than 3.84 ($p \leq 0.05$; $df = 1$).

The *corpus* was divided in three classes of text segments. In a first partition, it was divided into two sub *corpus*, on one side, class 2, and on the other, classes 1 and 3. In a second moment, the second sub *corpus* was divided in two, on one side, class 1, and on the other, class 3. In the dendrogram analysis the frequency and chi-square values (χ^2 3.84) were as shown on figure 4.

The first class to differentiate from the remainder of the *corpus,* class 2, represents 13.07% of the TS's retained for analysis and predominantly presents old age as a natural

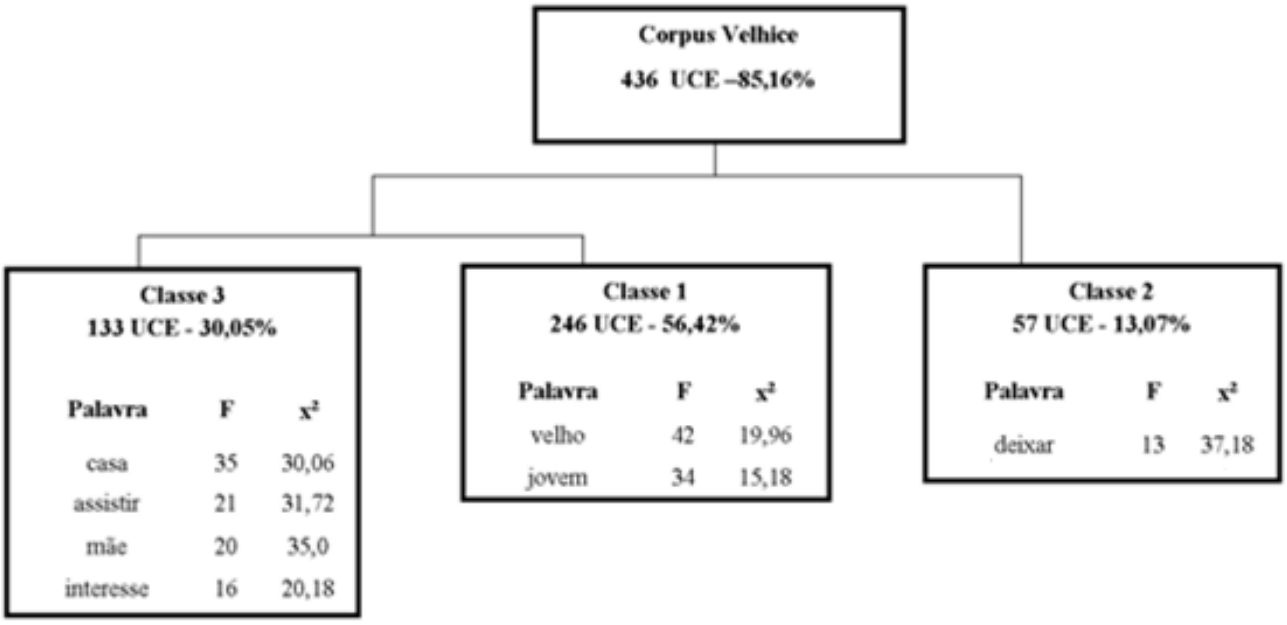

Figure 4. Dendogram of the Descendant Hierarchical Classification of the *Corpus Aging*

stage of life, dependent on the actions taken along the life cycle. Letting life *go by* is seen as negative, and something to be avoided. *Acceptance* of this stage of life and its limitations is seen as relevant to the well-being of elderly people, for activities done as a child can no longer be performed in old age: "*Maybe if you let yourself go, if you let life go by and close yourself off, obviously the years go by and you don't have the same strength as before, and you have to accept life as it is*" (Participant 6, female, married, age group 65 to 74).

Class 1, represented mainly by married people, with ages from 65 to 74, presents 56.42% from the total TS's, corresponding to the largest class generated. This class brings contents related to aging as a mental state of elderly people. In this sense, being *old* or *young* depends on the way of thinking and being flexible on everyday situations. Physical aging is seen as inevitable, but mental aging is seen as something that can be minimized by being active: "*So now let's say, putting aside the physical side of things, a person feels old when they don't feel stimulated anymore, so you can be old as a young man, and an elderly person can still have s young spirit*" (Participant 12, male, married, age group 65 to 74).

