The Social Construction of "Feeling of Burden": Narrative on dependency and care in old age.

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Abstract

In a society in which ambivalent positions of old age coexist, suffering from limitations in the basic functions of the human being disrupts the identity of old people and the social perception that is held of them. The impact of the deterioration and the physical incapacity affects not only old adults but also those who take care of them; it entails repercussions of instrumental, emotional and social types. Within the social and subjective dimension of aging arise stereotypes and negative images from being considered dependent subjects; one of most important of these is the "feeling of being a burden". During the in-depth interviews, the diverse implications of this negative image in advanced old age are identified in old adults and their carers in the city of Durango, Mexico. The analysis of narratives shows results pertaining to the interrelation between the subjective aspects of the identity, the beliefs, and the power of social discourses.

Resumen

En una sociedad donde coexisten posiciones ambivalentes de la edad avanzada, padecer limitaciones en las funciones básicas del ser humano vulnera la identidad de personas mayores y la percepción social que se tiene de ellas. El impacto del deterioro y de la incapacidad física afecta no sólo los adultos mayores, sino también entre quienes se encargan de su cuidado; y conlleva repercusiones del tipo instrumental, emocional y social. Dentro de la dimensión social y subjetiva del envejecimiento se presentan los estereotipos y las imágenes negativas de ser considerados sujetos dependientes; uno de los más importantes de éstos es la "sensación de ser una carga". Durante las entrevistas a fondo, las implicaciones diversas de esta imagen negativa en edad avanzada avanzada se identifican en viejos adultos y sus cuidadores en la ciudad de Durango, México. El análisis de narrativas muestra los resultados que ligados a la interrelación entre los aspectos subjetivos de la identidad, las creencias, y el poder de los discursos sociales.

Key words/ Palabras clave:

Old age, dependency, care/ Vejez, dependencia, cuidado.

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Introduction

Although some analyses associate old age with ideas of respect, wisdom and experience, there are also several studies that report old age as being related to deterioration, uselessness, decrepitude, burden or social rupture - images that construct old age as a synonymous with dependency, fragility or vulnerability (Aranibar, 2001). Although many elderly people manage to arrive at old age with a diversity of resources, e.g. a good pension or sufficient income to cover their basic needs, together with suitable networks of family and social support and good health, statistics reflect that this group is only a minority, since a great proportion of the elderly population is in conditions of social vulnerability, mainly in our Latin American reality (Cepal, 2002; CONAPO, 1999; Guzmán and Huenchuan, 2005; Montes de Oca, 2007).

This social vision of old as "inefficient", "hardly attractive", "burden or "social rupture", accompanied by the gradual destitution of the people who conform the work force, was formed at the beginning of the 20th century (Hareven, 1995:4), and predominates in the majority of industrialized societies where old people generally occupy a social and economic position inferior to other groups of the society (Aranibar, 2001, 2004). These types of societies are characterized by the search of satisfactors of human needs and desires. Here, the individuals are immersed in the production and reproduction of material goods, as well as in the development of new knowledge and capacities that allow them to increase and to make a more swift consumption of these goods.

The demands of consumption and globalized technology that privileges productivity, health, competition, speed and efficiency, along with living in a society that praises youth, strength and activity, brings about inevitably a devaluated vision of what is old, weak and incompetent. This is the existing paradigm that favors the attachment to what is socially more valued and promotes an indifference to all which is devaluated and stigmatized.

The above explanations acquire relevance in advanced old age, or what is called the fourth age[1], a stage that is characterized by the appearance of physical or mental diseases that bring about incapacity, deterioration and lack of social functionality (Ludi, 2005; Solís, 1999). All this, in turn, causes old people to become physically dependent on the care of others for carrying out of the basic activities in daily life. Losing autonomy in basic human capacities gradually creates a negative expectation of old age.

[1]Andersen (1992), García, Rabadán and Sánchez (2006), Ham (2003), Neugarten (1996) and Solís (1999), consider the fourth age of begin at 75 years of age, whereas Bazo (1990) considers it to begin at 80 years of age. The majority of authors agree in that the fourth age is characterized by appearance of physical and mental deteriorations and the diminishment of networks of social support, for which old people in this group require greater protection and special care. In order to provide clear and cohesibe reading, the participants will be refered to in the following distinct forms: old woman, old, old adults

Dependency in old age is the most feared situation for all human beings; old people who lose their autonomy feel devaluated and stigmatized. On the other hand, those who, within the family, take responsibility for caring for old, carry out a heavy task, a "work" which is not remunerated, representing a devaluated work and worker (Robles, 2007). This condition, in that both old people and the caregivers are perceived as beings with little social recognition, in which they share the experience of deterioration in old age produces thoughts, feelings and emotions that harbor the idea of "being a burden" among old people and "carrying a burden" among old people and their carers respectively. The repercussions on both parts, even though they are different, have an "emotional and social weight" that is important to analyze.

This work is part of a broader research in which the subjective and social dimension of old people and caregivers is explored in the experience of fourth age. What we show here is a dimension related to the construction of negative stereotypes in old age and care, such as "the feeling of burden". Through the narratives of the participants, we identify the subjective meanings, the social emotions and the social meanings tied to the concept of burden in old people and carers. Initially, the analysis is oriented to explore the meaning that old people assign to their experience. Then, we analyze the interpretation of the carers' experience.

Theoretical framework

The different images and discourses around old age are socially constructed from different realities in each space and time, and from certain material and symbolic conditions of life. Thus, we can find explanations that go from the negative denomination of old age to those that find positive elements in this process. The above means that old age is a polysemic and multidimensional phenomenon.

An example of an explanation that devalues old age is the *theory of labeling,* in which the image of aging frequently appears as a "deviated" situation in a society that praises youth and has not yet got accustomed to the call of demographic revolution. Laslet (1989; in Arber and Ginn, 1996) maintain that the image of the group of old people responds more to an identity that has been imposed by society rather than to a process of self-identification. The "label" of the devaluation is related in a general way to concepts like decrepitude, dependency and disease (Aranibar, 2001).

Another similar position is in the explanation of Cumming and Henry's (1997; in Aranibar, 2004) *theory of separation*, whose main thesis is that "old age inevitably entails the diminishment of interaction between the individual and the society and that this process is "functional" for both parts. This theory mentions that aging consists of an inevitable mutual oblivion or "separation"

that brings about the diminishment of interaction between those who age and the rest of the members of the social system on which the old are dependent.

The *theory of activity* as a counterpart, maintains that in order to arrive at old age without painful experiences, it is necessary to continue maintaining patterns of activity and values typical of mature age; that is to say, preserving the activity and the values of the previous phase of the life cycle, or when it proves impossible to maintain those, replacing them by new ones, maintaining therefore the satisfaction to live (Havighurst, 1963; in Kehl and Fernández, 2001). This position implies in some way the denial of the arrival at old age.

