

THE MEANING OF CARING FOR THE ELDERLY FROM THE PERSPECTIVE OF FAMILY MEMBERS: A SYMBOLIC INTERACTIONIST STUDY

SIGNIFICADO DO CUIDAR DE PESSOAS IDOSAS SOB A ÓTICA DO FAMILIAR: UM ESTUDO INTERACIONISTA SIMBÓLICO

SIGNIFICADO DEL CUIDADO DE ANCIANOS DESDE LA PERSPECTIVA DEL FAMILIAR: ESTUDIO INTERACCIONISTA SIMBÓLICO

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ABSTRACT

Objective: To grasp the meanings of providing homecare for the elderly from the perspective of family members. **Method:** qualitative study based on the theoretical framework of Symbolic Interaction, held in the city of Guanambi, Bahia, with 22 family members who cared for older people in the year 2015. We used semi-structured interviews for data collection and Bardin's content analysis. **Results:** the meanings of caring for elderly are permeated by retribution, reciprocity and gratitude for the previously received care; duty and moral obligation founded on cultural precepts; conjugal commitment and absence of other people to provide the care. **Conclusion:** the family member provides the care for their elderly loved relatives, but they give different meanings to that care, as they process the provision of care from the way the phenomenon is presented in their social life and is based on previously established relationship interactions.

Keywords: Aged; Caregivers; Family Relations.

RESUMO

Objetivo: apreender o significado do cuidar da pessoa idosa no domicílio sob a ótica do familiar. **Método:** estudo qualitativo, fundamentado na referencial teórico do interacionismo simbólico, realizado no ano de 2015, no município de Guanambi-Bahia, com 22 familiares que cuidam de pessoas idosas. Utilizaram-se entrevistas semiestruturadas para a coleta de dados, e a análise foi feita segundo Bardin. **Resultados:** os significados do cuidar de pessoas idosas permeiam pela retribuição, reciprocidade e gratidão pelos cuidados anteriormente recebidos; pelo dever e obrigação moral alicerçados em bases culturais; pelo compromisso conjugal e pela ausência de outras pessoas para o cuidado. **Conclusão:** os familiares cuidam de seus entes idosos, porém, significam esse cuidado de maneira diferente, uma vez que esses processam o cuidado a partir da forma como o fenômeno se apresentou em sua vida social e baseada nas relações/interações estabelecidas anteriormente.

Palavras-chave: Idoso; Cuidadores; Relações Familiares.

RESUMEN

Objetivo: comprender el significado del cuidado domiciliario de personas mayores desde el punto de vista del familiar. **Método:** estudio cualitativo, basado en el referente teórico de la interacción simbólica, realizado en 2015 en la ciudad de Guanambi, Bahía, con 22 familiares que cuidan a personas mayores. Para la recogida de datos se utilizaron entrevistas semiestructuradas y para su análisis los principios de Bardin. **Resultados:** los significados del cuidado de ancianos están vinculados a la retribución, reciprocidad y agradecimiento por la atención recibida anteriormente; al deber y la obligación moral fundada sobre las bases culturales; al compromiso conyugal y la ausencia de otros para ejecutar tal tarea. **Conclusión:** los familiares cuidan a sus entes queridos pero ese cuidado tiene distintos significados ya que ellos procesan esta tarea teniendo en cuenta cómo este hecho se presentó en su vida social y se basa en las relaciones/interacciones establecidas anteriormente.

Palabras clave: Anciano; Cuidadores; Relaciones Familiares.

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INTRODUCTION

Aging brings with it a series of physiological, systemic and pathological changes. These changes increase the vulnerability and the need for care of the elderly and often require the presence of a caregiver.¹

Thus, as the elderly grow older, whether they are healthy or sick, they need care. In Brazil, many families do not have the financial resources to hire a professional to perform such care. Therefore, most of the elderly, regardless of the degree of dependency, co-exist with their family members, who become the main responsible for providing the care for these individuals.