Class 3 represents 30.5% of the TSs from the *corpus* and presents contents which associate aging with well-being and remaining active, and keeping up interests. The word *home* in this class emphasizes the experience of living daily with a family member so that the elderly person is not lonely or recluse, staying home and *watching* TV. The elderly person who keeps their *interest* in different activities is seen as healthy, as someone who promotes their own well-being. In this sense, having money is important in keeping up good health and keeping up the level of activity of a *person* who reaches this stage of life. State is seen as responsible for aiding elderly people with no financial means. "*But it's also very sad to see those elderly people who live with 300 or 400 euros a month, those are the ones the state should help, those are the ones the state should help*" (Participant 10, male, divorced, age group 65 to 74).

DISCUSSION

This study compared social representations about aging and elderly care in Brazilian and Italian participants over 65 years of age. Results have shown that on the subject of elderly care, aspects of daily care and of technical care are present in social representations in Brazilian participants (class 5) and in Italian participants (class 2). However, in Brazil, these elements were mainly associated with female and single participants, in relation to a care-dependent elderly person, after a hospitalization period.

Similarly, in a research by Souza, Rosa and Souza (2011), representations of care for institutionalized elderly people are founded in attending to basic human necessities, such as food, hygiene, shelter. In this context, health care is expressed by meeting the demands related to health and illness, especially in hospitalization periods.

According to research done on the profile of the caregiver, in Brazil by Hedler et al. (2016), and in Italy by Puppa (2012), most of the caregivers do so informally, and most of them are women with some family tie with the elderly person they look after. In Brazil, most of the caregivers are women, possibly because of the social role culturally attributed to women, in association with maternal

roles, as well as the delayed departure from the family home, as described by Lopes, Zanon, and Boeckel (2014).

In addition to that, in both countries (Class 2 in Brazil and Class 1 in Italy) the participants relate elderly care to family responsibility. In Italy, it is associated with love, and mainly represented by married participants, and in Brazil, it is mainly associated with a regressive state, comparing elderly people to children, which had previously been noted by Floriano, Azevedo, Reiners, and Sudré (2012). In Brazil, the association of elderly care and child care has the implicit idea of dependency, which might generate social practices that are not adaptive and affect the autonomy of elderly people.

In Brazil, the association of caregiving and love is equally prominent, but in Class 1, in which the autonomy of the elderly person is more highly valued, which brings about the perception of overworking those responsible for looking after the elderly family member. Likewise, the results obtained in Italy presented, in Class 4, caregiving as work, and in Class 3, related to stress. Degiuli (2011) in Italy has found that hiring professional caregivers is a practice used to alleviate the extra pressure on family members who usually have to care for the elderly person as well as working outside and inside the home. Considering this, one might find that, especially in Brazil, where hiring professional care is beyond the financial possibilities of most of the population, stimulating elderly people's autonomy should be a priority, and should be stimulated and put to practice through public policies of access and promotion of health. In addition to that, the dichotomy of feelings regarding looking after elderly people agrees with the results previously found by Hedler et al., 2016, on the positive side, with feelings of love, and by Aguiar et al., 2011, on a more negative view of overwork and stress of the caregiver.

The demand for elderly care is seen in Italy as a duty shared by family and state (Class 4) and in Brazil as a family responsibility. In a research by Camargo et al. (2014) that compared the representations of aging in Brazil and in Italy, the element of family arises as equally representative for the Brazilians. According to Camargo et al. (2014) there appears to be a distinction, between Italians and Brazilians, in collectivism and individualism, mixed with idealized views (positive) and realistic views (negative) of aging. The Italian perspective removes the duty from family and places it on the state. In a research done in Italy by Chiatti et al. (2013), family caregivers emphasize that public welfare and care are a duty of the state, and home care is linked to families with better a socioeconomic stand. In Brazil, possibly because of the lesser involvement of the state in home care, it appears to be associated only with family.

Even with the different possible configurations of elderly care – at home, in communities and at hospitals (Del Duca et al., 2011) – there was a predominance of informal home care in both countries, and because of the informal nature of caregiving it is difficult to precisely quantify the number of people involved in this service (OECD, 2015).