On the other hand, the sociological approach to age is based on the idea of *vital course*. This approach insists on aging in the course of life as a social process on the one hand, and on the other, age as a structural characteristic of societies and changing groups, where people and functions are different according to age. The vital course approach also pays special attention to the cultural dimensions of aging, as well as analyzing this phenomenon as a critical dimension of cultural change (Arber and Ginn, 1996).

As we can see, the previous explanations confirm that there is no single way to understand old age. The different theories that explain old age are unfinished *per se*; some are hardly sensitive to the experience of old age, and show little clarity in the relations between the social circumstances and perceptions. Same as in theoretical explanations, in the social context a negative vision of old age also predominates, with images images that identify old persons as people who present/display deterioration, disease and deficiencies.

The Feeling of Burden

The existence of old people is characterized by a constant loss of a sense of self-integrity and by a diminishment of the certainty with which the individuals generally live (Castro, 2002). In this stage, identity is reconstructed based on disease, deterioration and, in some cases, the expectation of death (Coupland, 2007). In the participants, this new identity is assumed in many ways.

The concept of burden has been reviewed widely in psycho-social research. More extensively, it has been directed to identify mainly the repercussions of care on the caregivers and on family coexistence, especially when caring for ill or disabled old people is concerned (Montorio et al., 1998; Rivera, 2001). The same concept among old people, acquires other dimensions, because it is located in the plane of the construction of an identity in old age. Constituting themselves as subjects that represent a "burden" for the family and for the society includes elements which are both individual and social that are not easy to evade; that is to say, symbolic elements like beliefs and stereotypes are produced and are reproduced in daily life.

Stereotypes in old age not only appear in the social imaginary, but they are also internalized by the characters of life experience. The perception of "being a burden" in the participants makes reference to ideas, thoughts and emotions that reflect a devaluated image of themselves, defining themselves as people who are "no good", "useless", "annoying", and who are "a nuisance". These self-perceptions are present in several analyses of old age and retirement from labour activity.

In this sense, the perception of being "a burden" ties closely with a social value of great relevance: work. When they stop working, the individuals lose social and self-esteem. Specifically in the case of men, retirement from labor activity not only has to do with the basic structure of economic processes, or with membership in certain social positions, but it is also bound to microsocial processes and to the structure of the world of life (Kohli, Rosenow and Wolf, 1982). It is for this reason that it acquires such importance in old age.

When the biography of the individual actors arises, the world of life is constituted at a basic level of the construction of social reality. In this way, work is legitimated in a natural way by agreement of members who constitute social reality, creating structures of meaning where the structural economic conditions are relevant only within these structures of meaning (Kohli, Rosenow and Wolf, 1982).

From the point of view of work, Bauman (2008) maintains that work is the normal state of human beings; not working is "abnormal" or "bad". From this approach two premises arise: first, he argues that work is a way to obtain the necessary to live and to be happy, and that it is necessary to do something that others consider valuable and worthy of payment. The second premise implies that it is not decent to rest, only to gather up energy in order to continue working. In other words, working is a value in itself, a noble and hierarchizing activity (Bauman, 2008:17).

In the case of women, the perception of being a "burden" is the same as in the case of men, but the origin differs in some ways. The "work" that women stop carrying out is not formal work bound to economy, but domestic work of care, of service of "others" and occasionally, tasks related to a family business, as in the case of farmers or agriculturists. Thus, feminine work/activity is also socially legitimized, since it comprises a primary socialization of the own maternal image, which implies a representation of the same feminine experience (Maier, 2001). In both cases, the strength that certain social values acquire as work/activity represents for the subject aspects of "central order" (Mahoney, 2000) that influence life experience of the dependent old ager and the meaning they give to it.

Finally, the emotional component represents an important dimension of the perception of "being a burden". Inevitably, feeling "a burden", besides the mental element, has an emotional part that arises from the discourse of deficit[2] or deterioration. The old adult with functional limitations, besides feeling "useless" for not carrying out work or activity, hears around him expressions such as "he's in very bad condition", "he can hardly do anything", "he can't do anything by himself"; or "he's depressed", "he gets very anxious", among others things. It is in this way, that old people borrow these discourses, generating simultaneously congruent emotions with these expressions.

The above becomes meaningful as an approach of emotions as a social construction. Discourses on deficit or deterioration make reference to concepts that discredit and emphasize a form of inferiority in a world of relations and that generate doubts on him or herselves during the rest of life (Gergen, 2006; Goffman, 2006). From the point of view of constructionism, emotions are seen as events or expressions that arise within relational patterns and vocabularies that vary greatly from a culture to another or from a historical period to another (Gergen, 1996).

Within this approach, emotions are described as "socioculturally determined patterns of experience and expression that are acquired and subsequently shown in specific social situations" (Patient, Lawrence and Maitlis, 2003:1017). The emotions, feelings or affection, are characterized by beliefs, judgments and desires, whose contents are not natural, but determined by systems of social beliefs and tie meaning to particular contexts (Armon Jones, 1986; Hochschild, 2008; Lazarus, 2000b). In this sense, in the context of the fourth age, whose characteristics of disease and deterioration are inevitable, the emotions of anxiety, sadness or frustration acquire sense and meaning.

Emotions also acquire a relational meaning, and vary from one cultural context to another (Gergen, 1996; Lazarus, 2000a) since the personal meaning of what is happening depends on the way in which the other person in the interaction acts. From the point of view of Lazarus (2000a: 189): "our objectives and beliefs about ourselves and the world, and the actions of the person to which we are relating, are combined to produce the personal meaning that produces the emotion". In order to include/understand the emotional reaction to a challenging situation we must know its *surroundings*, which take the form of a history of the relation and the relevant changing situations of personality that

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[2] *According to Goffman (2006), the discourse of deterioration is related to the devaluation of those people who are perceived as unutilised, disabled, dependent up on others and suffer from different physical deficiencies. Gergen's concept of deficit (2006) makes reference to the diagnostic labels used mainly by professions specialized in mental health (e.g. depression, post-traumatic stress, personality disorder) and that operate as means of evaluation and define the position that the individuals occupy according to tacit cultural axes that define good and bad. Both are compared with the condition of dependency in the fourth age.*

model the emotional reactions of the people who carry out some role in rela-
tion.

In this way, old people and caregivers are immersed in a relationship
that produces a difficult and stressing emotional atmosphere. According to how
both value the experiences they go through, they will model the emotions that
arise in each relational encounter. Thus, the "world of the life" of the participants
arises in a subjective, emotional, and also a social context of relations, where
objective realities and personal meanings are created and recreated. Both rea-
lities, objective and subjective, arise in processes by which people express or
give account of the world in which they live (Anderson, 1999); and are found
within the language-discourse, forming particular identities in old age- in this
case, narratives of the fourth age.