While caring for the elderly person, the family often chooses to take these into the family core, so that their needs may be better met.² The family that cares must accompany and help the elderly, doing for them only the activities that they cannot perform by themselves. Caregiving does not mean doing all things for the other, but helping them when they need, stimulating autonomy, even in small activities.³

Currently, the family plays the role of caregiver for approximately 3.2 million elderly people with virtually no support from the State or the private sector.⁴ When investigating the type of care received by elderly people in Brazil, the National Health Survey revealed that 78.8% of the elderly receive care from relatives.⁵

It is worth noting that this care is not something standardized and uniformized. This care is personalized and adapted to the needs of each person at a given point in life. It is broad and encompasses health, illness and the great passages of life.⁶ Although caregiving has common points throughout all cultures in the world, the different cultures perceive it, know it, and practice it differently.⁷

Care is essential for our development and accomplishment as human beings, besides being a form of expression of humanity.⁶ This arises when the existence of someone or something is important to the caregiver, thus representing an "attitude" of occupation, concern, accountability, and affective involvement with the other.⁸

This perception has to do with the thinking that care goes beyond procedures and technical interventions, but involves affective relationships and symbolic dimensions, which makes it complex. Therefore, understanding that family care for the elderly is a social phenomenon and interceded by actions and interactions, behaviors and attitudes, suggests that the precepts of symbolic interactionism (SI) can be used to support the discussion of this study.

Such theoretical support considers the complex relationship between society and the individual, the development of meaningful symbols and the process of behavior of the mind, based on a philosophical orientation and facts of daily life. In social interactions, individuals see in their imaginary anticipated behaviors of others and they often act moved by these conducts.⁹

Thus, the importance of understanding care as a dynamic process that depends on interactions and actions delineated from the relational context, as well as from the social reality of family members and elderly people, became evident.

It is believed that the results and discussions of the study will make it possible to expand the view to family members who care for the elderly, in order to value aspects that favor affection and pleasure in the relationship of care, seeking to exalt them before others, as well as knowing the symbolic universe of the relatives they care for. In view of this, the question raised was: what are the meanings of providing care for the elderly from the perspective of family members? The purpose of this study was to understand the meanings of caring for the elderly at the home context from the perspective of family members.

MATERIAL AND METHOD

This is a qualitative study conducted in the light of SI and based on three premises: the human being acts before things, based on the meaning they have for him; these meanings result from the social and individual interpretation established with other people; and such meanings are modified from the interpretive process used by the person while dealing with the lived situations and the found objects.⁹ From the SI perspective and the scope of the research, the meaning emerges from the process of interaction between family caregivers and elderly people.

The study scenario was the domicile of 16 families enrolled in a Family Health Strategy (FHS) of a suburb in the municipality of Guanambi-Bahia. Twenty-two family members who met the following inclusion criteria participated in the study: living with the elderly person in the same household, regardless of the degree of dependency of the same; being able to establish the process of verbal communication; and being present in the home during the daytime period, due to the hazardous nature of the place. The following were excluded: children, that is, family members who are caregivers but are under the age of 12, since they did not have the degree of understanding necessary to respond to the instruments; family members who were not located in the household after three consecutive attempts; and illness of family members during the period of collection of information.

Relatives who agreed to participate in the study signed two copies of the Free and Informed Consent Term, as part of the research protocol analyzed and approved by the Research Ethics Committee of the Federal University of Bahia under Opinion 1,239,431/2015. In order to ensure anonymity, the participants' names were replaced by the letter C, followed by the degree of kinship with the elderly person.

Data collection was based on a semistructured interview script containing sociodemographic data and questions directed to the object of the study and recorded in an electronic de-

vice. Interviews were performed during the second half of 2015, during home visits.

Collected data were analyzed through the technique of thematic content analysis, according to Bardin's precepts. This analysis technique is fast and effective with the possibility of application to direct and simple discourses and structured around three stages: pre-analysis, exploration of the material or codification and treatment, inference and interpretation of results.¹⁰

RESULTS AND DISCUSSION

The family members of the research were mostly women, single, brown skinned, between the ages of 13 and 78 years, Catholic, with incomplete elementary school, monthly family income of up to two minimum wages and residents in their own dwelling.

Based on the content analysis of the speeches and considering that the meanings built by the family members about caring for the elderly arise from the interaction established between them over the years, it was possible to delineate three categories, so called: care meaning retribution; care meaning obligation; and care meaning affective involvement.

CAUTION MEANING RETRIBUTION

The meaning of caring for the elderly was expressed by family members as a form of retribution. Relatives care because they were cared for by these people in the past. In this link, a strong affective component was observed, the fruit of the interaction between these individuals and reflecting on the way of acting and giving meaning to the care, as the statements show:

I've been cared by her my whole life, now I have to reciprocate. The human being is like this, one needing the other (C04: grandson).

She is the one who raised me, who gave me so much love, so much care. It's time for me to give it back, to take care of her, just as she cared for me (C09: granddaughter).