Elderly care representations, both in Brazil and in Italy, are related to elderly family members, especially mothers and fathers, and in a home setting (respectively classes 3 and 3), as had previously been found by Degiuli (2011). In Brazil, caring for one's mother is a consequence of her being widowed, and as for the father, it is related to complications and worsening of health issues. This phenomenon might be explained by the fact that in Brazil women live, on average, eight more years than men – this may be attributed to biological factors, to the different degrees of exposure to risk factors; the abuse of tobacco and alcohol, and also the different attitude towards health and disease, for women tend to seek out health services more, which denotes a higher level of self-care (Santos & Cunha, 2015).

For the Italian participants, death is seen as a better alternative than living with severe disabilities (class 3) which would impose a burden on the caregivers. As for Brazilian participants, the imposition on the caregivers when dealing with care-dependent elderly people is seen as a sacrifice, especially for men and divorced people (class 1). Da Roit and Naldiniw (2010) have found that when trying to balance work and elderly care, caregivers suffer a great impact on their personal, social and family lives. In Brazil, God is cited as a coping strategy in face of adversity and the limitations of old age. Aging might also be seen, according to Chnaiderman (2013), as an imminent threat, not only because of physical transformations, but also because it faces us with the thought of death and mortality.

In Europe social policies encourage a model of community and home care when facing elderly people who are care-dependent, with the implementation of programs of long term home care. They defend keeping elderly people at home, and continuing their daily life and keeping their routine. In the case of Belgium, people who choose home care start to receive a financial benefit to help minimize the negative impacts on the family care giver, such as health issues and the rise of poverty levels (OECD, 2015).

According to the social representations of aging of participants in both countries, old age is seen as a natural stage of life, something to be accepted and recognized (respectively classes 5 and 2). However, in Italy this stage of life is seen as a consequence of lifestyle choices made during the process of aging. The study by Lumme-Sandt (2011) states that factors such as physical appearance, autonomy, lifestyle and mental well-being are all present in the ideas and representations about aging and health in old age. Therefore, even if it is considered to be a natural part of life, the responsibility for being healthy or unhealthy in old age is put on the elderly person, who "chooses" their lifestyle along the aging process.

In Italy, especially among married people with ages from 65 to 74, old age is associated to a mindset, a state of mind, so mental aging is seen as something that can be

avoided (class 1). Similarly, in Brazil, mainly on class 1, being old is seen as a subjective state: feeling old; and an objective state: inactivity. Both in Brazil and in Italy the idea of activity seems to be connected to the representation of aging, associated with well-being (respectively classes 3 and 3) and aging seems to be related to a subjective mental state, objectively associated with inactivity. Representations of aging, associated to "feeling young" and "way of thinking" are favorable to the ressignification of old age, because, in opposition to inactivity, both bring the possibility of keeping a socially active life. However, they seem to ignore other possibilities of growing old, because this conception might hide the difficulties and the physical and social problems that are a consequence of aging. According to Biasus et al. (2011), current context seems to favor the prejudice against age and the marginalization of elderly people who do not conform to these ideas of feeling young. This might influence the rise of social practices that are not adaptive when facing the losses from growing old, which is not favorable to successful aging, forming what Debert (1997) named "reprivatization of old age".

Brazilian men, in their majority, emphasize the need to act one's age. Body care is different between genders, and also according to each individual's self-image. Women's young appearance is considered more attractive, and in the case of men, other characteristics are considered more desirable, such as financial and professional situation (Camargo, Justo, & Jodelet, 2010). In this sense, aging might bring more loss to women, because their physical attributes are relevant factors in emotional and professional competition (Magnabosco-Martins et al., 2009).

In Brazil, in the case of married people with ages between 65 and 74, social representation of old age presents elements related to dependence on the family, considering it undesirable (class 4). These data were equally discussed by Tavares, Scalco, Vieira, Silva, and Bastos (2012) in a study about the experiences of being elderly and depending on the care from other people. The authors have found that, for the elderly person, depending on the help of other people causes feelings of impotence and uselessness, which might cause a certain level of lack of emotional control, and can be increased by the presence of family conflicts. On the opposite situation, family support might become a source of strength and support so the elderly person might keep their emotional balance ad better face their reality of physical and economic dependence. This difference might be due to personal characteristics of the people interviewed in the study, for in the research by Tavares et al. (2012) the situation of dependence is already a reality.