In this sense, in advanced old age, as much for men as for women,
work/activity constitutes an identity principle of social role that allows them to
exist in a society that has specific expectations on each of them. In the case
of old adults, identities are disarranged when they stop fulfilling a social value
such as work, giving rise to a new configuration of themselves. These new
identities arise based on their histories, constructed socially, narrated continu-
ously to others and themselves (Anderson, 1999). The aggravated image of
themselves conforms to their identity of old people, which has suffered gradual
transformation throughout their processes of aging, and that results in an iden-
tity crisis.

The empiricalwork

As mentioned before, the present paper is part of a broader qualitative research
on old age, dependency and caring in which the in-depth interview technique
was privileged. The interviews were recorded with the consent of the partici-
pants. The sample was formed by twenty adults older than 70 years:[3] eleven
women and nine men with functional limitations to carry out the basic activities
of daily life who live in the city and municipality of Durango, Mexico. The recruit-
ment was carried out through contact with personnel responsible for programs
and services of attention to the older population in medical units of the health
sector. Greater heterogeneity in socio-economic conditions and chronic-de-
generative disease was sought for. The in-depth interviews were carried out at
the homes of the participants. On average, two interviews per old adult and one

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[3] *Although many authors agree that from the age of 75, the risk of dependency increases due to de-
terioration of age and to the increase of the chronic degeneratives diseases (García, Rabadán and
Sánchez, 2006; Ham, 2003), another parameter of age in which a loss in fucntional capacity starts is
as soon as 70 years (Gutiérrez and Lozano, 1996; INEGI, 2005). In this study we intentionally selected
people older than 70 in order to have a broader sample, because cases reported in health institutions
of higher ages were scarce*

per carer[4] were carried out. Some main sociodemographic characteristics are found in Table 1.

Analysis procedure

The data analysis was carried out using software for qualitative data (Etnograph version 5). In a first level of analysis the information centered on the person was taken into account, trying to include/understand the phenomenon from within the subjective world of participants, such as their beliefs and perceptions of life experience. In a second level of analysis the discourse of narratives was interpreted, in order to identify actors, intentions, knowledge, actions, happenings, vital events, scenarios, cycles, and analyzing the key words, considering the phrase in which they are inserted; codifying, categorizing and recovering segments of narratives, having, consequently, the advantage to recover the temporary character of the experience and the social and cultural referents (Hernández and González, 2000; Rodríguez, 2003).

The expression of subjectivity of each interviewee gave the opportunity to identify related concepts, similar phrases, existing relations, patterns, sequences and differences that allow the inclusion of emergent categories and subcategories and thus to obtain a better reading of the study phenomenon and to make a listing and a map of codes (Hernández and González, 2000; González, 2007).

The list and the map of codes integrated into the categories made possible the appearance of certain *themas or thematas*[5](Rodríguez, 2007), that represent persistent topics with a generating power shown by the diversity of concrete contents they display. In other words, those themas in old people and caregivers allude to images and beliefs related to the feeling of burden in old age.

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[4] *This decision was taken due to the fact that the study was oriented to identify the perception that old adults have about old age, dependency and care, and as a secondary objective, is was sought to know the perception that the carers had about this topic of study.*

[5] *(The concept of themata has been instituted by Moscovici and Vignaux (in Rodríguez, 2007). In words of Rodríguez it is useful for interpreting the centrality of the components in a representation in a qualitative manner. The themata would be persistent subjects that have a generating power due to the diversity of concrete contents that can unfold based on specific contexts. The themata are potential contents that come from collective memory and language, which in turn trigger the elaboration of real contents.)*

Table 1. Sociodemographic characteristics of Old participants

Case*	Age / Gender	Marital Status	Schooling	Receives pension	Access to health service
Ma. Dolores	93 / F	Widower	Unfinished Jr. High.	No	**ISSSTE/Private
Rigoberto	82 / M	Married	No schooling	Yes	ISSSTE/Private
María Santos	92 / F	Single mother	Unfinished Elem.	No	**SSA
Roberto	75 / M	Married	Elementary	Yes	ISSSTE/Private
Juan Lorenzo	83 / M	Married	Jr. High	Yes	**IMSS/Private
Rosa María	86 / F	Widower	No schooling	No	IMSS/Private
Cosme	82 / M	Married	Unfinished Elem.	Yes	IMSS
Rosalba	93 / F	Widower	Unfinished Elem.	No	ISSSTE
Eulogio	74 / M	Married	Unfinished Elem.	No	IMSS
Jorge	75 / M	Married	Technician	Yes	IMSS
Leonel	87 / M	Married	Unfinished Elem.	No	IMSS
Genoveva	83 / F	Widower	Unfinished Elem.	No	SSA
Pablo	79 / M	Widow	Unfinished Elem.	Yes	IMSS
Ana María	87 / F	Widower	Unfinished Elem.	No	SSA
Imelda	78 / F	Married	Unfinished Elem.	No	ISSSTE/ Private
Irene	82 / F	Married	Unfinished Elem.	No	SSA/ Private
Consuelo	95 / F	Widower	Unfinished Elem.	No	SSA/ Private
Abelardo	84 / M	Married	Unfinished Elem.	Yes	Medicare/ Private
Ma. Elena	70 / F	Widower	Unfinished Jr. High	No	IMSS/ Private
Rosenda	88 / F	Widower	Unfinished Elem.	Yes	IMSS

* The names are fictitious to preserve anonymity
** Social Institute of Security and Services for the Workers of the State; Secretary of Health and As-
sistance; Mexican institute of the Social Security.

A final analytical part consisted of introducing these central themas
in an abstraction process where the theoretical perspectives of the social re-
presentations and the constructivism were openly reflected. This process, as
González (2007) says, became a two way road between the construction and
intellectual reconstruction and experience. The above is a real expression of
the constructive-interpretative principle that occurs as a permanent reflective

activity of the researcher. The latter implies going beyond the specific details of the vital segments, to accede to a coherent interpretation of data, to a search of meaning; it is necessary to discover not only the tip of the iceberg, but also the hidden part, submerged.

Methodological considerations

The thematic exploration of the narratives is related to the approach of herme-neutical reconstruction of Rosenthal (1993, in Bolivar and Fernández, 2001), who distinguishes this type of analysis as a fundamental element in the bio-graphical data analysis and defines it as "the sum of events or situations pre-sented/displayed in connection with the subject that forms the central focus". Some of the general principles of this model insist on the following:

a) To make a chronology of narrated histories;

b) On the form and structures of the story, according to subjects chronologically ordered, besides the distinction of subunits of text in the narrations;

c) In the reconstruction of meaning of the perspective of the past and,

d) In the contrast of the interpretations carried out in the contextual sense of the stories.

From our point of view, since the analytical referent of themas or the-matas raised by Moscovici and Vignaux (in Rodríguez, 2007) converges with the approach of analysis of Roshental (in Bolivar and Fernández, 2001), it was decided to carry out this analytical part under this model. The analysis of the in-dividual data and themas makes a better understanding of objects and subjects of study possible.