My grandmother has already done a lot for me, now is my time to do it for her. For all she has done, I have to do more. She struggled to raise me and to educate me, it is my turn to do for her (C16: granddaughter).

The testimonies reveal that the younger generations take care of their elderly relatives because they recognize the care they receive throughout their lives. This act gives them the feeling of being reciprocating the love and affection they say they have received, which seems to contribute to the sense of ac-

complishment and fulfillment, because they are giving continuity to the family tradition of intergenerational caring.

Thus, this caring is related to the interactions that precede the existence of this act, so that the care dispensed depend on the perceptions and interpretations built in the past.

In this perspective, the SI has as starting point the understanding that it is from the process of interaction that human beings form meanings and act in relation to people and things.⁹

Other studies have also shown that caring is a way for family members to reciprocate the feelings of love, tenderness, and the care itself expressed by the elderly person for them over the course of their lives.¹¹ It is a way of expressing acknowledgment for attention received at other times, a way of recognizing the previous efforts and attitudes of the elderly person.¹²

In this respect, the family members of the study find adherence to what the SI advocates, that is, the need to reflect on one, so that the individual perceives and/or identifies himself with the role of the other. At that moment, the family sees himself in the place of the elderly person and reciprocates, as in a mechanism of *feedback*, the love, affection and care received in previous moments.

According to the SI, in order to achieve symbolic communication and interaction, it is necessary to understand how and why people act in this or that way. This understanding enables the development of the *self*.¹³

The statements also show that the family members take care of the elderly because they are in an advanced phase of life and demand care. They recognize that their moment of repay arrived, but it is not an easy task:

He's already old, he's taken care of me and now it's my turn to take care of him. Day by day is not easy, the desire to give up of everything, but I like him too much. Then I leave this idea, and do everything with pleasure (C01: daughter).

Family members, although often discouraged by the difficulties faced daily or by the overload, fatigue and responsibility they assume, tend to care for their elderly with love and pleasure, revealing that the care relationship is strengthened by affection. This act of caring has an ambivalence of feelings and senses that relate to both the tear and the feelings of gratitude and satisfaction for the duty fulfilled. Thus, it is considered that the act of caring is permeated by different feelings.

The satisfaction of being able to give back to parents the care they have been given throughout life impels their children to invest at any cost in the welfare of those who they love, admire, and are grateful.¹⁴

In this thinking, the SI is based on some concepts such as society, *self* and mind, so as to understand and study the in-

teractions, reactions and interpretive activities determined by the situation and the interaction between people.¹³

The *self* represents a social process within the individual, involving two distinct phases: the “I” and the “me”. The “I” is the impulsive, spontaneous, disorganized and unpredictable tendency of the individual; it is the reaction of the organism to the attitudes of others. The “me” is the series of organized, sympathetic attitudes, representing the other generalized actor, which is the organized community or social group.¹³

It is as if the I impulsively and momentarily was manifested by not caring, by the will of not assuming that role anymore [...] the desire to drop everything [...], and here comes the *me* and reflects the cultural and social construction imbued by the care assigned to the family member entity, leading to fulfill their social responsibility as a daughter [...] then I come back and do everything with pleasure.

The study also revealed that the act of caring is also related to the question of gender, which reflects in the social and cultural determination of women as a provider of care to their family members. The participation of men in the care of the elderly was also present in the study, but in less proportion and related to the lack of options, not being a social construction and rooted in the male figure.

Caring is predominantly a role assumed by women, being an attribution passed on from generation to generation and, therefore, understood as natural, inevitable¹⁵⁻¹⁷ and socially constructed. Furthermore, studies reveal that socioeconomic variables determine these particular configurations, as these women, for the most part, have a low level of schooling and income, do not have paid work activities, and usually have a more affective bond and narrowest degree of relationship with the elderly person.^{18,19}

In this line of thinking, the woman is identified as a socially constructed and recognized symbol of the main family caregiver. Symbols can be thought of as meanings and values that are common or shared and apprehended from interacting with people, especially with family members.²⁰

It is understood, through the aforementioned lines, that family members give meaning to the care for their elders depending on the social and cultural context in which they were created, as well as the solidity of established relationships. Therefore, this care is conceived as a way of returning to the care received, so that the interaction ended in the past has repercussions on the way of caring in the present or in the near future.

Although meaning a returning to what was received, care has also been expressed as an obligation, which can lead to the exhaustion of the family member, especially when prolonged for many years.