In the Brazilian subjects' opinion, feeling old depends on one's health condition, which, in its turn, seems to be determined by God. Gutz e Camargo (2013) stated that spirituality, in the sense of a search for God, might be seen as a coping strategy in order to explain or to deal with disease and dying, and the finitude of life. When facing the lack of control over death, the responsibility for one's health is put upon God, who is equally used as a coping strategy during difficult situations.

Both in Brazil and in Italy, having money is desirable to maintain quality of life and to afford proper care during old age. However, in Italy, in the absence of wealth, the state is seen as responsible for caring for elderly people. According to Degiuli (2010), besides the physical and emotional impact involved in elderly care, another factor that deeply worries most Italian families is the cost of extensive care, which is then seen as a responsibility of the state. According to IBGE (2015) 41.4% of elderly people in Brazil survive on a monthly income of one minimum wage *per capita*. In Brazil, the levels of poverty among the elderly population limit their access to services that could alleviate the physical and psychological burden on the caregivers, thus it is mostly relevant to impose public policies for supporting and caring for elderly people and their caregivers.

The desire to avoid becoming dependent on family members is justified by the dimension of the overwork as stated by the participants and it coincides with the findings of Floriano et al. (2012). The authors affirm that there is a process of self-renunciation in providing care to someone else, with repercussions that can be emotional, physical, as well as social, especially considering the way in which the care provider is chosen, oftentimes unexpectedly, or by an urgent imposition (Floriano et al., 2012). In these cases, becoming a caregiver is not a choice, and it is often accompanied by a lack of preparation. Taking up elderly care without a minimum of preparation might cause trouble both for the caregiver and for the elderly person (Muniz, Freitas, Oliveira, & Lacerda, 2016). In a research done with elderly people and their respective caregivers, there was a prevalence of burnout, with physical, psychological, financial and social repercussions (Loureiro, Fernandes, Nóbrega, & Rodrigues, 2014). In addition to that, the family reorganization that inevitably follows when someone takes up the role of caregiver is not previously planned, but rather imposed on by financial trouble or whether that family member has spare time (Hedler et al., 2016).

A child leaving home is seen as especially difficult for Brazilian widowers. Family is seen as a relevant element of emotional and physical support, and loneliness is undesirable. As previously found by other studies, contact with family is an important factor when facing aging (Contarello et al., 2011; Oliveira et al., 2012), especially for widowed people (Biasus et al., 2011) who fear that when their children leave home they will loosen their family ties (Veloz et al., 1999; Magnabosco-Martins et al., 2009).

Both in Brazil and in Italy, the participants' representations on aging and elderly care emphasize the importance of autonomy and remaining active, and they bring out the prospect of being ill and dependent on others as undesirable and frightful. Aging and elderly care appear to be harder in sickness, when the impairments imposed on the elderly

person reduce their wellbeing and impose the need for a caregiver, which in turn reduces the independence of the elderly person.

Elderly care involves a cooperative effort of the elderly person themselves, their support network, and their primary caregiver, who will take on a new role with new functions. It requires full cooperation in the network, and the belated realization of the caregiver's role in it would interfere on the process of identifying all the variables involved, and consequently on the wellbeing of both the elderly and their caregiver.

When respecting and taking into account the heterogeneity of aging, it is possible to see that there are no ready-made, one of a kind solutions for guaranteeing a pleasant process of aging, because all the possible solutions must be in touch with the material and subjective reality of all people involved. After investigating the specific difficulties of each group, both the elderly people and the people on their social network; after investigating the lack of social knowledge about health and aging, we have shown that it is imperative to implement policies of education for health and ageing that take into consideration all of the nuances of the target population.

It is also important to consider income differences, and the difficulty of accessing information; also, there are considerable differences when we take into consideration age, gender, and education. New studies that explore representations of ageing and elderly care and take into consideration the variables of education, income, and gender, which were not deeply investigated here, must be carried out in the future. Finally, public policies must be instated for the ageing population, and their families who end up being their main care providers. We suggest that these care givers receive financial support and emotional support through social programs that promote training and support for these particular caregivers.

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