Results

Even though the material conditions of the participants are different, the deva-lued images of themselves are similar, which indicates to us a certain consensus in the predominance of the negative stereotypes of old age. In the narratives, both cognitive and emotional aspects that correspond to a predominantly nega-tive vision of the old age are identified. This vision is reinforced by macrosocial aspects which globally identify old people as a burden for western economies, with the financial commitments that are seen as a long term threat concerning life in general (Fennell, 1988; in Russell, 2007).

Also, the feeling of "burden" defines certain forms of relationships bet-ween old people and people who surround them, at the same time that they are self-defined. That is to say, from this system of relations, we found symbolic

and emotional elements that produce what González (2007) denominates as *subjective sense*.[6] In this view, the feeling of being a burden, expressed by old people made us ask ourselves: where does this image arise from?; how is this stereotype constructed?; what elements of the context are present in the subjectivity of the subjects and how does this context contribute to reproduce a negative image of old age? In the continuum cognition-emotion some answers arise when we enter the data analysis.

An analytical axis relates symbolic elements, with the sense and meaning of being "a burden" in which emotions, thoughts, feelings, ideas and beliefs of uselessness, passivity and inactivity underlie. That is to say, not to be productive (in the case of the men), and of not helping, collaborating or catering to others (in the case of the women). This has to do with their role, with the function that has been culturally assigned to men and women - a role that they have left behind because of aging, being ill and requiring care. However, that social role has been essential part of their identity. The narratives both of old men and women that are shown below integrate elements of individual and social subjectivity:

Narratives of old people and their perception of "being a burden"

> (…) Oh dear! … I, at first asked God – don't forget about me, because I am just so much work … here, I am no longer good for anything … (María Dolores, 93 years).

> (…) Yes, that yes… they ask me "do you want this?" or "do you want that?"… and in that sense I am such a "pain" to them (María Santos, 92 years).

> (…) I feel uncomfortable, I don't like her to be here locked up (referring to her caregiver daughter), because she cannot leave me, here locked up all the time, day and night… (Consuelo, 95 years).

> (…) Well I say, nothing else but to ask God to allow me to go 'round on my own, so people don't get fed up with me (Rosenda, 88 years).

> (…) Well, sad. It's only me and my daughters alone, but it's very sad to be always hoping for someone to do me favors. Listen, that feels awful … (Ana María, 87 years).

> (…) … No, that's what I tell you. … We arrive at old age and that's when we start being a nuisance, almost for

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[6] *González (2007:14) denominates subjective sense to the "unseparable unit of symbolic processes and emotions in a single system, in which the presence of one of elements evokes the other without being absorbed by it*

everything and for that reason we get pushed into the background and for that reason, because we don't have any money, for that reason they start noticing all our faults… (Juan Lorenzo, 83 years).

According to these referents, the feeling of being a burden is construed both in old men and women. Both feel being a burden because under normal social standards, they lack the capacity to take care of themselves; that is to say, their social position is not equitable with other people's position who are not in that condition, which is why they are in a situation of inequality when they stop fulfilling their social roles or being reciprocal of the benefits they enjoy (Waerness, 1996, in Robles, 2007).

Men, once they leave formal labor activity, diminish their economic contribution because of the low pensions; on the other hand, those who did not have access to a retirement pension find themselves economically dependent on the family. The majority of them, when inserted into domestic life, try to carry out domestic work related to their gender, that is to say, work that requires the use of strength or technical skills, which make them feel useful within the context of the domestic environment.

But what happens to old people when they can no longer help around due to disease and physical deterioration? What happens in their subjectivity when everything they did before is now done for them? The participants of this study, in agreement with other research, feel that they stop being the head of the family and that they give away the authority and power to decide about household issues to those who care for them (Fericgla, 2002; Robles, 2007; Reyes, 2006).

On the other hand, for old women the meaning of being burden differs based on their gender and their social role. For them, limitations and obstacles to carrying out domestic and catering tasks implies that they stop caring for significant others; that is to say, they are compelled to stop "being there for others" or "catering to the family", which represent a great part of their social being, of their identity (Burin, 1990; 1998; Maier, 2001). This loss of roles and of reciprocating care and support within the family, risks their position in the dynamics of family relations.

In addition, behind the discourse concerning old people of feeling "a burden", the experience of work as a socially constructed value is identified, because work is a central aspect that generally constitutes identity in the subjects[7]. We have long heard phrases such as "we've got to take care of something in life" or "work dignifies", which have influenced our actions while living.

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[7] *(When we talk of work, we are refering both to labor activities carried out by males, and to labor or domestic activities carried out by women according to their context.)*

We often define ourselves by what we do, by what we carry out in a labor or professional context. Work grants identity, status, and social role.

In this sense, the identity of the old people is affected, because they perceive themselves as "ill", "deteriorated", "inactive" or "useless". These social labels arise when they lose their autonomy, their physical functionality and their social role. Old people miss feling useful, active and healthy, because all this gave them security, personal well-being and the certainty belonging to a social world, to the "world of the life". In synthesis, men and women, construct our identity around work/activity. When it's no longer possible to stay active because of age and disease, nostalgia and longing for work appears (See table 2).

Table 2. Longing for work

Men	Women
Cosme: For example I´d be over there you see, doing this doing that and such things. I what can do I do, and what I can't, well…	Consuelo: … first of all I remember when all of them were here (the daughters) in the house and all the work we used to do here … we worked all day
Juan Lorenzo: To be able to me to move around well, to be able to continue working, to be able to do something better and mainly to have capacity to do things by myself (…) no, well when you no longer have the same mobility, the same way to do things. Anyway, in old age, you forget many things and it's not the same. But it is nice to be doing something…	Rosa María: Well I tell you, I just pray to God, I used to sew and used to say my prayers but not anymore. I used to sew myself dresses, used to handle well my needles, used to go to the yard, wash my underwear, my bathroom, the dishes, but not anymore. What point is there if I can't anymore?
Jorge: Well sometimes I get mad at myself, 'cause I used to be an agile man and now I'm crippled and I get angry with myself 'cause I want to stand up and I can't. I used to be a "manager" in two municipalities … I was a great character, and was "sharp"… was hard working	Ma. Santos: … and suddenly I couldn't do anything. Had I been able to work, I could possibly do a little more, even if it is doing the dishes or doing something, but I can't (…) mmm well yes, it's awful because I can't do everything I used to do, all there is to do. Before, I used to do all the work I had to, at home or if I had to go to work, I´d go to work, but when you're in this condition (ill) they no longer employ me 'cause I can't anymore.
Rigoberto: Well, sometimes I think that if I were good and healthy in some way I'd manage to live more well off, to work and to earn my bit of money, to give my "chivito" (cooperation) and to keep the rest.	Ana María: And we used to make good money, and used to make my dad proud, I had my brothers and had to make a living for all, we had to work.