CAUTION MEANING OBLIGATION

Care varies in the ways it is expressed, because the cultural patterns, the experiences and the established interactions influence how the familiar understands care and attributes meaning to it. In this category, the meaning of care was reported by family members as an obligation, as shown in the statements:

I take care because of her age, she needs care. She took care of my father (C03: grandson).

I feel in duty, in the obligation to care, for being an older person, who needs care (C07: daughter-in-law).

It means obligation. If I do not take care of her, who will do that, for God's sake? She has no one to look after her, It's hard to take care of mom. It's hard for a man like me to take care of a woman, it's very complicated, but even so, I take care of her (C20: son).

It is observed that, although the act of caring happens for different reasons and varies according to the characteristics and values that permeate the interaction between the relatives, the obligation and the moral duty are rooted in the commitment of care and are reinforced by social and cultural determinants, making it often be something socially imposed.

The C07 familiar, for example, in the interaction with the elderly reflected on the aspects of aging and was felt in the sense of duty to providing care. C20, on the other hand, link the obligation to care with the fact that the elderly woman does not have another person to play this role, accepting the situation due to lack of choice.

In this way, the individual's understanding of the situation is indispensable to the way the action will take place.¹³ In SI, the definitions of situations experienced by people are based and shaped by the culture in which they are inserted, reporting to the concepts of the *self* as the self-reflective being and of the conduct as a his definition and manifestation in concrete social situations.²¹

The speech of the C20 is of a son taking care of an old woman. This is not a common situation, even because women are historically conceived as the primary caregivers and the ones with the moral duty to do so, as discussed in the previous category. In this thinking, there is a rupture of cultural traditions incorporated to society, being, therefore, a difficult and unusual experience for men.

Researchers have revealed an increase in the number of male caregivers and noted that they are the primary caregivers because there is no woman around and available to provide such care.²²

Among the many reasons that lead family members to assume the role of caregivers is the absence of other people who could perform this task, which makes care an obligation and not an option for life.^{12,23} In nuclear families, which have few options of provision of care, a certain conformism eventually takes place on the part of the caregiver, who is often already aware of its role.¹⁶

It is important to point out that this role of caregiver has a significant impact on the lives of these relatives, since it causes physical and emotional exhaustion, leading to social deprivation and changes in lifestyle, overload, resignation, professional limitation, impossibility of working outside the home and financial restructuring in general. These family members need a network of support and help to stay socially inserted.¹⁴

In this sense, researchers have demonstrated that the family understands that caring for the elderly is their obligation, since throughout the life the elderly person was the one who provided care, and now a reversal of roles between generations happens.¹⁴ Thus, it is noticeable that caring is considered cultural in the Brazilian society and most of the family members see it as something natural in life, an obligation and not a choice.²⁴

It should be noted, however, that in the households visited, despite the family members expressing this moral obligation of care, there was no harshness and impatience in the treatment of the elderly person.

In other situations, care appears as an obligation, but inherent in the matrimonial bond, evidencing that there is an affective and religious element that gives meaning to this way of acting, as can be perceived in the speech:

It means that I have to take care, I cannot ask others. Caring is my duty. There is no one to provide the care, I have to do everything myself. The whole life so far has been giving this care, we helping each other, and as long as God allows it will be so (C13: spouse).

It means that if he gets sick, I have to take care of him, I cannot ask others. Caring is my obligation (C14: spouse).

The act of wives becoming caregivers of their husbands is based on the condition of conjugality, on religious aspects, on the social construction of moral obligation, but also on the good relationship and positive interactions established between the spouses over time. The desire to reciprocate rewarding experiences means that the duty to care is not transferred, but incorporated as a responsibility.

According to the SI premises, the description of human behavior is based on the social act and evaluated by the manifested activity - observable behavior - and the hidden activity, that is, the internal experiences and the interactional coexis-

tence of the individuals. Human conduct, therefore, must be understood in social terms, and not as arising solely from the internal influence on the individual.²⁵

In this sense, the commitment intuited as an obligation assumed by the spouses is established and understood as something to be kept for a lifetime. The act of caring, then, becomes an inherent consequence of marriage and goes back from the contracts, promises, and marks of a period in which couples would remain together until death.²⁶

Thus, in the seizing of the meanings of caring for the elderly in the perspective of family members, it can be affirmed that the moral obligation of caring is often permeated by conformism and that this meaning is the fruit of the interactions established between the generations, in which being a family member necessarily implies responsibility/commitment of assuming the role of caregiver.