Old people in this research are individuals that value and praise work[8]. The value that is granted to work, to activity, to not being idle, has been cons- tructed from cultural beliefs that the individuals have incorporated from a pre- established social order that privileges work as activity. To a certain extent this social order gives way to situations of power and social control that are imper-

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[8] *Authors such as Bauman (2008) and Lipovetsky (2008) propose that in the new generations, this value has begun to decay.*

ceptibly introduced in our way of thinking and acting. For example, considering that stopping working is something negative when they have long lived off work.

In our western societies, resting is not well viewed, because work is a noble activity that grants status and pride; not working it is considered "abnormal" (Bauman, 2008). Thus, work is a central aspect of motivation in the life of the individuals (Lipovetsky, 2008), that disrupts and can generate "disrupted" patterns of existence such as frustration, sadness and anxiety, because they really constitute truth nuclei, discourses that have their origins in immemorial times that settle in subjects within the cultural contexts of many social groups. However, it is necessary to make a distinction between genders, because the previous exposition does not have the same meaning for both old men and old women. In the case of old men, their labor activity in the formal market of work gave them a sense of identity and property and of social status that is recognized and valued. In the case of the women, their work consists more of domestic tasks and care carried out during their lives, without predetermined schedules nor established times; these tasks also are a base of feminine identity.

Both old men and women leave work or activity because of diminishing faculties, compromised capacities, limited independence, feeling useless, unproductive people. This brings along a personal and social devaluation: their *self* is affected by the loss of independence in men and a domestic role in women. This agrees with Erikson's approach where at the stage of old age the fundamental task would be to look for the integrity of the Self with a minimum of hopelessness (1986).

In the case of the women participants, the majority of them were busy with domestic tasks and with taking care of family members. To stop carrying out activities pertaining to their role, as it has been stated, has an important impact on their identity (Maier, 2001), because, as it has been said, to stop being active and to stop catering to others means losing an important part of their feminine being. In women, as in the men, these losses generate unpleasurable emotions that the participants mitigate with memories of "the good times" as in the following stories: (…) *Morally there are times, moments during which sadness bites me … because I remember those moments I used to work… I felt good… to share with workers and bosses … (Jorge, 75 years old).* As Fericgla (2002) suggests, men do not miss the labor occupation per se, but rather, the rhythm, the social style of life and relations that surrounded and derived from the old occupation. In women, this process seems simpler, because for them it only means to stop responding to the needs of the family, as we see in the following example:

> (…) You see… back there at the ranch, well just ask her
> [the daughter carer], milking the cows, making cheese,

> grinding a bucket of nixtamal in metate, well over there, in the farm yes we worked a lot. I worked a lot because in those years then there were not the machines that there are now, neither were there mills nor anything, so one gets their nixtamal and has to grind in the metate (Ana María, 87 years).

In narratives of the participants, biographical memory reconstructs their existential identity in the last stages of life, where the qualities of the past assume new values and meaning, thus avoiding (at least, at times) feelings of hopelessness or stagnation (Erikson, 1982). It could also be said that with the help of memories they try to maintain a façade, a hostile disguise that protects them from a threatening atmosphere which conflicts with their identity (Biggs, 2000; Goffman, 2006). On the other hand, both men and women in old age have become resigned to the fact that others replace them in the tasks they no longer carry out by themselves. However, tasks of the feminine role are replaced with greater ease by other women in the family, because although some of them are immersed in the labor market, they have never been released completely from domestic responsibilities (Gomes, 2001). For the masculine activities, there are not always men available to carry them out, because men who can help are incorporated to formal work, and therefore, absent from home.

Having said all the above, our aim is not to stop valuing work, but rather, to analyze how work is constituted as a central universal value that does not take into account individual and social questions, such as valuing who can still work in old age, in what conditions, or if there are enough employment opportunities for old adults etc. It is a fact that the central value of work arises from the early learnings in childhood, when without taking into account the necessary capacities to carry out labor or occupational activity, it is instilled in us that "it is necessary to work in order to deserve", because working will make us worthy of "payment" (independently from the type of payment). Whether there are or aren't enough, suitable and/or necessary conditions for work, work dignifies us, turns us into "good people", and not to have it makes us "unworthy".

On the other hand, Bauman (2008) raises the issue that the ethics of work[9] is promoted from within the family, the school and the church pulpit so that we never forget that we must work. In the same sense, Lipovetsky (2008) comments that within the framework of the duties towards oneself, work is something that has been more socially praised. Work, according to this author, has been imposed not only as a social duty, but as an aim in itself that causes the subjects to be worthy of humanity; this way, "if work praises man, idleness degrades and dishonors him" (Lipovetsky, 2008:121). The expositions mentioned up to now acquire relevance when we see their influence in the construction of the identity of old people.

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[9] *For a broader view of work ethics, refer to Bauman (2008: 17-8), who considers that the ethics of work is a norm of life with two explicit premises and two tacit preassumptions, adopted by our modern society.*

From the constructivist position of Neymeyer (2000), these central aspects that conform identity[10], belong to social categories that establish a "well-known order of life" (work, activity, family, marriage, etc.); that receives social approval and "a functional" image of the individuals. Then, when that order is lost, the individual feels devaluated and forced to find "forms of correction", as we found in the narrative of María Dolores, who being confined to a bed, made the effort to carry out some activity:

> (…) no, I was always weaving, I wove in worsted or
> thread but I wasn't idle. Not idle.

It is in this way that the presence of biographical memory retrieves significant experiences of the past, such as the efforts that old men and women make to maintain a certain degree of functionality, which is what Baltes (1996) denominates as a model of optimization and compensation. That is to say, the participants try to surpass the psychic or physical deficits that appear in advanced old age.

The participants, in that sense, look for, wish to restore and to recover that order, because the changes that arise in old age (inactivity, change of identity, transformation of role) defy the social mandates of value which mean productivity, activity, performance, competition, etc., and that sets the system of central ordering[11] of the individual in "agitation" (Mahoney, 2000:132). In their eagerness to maintain a role, a function that has been so valued and that is essential in their identity, they look for options and solutions that often exist in their yearnings, their memories, their nostalgias. It allows them to have a place in the world, a world that establishes certain norms of life on the subjects.

However, the social norm is different for men and for women. In men, the valuation of formal work, established not only as a means of subsistence, but as an ideal and vital referent, also leads to associate the end of labor life with a loss of organizational belonging, labor identity and forms of socialization; change of self-image, self-efficiency and self-esteem, modification of goals and objectives, and routine that structure the use of time (Iacub, 2011:69).

We conclude this section emphasizing that in the narratives of the participants we can find many "I"s that form their identity, that is to say, "the own being, the narrator, is "many I", occupies many positions and has many voices" (Hermans, in Anderson 1999:287). In this way the "I – old" does not exist outside discourse; it is created and maintained in language and in discourse; it is

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[10] Those related to "normal" and significant life patterns are denominated central aspects of identity for the individual, such as paternity, work, belonging to a family, having a couple, etc.
[11] Mahoney (2000) views the system of central ordering as those processes of self organization which are vital for the functioning of the individual and protect him or her, especially against change.

not a subject or preexisting substance either, it is a speaking subject (Gadamer, 2005). In the expression of these "I"s, some predominate on others, are caught in a battle and are in constant tension. Old people look for, try to find identities that allow them "to stay afloat" and "to not let go of the rudder" to face a reality that exceeds them. Nevertheless, as we will see further on, separating from the negative discourse is an impossible task because of the social weight that this has on them. We bow show narratives that exemplify the previous exposition.

Narratives of the feeling of "being a burden" in the context of relations

> Being here I annoy them… they can no longer do what they want when they want to (María Dolores).

> (…) you see me sitting here, or laying down, doing nothing because if I want to get up and do something, to drink water, I need to use my harness, and if I'm using my harness, what can I do? Nothing… (Consuelo).

> (…) That's what I tell you, when you arrive at old age, you become a nuisance, you get pushed into the background (Juan Lorenzo).

> (…) Not then… it makes me sad me because I can no longer get around by myself. It gets me upset … (Rigoberto).

We can see in the stories that the meanings of old age are constructed socially and culturally, because in them we can identify a load of negative stereotypes that show the deficits and repercussions suffered by their bodies through because of disease, the functional deterioration and the loss of autonomy.

The cognitive narratives about the self of the participants accompany emotional elements that form a total identity, constructed in a context of relationships in which old people are immersed. The emotions can be reinterpreted as events within relational patterns such as social actions that derive their meaning and importance from within the ritual of the relation. The emotional answers of old people before the feeling of burden also reflect the way in which they are related to each other and with the meaning that they give to their situation.

With respect to emotions that are derived from the burden feeling, old people indicate emotional states in which they generally include the near network of relations (the caregiver, family and friends). The emotions that old people describe of sadness, desperation or shame correspond not only to a real and "objective" situation represented by disease, suffering or pain that this generates, but also to particular subjective conditions. The second half of life brings about the gradual recognition of temporary limitations, the diminishment

of opportunities and the conclusion of achievements. Let us examine the narratives support the previous argument.

Narratives of emotions associated to feeling a "burden"

> (…) To want to… to be able, to want to make things and no longer being able to do to so, well nothing …, I just feel ashamed… (Irene).

> (…) Then desperation, distress, sadness, anxiety… Look, just sitting and laying down because I cannot, not even when I'm in bed, I can't even sit up (Rigoberto).

> (…) When I see that she's already very tired (the carer wife), I feel ashamed to ask for help. But she sees (my need for help) and helps… (Juan Lorenzo).

> (…) Well sometimes I get mad, mad at myself, because I used to be a very agile man (…) then she (the caregiver wife) finds it very difficult… she´s bored of it, she's fed up (Jorge).

In old age, the biological deterioration changes the self of the individual and diminishes the proximity with the world, and further on, eliminates the source of reward and satisfaction (Kohli, 1990). From a social understanding, one of the predominant emotions in old people is sadness. This implies a central topic because it is the experience of an irrevocable loss and losses convey that social meaning. According to Lazarus (2000b), it is not frequent that sadness for losses can find a new meaning that diminishes the negative psychic states in people. This could happen only in therapeutic contexts.

In the case of other emotions described by old people, a new reflection arises: why does shame, pain, or anger arise when incapable? When is this a by-product of a life process that is inevitable and the solution does not depend on them? Why do old people find it difficult to transcend this stage of life? Is it possible that their emotions respond to social expectations that they can no longer meet?

In expressing emotions, the discourse of the participants is geneally clarified by narratives that reflect a devaluated and stigmatized self. When narrating to themselves when they no longer hold the capacity of being autonomous or capable of looking after themselves, they reflect feelings that are adapted to certain forms of old age, whose expressions of deficiency are interpreted as a personal failure. The meaning of feeling a "burden" in old age is linked to incapacity or loss of autonomy, and is a feeling that is constructed socially, influenced by cultural and ideological elements, as well as values and social class (Castellanos and López, 2010; Ferrante and Ferreira, 2008; Hochschild, 2008), which suggests that old people cannot be considered a homogenous group.

The vision of themselves of old people corresponds to certain dominant social representations, which are not necessarily true. These representations are generally based on stereotyped images of old age associated with decline and disfunctionality. However, these images act as powerful influences on their way to reason (Lazarus, 2000a). As the social constructivists say: "emotions are characterized by attitudes such as beliefs, or judgments, whose content is not natural, but is determined by systems of cultural beliefs and predominant moral values in certain contexts" (Armon-Jones, 1986:33). The emotions are narrations that acquire their meaning only in relation to a time and a specific context.

The time of old age and the context in which it takes place respond to a normative dimension, that is to say, to what we believe to be appropriate or correct, and the narratives of old people seem to confirm that the appropriate thing is youth, the capacity of being autonomous, self-sufficient. In this sense, it would be necessary to try to include/understand the logic of the emotions, by examining the ways in which the objectives, beliefs and valuation of what is occurring takes them to experience certains emotions and what underlies the latter (Lazarus, 2000). On the other hand, Hochschild (2008: 127) argues that "the social thing goes much beyond of what our present images make us believe, and that there are social patterns of thought".

Up to this point we have analyzed the part corresponding to old adults. However, as we have already mentioned, the concept of "burden" in old age and care, has a double implication: not only does it mean "to feel like a burden", a perception that corresponds to old people, but also acquires meaning for the caregivers. For them, the experience of care, often means "to take a burden on their shoulders" because the different personal, family, and social circumstances of the participants make important differences in the role they carry out as caregivers. Next, we show the sociodemographic characteristics, the care tasks and the meaning that care has for the participants, according to gender.

Table 3. Socio-demographic Characteristics of women caregivers

Case	Age	Marital Status	Schooling	Source of Income	Present Occupation	Relation to Old Adult
Mauricia	54	Married	Technician	Husband/ pension	Housewife/ Carer	Daughter
Asunción	67	Married	Unfinished Elementary	Husband	Housewife/ Carer	Wife
Rosalía	48	Widower	Jr. High	Pension/ employment	Carers/ housewife/ informal employment	Daughter
Nora	73	Married	Unfinished Jr. High	Husband /children	Housewife /Carer	Wife