Therefore, the significant symbol attached to the elderly person in the society in which this study was developed is related to the need to care; to reciprocate family interaction with love and affection; and the moral duty, socially attributed to the younger generations regarding the caring for the elders. It is also added that kinship, religious and gender relations directly influence the way in which care is perceived by family members.

CARE MEANING AFFECTIVE INVOLVEMENT

Family members build meanings for caring that are revealed through love, affection, dedication, admiration, pride, patience and respect. It is believed that these symbolic meanings are the fruits of established interactions. These interactions are the ones that signify and resignify the care given to the elderly person.

The SI indicates that symbolic meanings form the basis of interaction. Therefore, the SI analyzes how the individual defines reality and how this definition relates to their actions.¹³

The following testimonials demonstrate how emotional and affective involvement influence the way family members give meaning to the care provided for the elderly:

I leave my chores to take care of her, because I feel pleasure, love (C02: daughter-in-law).

I take care of her as if she were my mother. I have all the love, affection, respect and dedication to her (C10: daughter-in-law).

To care for her is to watch over, to give affection, to give her what she wants (C15: daughter).

Caring means having a feeling for the person you care about, someone you take care (C17: grandson).

It means love, affection, and admiration for her. Caring for her means showing dignity, respect for older people (C19: grandson).

It means having love, patience. Caring represents dedication, affection, respect (C22: granddaughter).

It is noted that the relatives built meanings to the act of caring and interacting with the elderly in the social environment in which they were inserted. The care was signified by them as involvement, respect, patience, and affection; as an expression of good character, that is, acts practiced by a being who has qualities to be socially recognized and accepted.

Social interaction creates a space that allows the *self* and the society to constantly conceive, maintain or change. Thus, this interaction between the individual and others results in the formation of symbols and meanings that are somehow absorbed and internalized in the *self* of each individual.²¹

Most family members start from the understanding that the meaning of care goes beyond meeting the basic and instrumental needs of the elderly person's daily life; caring is also affective involvement, among other attributes.

Care is not restricted to technical procedures or acquired scientific knowledge. This goes beyond these aspects and it is about human attitude, commitment and responsibility, because it is a relationship that occurs between two human beings, built and supported in their experiences of life. Caring can involve love, care, attention and joy,²⁷ as well as other characteristics that are not exclusively based on the biophysiological needs of the individual.

The caring relationship is permeated by the most diverse feelings, among them affectivity by the relative, solidarity, gratitude and commitment. The experience of these feelings must be identified and valued, since they become essential for the maintenance of affective bonds.²⁸ Studies also reveal that most family members feel good about providing care; they feel proud and gratified for helping out an important person in their lives.²⁹

Still from this perspective and based on the SI, we understood that the family members that provide care reveal with their actions what they think, what they feel; it is a symbolic action. The act is considered symbolic because the human being is able to create and use symbols to relate to the world, so that without them, it would not be possible to interact with others.³⁰

Thus, in this study it is considered that the meaning of care emerges from the interaction between family members and elderly people in their relational context and that this care is made by meanings that symbolize affective feelings and senses. Caring is a more comprehensive attitude than just paying attention; it represents occupation, concern, accountability and affective involvement.⁸

It is worth emphasizing the reduced number of participants, obtained in only one region of the city of a countryside area of Bahia as a limiting factor of this study, as this does not make it possible to generalize the results found. Therefore, further studies involving more collaborators in different regions are suggested.

FINAL CONSIDERATIONS

The analysis of the interactional process in which family members provide care for elderly people made it possible to identify meanings that evidence care as a symbol of retribution, obligation, and also love, patience and affection. In this way, all the relatives showed to take care of their old ones, but they give different meanings to this care.

The experience of family members made us understand that the action/behavior in the present study is a reflection of the interactions established in the past and that family members process the care of the elderly person from the way the phenomenon occurred in their social life. The meaning is the result of the interpersonal relationship between those involved.

In addition, knowing these meanings allowed the sharing of experienced feelings in the relationship between the family member and the elderly, as well as understanding the influence of social and cultural issues in caregiving, a fact that creates subsidies to assist health professionals in their practices with these families.

These meanings also reveal the understanding that the elderly family should not only be considered as a unit of care but also a unit to be cared for. Furthermore, identifying not only the difficulties and negative consequences of care, but its potentialities and its symbolic meaning contributes to rethink the care in the scope of health work organization, especially the FHS teams.

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