Nora	73	Married	Unfinished Jr. High	Husband /children	Housewife /Carer	Wife
Eréndira	64	Married	Jr. High	Husband/ children	Housewife/ Carer	Wife
Pina	63	Widower	Elementary	Pension	Housewife/ Carer	Daughter
Isabel	75	Married	Elementary	Husband/ children	Housewife/ Carer	Wife
Ma. Auxilio	68	Single mother	Technician	Pension	Housewife/ Carer	Daughter
Celia	30	Married	Technician	Husband /siblings	Housewife/ Carer	Daughter
Jovita	54	Married	Jr. High	Husband /employment	Housewife/ Carer /informal employment	Wife
Consuelo	75	Married	Unfinished Elementary	Children/fam business.	Housewife/ Carer	Wife
Tina	38	Widower	Lawyer	Pension/ employment	Housewife/ Carer /informal employment	Daughter
Manuela	57	Married	Unfinished Elementary	Husband	Housewife/ Carer	Daughter
Argelia	57	Widower	Jr. High	Siblings	Housewife/ Carer	Daughter
Francelia	75	Married	None	Husband /children	Housewife/ Carer	Wife

The data show us differences and similarities between the caregiver participants. Amongst the differences we can find age and schooling. The young caregivers (generally the daughters) had access to greater schooling, whereas the older caregivers (spouses) had less schooling. The majority was not involved in formal or informal work and those who were, divide their time between caregiving and their labor activity. As far as economic income, it is little in almost all cases. In the case of caregiver wives, it is of special importance to emphasize they have been always been considered natural caregivers. However, being older caregivers themselves prevents them from doing some tasks (such raising the patient, changing his clothes or taking him to the bathroom). Carrying out these activities risks their physical and emotional health, since the social isolation in which they live also affects them (Robles, 2007). The case of Consuelo is a clear example of the above:

(…) I don't go out anywhere, it's been a long time.

In the case of Consuelo, as in other similar cases, the condition of poverty is added, which makes the task of taking care of old people more complex, as we can see in the following narratives:

(…) I would ask with all my heart that someone donated me some diapers (Asunción, carer wife) Consuelo, carer wife.

(…) Well, money for everything, we borrowed for the magnetic resonance, we borrowed… where can we get it from?(Rosalía, carer daughter).

However, similarities exist in which many of them already have been carers of other members of the family, as we see in the case of Tina:

(…) I need to speak with a psychologist… I lived already it with my sister, with my sister, the one that died and now again? (being a carer)… I told my sister, the one who lives in Irapuato, I told her: "you know what Rosalba? You do something because I can't cope, I cannot put up with so much …

In addition, care *per se* implies the carrying out of a series of tasks that demand responsibility and attention. The main activities carried out by the carers are enumerated in the following table on the basis on the classification of actions of caregiving that Robles (2007) establishes:

Table 4. Everyday activities of female caregivers

Type of care	Care activities
Actions of care in the line of the disease.	To buy and to administer medicines, to take him to the doctor, to manage supports, to prepare homemade remedies, to make treatments, to give massage, to change him of position and to observe his conditions of health.
Taken care of action of in the line of home.	To buy foods and smaller equipment of the home, to raise him, to change him, to sit him in an armchair, to prepare, and to give foods, personal cleanliness of the old person: hand washing, teeth brushing, bathing is not carried out daily. Attention to his physiological needs: to take him to the bath/to change the diaper. To clean the house, to wash, to iron, to cook, etc.
Taken care of action of around the biographical work of the patient.	To offer him emotional support: to talk to him, to read to him, to cheer him up, to pray together, to calm him.

(…) I see a lot of problems coming my way once my dad's disease get worse and I would want that my brothers also help me with this coming problems, because it wears me out, and I'm going to have to spend a lot of money which sometimes I don't have… (Joel, son carer).

(…) It is more burden for me, yeah, also when my sister comes… she comes at night, then I have make dinner for them (…) Even the doctor who comes here says to me - because she sees me running up and down: you have a sister? … Tell her to help you some days, share the work...... (Ma. Auxilio, caregiver daughter).

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> (…) perhaps it's more difficult for me… because I'm with
> him all day, caring for him, he (referring to the patient's
> brother), comes a while and he sees him, then he goes
> away, for me is all day long and all night long listening to
> him …… It's very heavy… I pray… and pray and say... yes,
> god gives me strength … (Celia, caregiver daughter)

As we see, the care of an old dependent person produces inevitable individual and familiar conflicts, based on the particular characteristics of its members, the relations among them, and the context in which the care takes place. For example, Tina has made a "career as a carer" (Robles, 2003). Added to the lack of support from the family, it generates desire "to leave the battle-field". The anger against her brothers demonstrates that family unity and solidarity are not values that all families share. That is to say, if family union really existed, there would not be the role of the main caregiver, but many "main carers" would exist.

The case of Ma. Auxilio is similar, although in addition, a conflict of relation between the carer and her ill mother exists here. The type of bond previously among them determines the form and characteristics of care. When the conflicts come from the past, the disease and dependency of old people are accentuated. To have the filial obligation to take care of someone with whom the relationship is aggravated, can turn into a "divine punishment" that makes the practice of caring a heavy and devastating experience. On the other hand, Ma. Auxilio resists "a system of family monitoring", that demands that she fulfil her obligation well: *(…) she [he sister] comes at times [], as soon as she sees her [her ill mother] everything becomes: "hey, do this for my mother … do this other for her"… but they only come to check that everything is being done right for her.*

On the matter, Robles (2007) raises the issues of norms about "good care" and "good carer" that guarantee that this work is granted with quality; the care and the carer, are judged morally in terms of good or bad, or of correct or incorrect, like part of a control system established by the family. The demands of those who not present in caring for old relatives are so great, that it would seem that these demands try to hide an unconscious blame for not fulfilling the established social mandates for care. Similarly, the resignation and the conformity before the inevitable arise in the form of discourses that counteract the conflicting situations that the carers live and which are not possible to solve by other means. The majority of the carers do not contemplate the minimum possibility that some institutional resource or the State share the responsibility the carer has. This "appropriation" of care of patients, as an exclusively familiar responsibility comprises a system of beliefs that limits the capacity to protest, to rebel, to demand support and attention to these problems.

Thus, work, family life, rest, and social interaction are aspects which are abandoned, suspended, or relegated when it comes to caring for a patient; care requires space and reorganization of the time to fulfill the needs of old people. The affectation of emotional health and social relations of the carer have a direct impact in the construction of their identity; on the one hand, it is perceived like an altruistic, compassionate, responsible person, who "fulfills his duty", and on the other, in their internal discourse, they are persons who suffer, get angry, are impatient and are frustrated before being satisfied with a fulfilled duty. In agreement with Arber and Ginn (1990), it is considered that carers carry a heavy load of work during long periods of time, with the risk of diminishing their financial capital, their social relations and their health. The above is opposed to any principle of solidarity, whether from the community or the family. This far, we have offered an analysis of the carers, but a remaining issue of importance is what happens when the carers are men.

In a globalized society where gender separates responsibilities and actions of men and women and further dictates that care should be confined to home as a feminine task, it is difficult to think about the collaboration of men (Robles, 2001). This means that even in contexts where men dedicate themselves to nontraditional activities, it is not easy to move the hegemonic ideal that women are more "appropriate" for care (Campbell and Carroll, 2007).

Culture continues to influence thoughts and conduct in such a form that feminine care continues being accepted, assumed and recognized. Society and the family in particular visualize masculine care as less suitable; this contributes to men being less involved in the responsibility of caring for old people. Thus, it is the gender that determines the selection of the carer, as well as the tasks of care carried out and the subjective and social repercussions in the caregivers.

In this study, there were four male carers, two single sons and two husbands. The reason for their role as carers was that there were no available women to provide primary care. In the following table we see their main sociodemographic characteristics.

Table 5. Male carers and their sociodemographic characteristics

Case	Age	Marital Status	Schooling	Source of income	Present occupation	Relation to the old adult
Joel	31	Single	Unfinished Elementary	No income	Home/carer	Son
Sergio	45	Single	Unfinished Jr. High	Employed/public sector	Teacher/carer	Son
Samuel	78	Married	Elementary	Pension	Home/carer	Husband
J. Ismael	72	Married	Elementary	Pension	Home /carer	Husband

As we can see, there are two types of male carers: husbands and sons. There are differences in age and income, but there are similarities as to schooling and occupation, because only Sergio evolved as an employee besides being carer. Joel was dedicated full time to caring and the older carers provided care to their wives with some family support, suggesting that somehow men are still considered less capable for caregiving (Robles, 2005).

In this sense, care activities acquire a different meaning from care carried out by women, since these activities are reduced and count on a good dose of extra family aid (household employees). That is to say, male carers generally receive aid from other women who have a career as carers (Arber and Gilbert, 1989). Next we show actions of care conducted by men.

Table 6. Care activities carried out by male carers

Type of Care	Care activities	Receives support
Actions of care in the line of the disease.	To buy and administer medicines, take him to the doctor, managing support, prepare homemade remedies, give massage, change postures and observe his health conditions.	Samuel, Sergio and J. Ismael receive support Joel carries them out alone
Taken care of action of in the line of home.	To buy foods and smaller equipment of the home, to raise him, to change him, to sit him in an armchair, to prepare, and to give foods, personal cleanliness of the old person: hand washing, teeth brushing, bathing is not carried out daily. Attention to his physiological needs: to take him to the bath/to change the diaper. To clean the house, to wash, to iron, to cook, etc.	Samuel, Sergio and J. Ismael receive support Joel carries them out alone
Taken care of action of around the biographical work of the patient.	To offer him emotional support: to talk to him, to read to him, to cheer him up, to pray together, to calm him.	Samuel, Sergio and J. Ismael receive support Joel carries them out alone

Unlike women, there are tasks of care of that men do not carry out, for example: praying along with the patient, preparing remedies and organizing care. In the case of Samuel and Sergio, somebody else carries out these tasks, generally a woman (who may be an employee or some member of the family).

When the mother becomes ill and the carer is a son, as it is the case of Sergio, the situation is more complicated. This difficulty is solved by hiring a domestic employee, or, resorting to help from a sister, because the question of the "modesty" comprises an important part of the subjectivity of the old adult which is not easy to break down.

On the other hand, masculine care also faces the negative stereotypes around it. In the social imaginary, there is still a traditional masculine

image where men do not give care. The male carer is seen as a little common person, like a "victim" of circumstances. Sergio's mother expresses it as follows: *(…) I feel bad for him…I want him to relax, to take a walk, because he doesn't do it, because he knows that I am here … how do I repay him? I don't give him any break!*

In the case of Joel, situated in a rural environment, the fact that he is a full time carer of his father makes him victim of labels such as: "lazy" or "profiteer" of the income of his ill father. It would seem that the care carried out by a man is not conceived as something possible, because masculinity is identified with the function of provider, with tasks that have nothing to do the domestic sphere such as caring for the ill. The masculine and feminine representations of who carries out care continue having connotations that somehow reproduce gender inequalities.

The arising paradoxical situation, finds its origin in the contradictory discourses, the multiplicity of voices to which the social constructivists refer. As Gergen (2006: 74) and Neimeyer (2000: 87) state, there is a "polyphonic dimension of the self" that complicates the processes of reflection and validation of identity, since the network of relations in which they are immersed, carers are by themselves complicated and contradictory.

Final considerations

Despite that social needs were not seen at much depth, the sociodemographic data examined indicate a situation of lack of social protection of many old adults, which has consequences on the conditions of well-being and quality of life. In a broader manner, the analysis regarding the feeling of "being a burden" reflects more than anything, needs for affection and social support. These have to do more directly with the necessity to modify, as a society, our negative perceptions of old age, since the narratives of old adults are not properly their possessions, but rather a product of the social interchange (Gergen and Gergen, 1998; in Anderson, 1999).

Within the social interchange, "universal truths", "globally valued duties" are established as work, which represents a demand and a social expectation difficult to fulfill for certain groups, as it is the case of disabled old people. When not being able to respond to this type of social consideration, tensions in the constitution of the self in old people take place, and an aggravated and stigmatized identity is formed, one that is constantly reproduced by the discourses that circulate in the immediate context.

For this reason, it is difficult for old people to change their perception of themselves or to think of old age in a different manner, because chang-

ing would mean defying social mandates that strongly impact the identity of old people as is the veneration of youth, activity, productivity and competition (Powell, 2001; Aberg, *et al*., 2005). To continue reproducing these discourses prevents old people from redefining themselves as subjects who grow old in a more positive manner.

It is fundamental to incorporate elements of gender to the understanding of old age and dependency, since it is not the same growing old as a man or as a woman, nor either being a functional or disabled person. Besides demographic, social and personal differences in the participants, the gender shades constitute an important dimension in the understanding of the meaning of old.In the aspect of care, even when care is granted within a frame of solidarity, influenced by affection and reciprocity, it is an arduous, heavy work, carried out in a non-equalitarian way between the members of the family. These inequalities generate familiar conflicts and emotional repercussions in the carers. The lack of rest and the little family support are reasons why the carers perceive care in terms of "burden".

The question of gender in care also acquires relevance in this work, because the results are similar to other research whereas socially there is persistence of the idea that the burden of care is responsibility of women. It is unquestionable that the influence of gender, as a cultural construction of the sexual differences, defines the tasks and specific functions for men and women. The social category of care is also constructed around images and beliefs on masculine and feminine that are shaped in powerful predominant discourses, that influence and determine the behaviors of those who carry them out. The belief that the men are incapable of caring is strongly rooted in the policies of aging and in institutional programs, not only in families (Arber and Gilbert, 1989; Robles, 2007).

We conclude that if images of old age with negative connotations and meanings continue to predominate, the possibilities of a greater integral social development of old adults and of those who care for them will be limited, because even when there are discourses on "successful old age", there are few who manage access to it. Biggs (2003) makes encouraging comments on the matter, suggesting that there is a social change occurring which stops viewing old age as a burden, but rather, as an opportunity to promote productive aging. This reflects an attempt make progress toward more acceptable forms of aging where old adults are encouraged to be their own monitors of success on the basis of a new paradigm.

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