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*Fragility or Frailty? The Stories of Five Women's Transition to Old Age*¹

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Abstract

This contribution aims to explore some of the major changes occurring in women's transition to frailty during ageing, through the data from a qualitative survey and the lens of intergenerational relationships. As prominent figures in family care and supportive relationships, women will be observed from an intergenerational dialogue perspective, which allows to recognize the needs and potential of a supportive relationship. By analysing five real-life stories through dyadic interviews between five elderly women and their respective reference person, we seek to stimulate discussion on the protective and empowerment factors arising from family relationships, and on the risk factors, hindering this transition. The outcome is a multidimensional view of frailty, which distinguishes between 'fragility' and 'frailty' and includes both risk and resource factors.

Keywords: frailty, aging transitions, family care.

¹ The article is the result of the joint reflection of the two authors; however, in order to attribute authorship to the parts, the introduction and the concluding remarks were jointly authored; the paragraphs 2 and 3 was written by Donatella Bramanti, and paragraphs 4 and 5 by Sara Nanetti.

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1. Introduction

Nowadays, the number of elderly people is growing exponentially as a result of a longer life expectancy in all developed countries.

The transition to old age tends to be postponed. People experience a slow and gradual transition from the middle stage of life, which is full of engagements, work activities and family responsibilities, to a stage where time is freed up for relationships and activities that it was impossible for them to engage in until that moment.

For most people, this change in roles continues to be brought about within the family, where every generation plays a major role in accompanying, supporting and, to some extent, easing or hindering this transition.

Several research studies conducted in Italy (Bramanti, Rossi, Rojas Gutierrez, 2014; Bramanti, Garavaglia, 2016; Bramanti, Cavallotti, 2019) and internationally (Börsch-Supan et al., 2013) showed that the stage of the so-called active old age largely dominates the life experience of those who enjoy, for the most part, a moderate well-being, in relation to both health and economic indicators (Istat, 2019).

The ageing process, however, is dotted by critical events – or stressors – that put the elderly and their support networks to the test: material, psychological and relational resources can determine outcomes that are more or less effective.

What happens when the experience of an active old age, mainly enjoyed within family relationships, is kept in check by a critical event impacting health, resources, or loved ones? How do individuals and their family networks rearrange their lives when the first symptoms of frailty begin to appear, thus preventing the elderly to live in total independence?

What happens when women, who are often in charge of family care, experience a significant event that triggers frailty? What causes the most difficulties to them? What are the points of weakness and the protective factors of female ageing? How does the family network react when a woman, wife or mother is struggling?

A recent study (Bramanti, Meda, 2016) highlighted some puzzling, but also distinctive, features of the female way of coping with ageing: women get to old age with more health issues and less economic resources than their male peers. They are more worried and have a clearer perception of ageing. They also attach more importance to family relationships (especially with their grandchildren), as well as neighbourhood and friendly relationships (with significant geographical differences); however, they tend to consider the system of welfare services – with the exception of their GP – less important for their own well-being.

Many studies have focused on the elderly's fragility, from the point of view of social, psychological and health determinants, whereas there is a very small number of works investigating the patterns that lead to frailty, which needs to be defined in its components, as we shall discuss later.

In this contribution, we will be presenting the first results of a research study that is still in progress on the elderly's transition to frailty and their network of reference. Our observations were made from the perspective of family networks, and in particular of the dyad formed by an elderly woman and the reference person she indicated. We have analysed how the transition takes place, under what conditions it is possible for people to achieve a new and acceptable balance in which they can continue experiencing a moderate well-being, what role the people involved play, and how they perceive the ageing process.

2. Theoretical framework

The subject of frailty in the elderly has been extensively investigated and debated, and some of the related concepts that have been recently explored, and which the present work refers to, are important.

Much of this literature is in English, and it is worth noticing that there are two terms in English to express this idea, and they highlight two different aspects and connotations: fragility (*Fragility – the quality of being easily broken or damaged*) emphasizes the element of risk, i.e. the quality of being easily “broken or damaged”; and frailty (*Frailty – the condition of being weak and delicate; the increasing frailty of old age*) effectively conveys the weakness, but also delicacy, of old age. The first meaning, therefore, expresses the need to preserve oneself, be careful, and try and avoid tricky situations; the second one suggests a distinctive trait, which can also be regarded as a specific resource.

If we interpret these two meanings as complementary in an evocative sense, without aspiring to linguistic rigour, we can outline an idea of frailty that is not entirely negative, and match it with the experience of a precious weakness that can lead to other meanings of life, less directed towards acting and more towards understanding the meaning of this stage of life.

In the light of this dialectic between fragility and frailty, it is interesting considering Borgna's phenomenological reflection (2014) about the fragilities that dot the course of our lives and are a distinctive feature of the human being, as a being in relationships. Thus, fragility can be seen “as a shadow (...) that weakens human relationships and makes them intermittent and precarious” or “as a grace (...) the common core of the most significant experiences in every

stage of life” (Borgna 2014: 7), since old age, silence and sadness are fragile, as are adolescence, words, joy and hope.

Therefore, starting from this idea of polysemous fragility, we would like to try and better understand how the female transition to old age relates to some key features of women’s identity, who have often been able to turn elements of weakness, vulnerability and social precarity (Grenier, 2020) into strengths within their relationships of care and attentions to others, inside and outside the family.

A first point that we share with much of the literature produced so far is the multidimensional value of frailty (Marcon et al., 2010).

The studies that were conducted have been trying to identify the bio-psycho-social indicators (Gobbens et al., 2010) which are responsible for the process of the individual’s increasing frailty and social powerlessness (Giarelli, 2019; Lloyd, Grenier, Phillipson, 2017). This perspective follows a multidimensional logic as to the determinants of the state of frailty, which includes physiological, functional, psychological, relational, economic, cultural, spiritual and environmental aspects. Thus, frailty is not limited to biological and psychological factors alone, which are inherent in each individual, but stretches to his or her social constructs (Grenier, 2007), as well as to interpersonal relationships and social capital, which are vital resources for individuals (Bramanti et al., 2014a; Bramanti et al., 2014b).

The second fundamental issue is overcoming a fixed point of view, in order to perform an analysis of the processes generating this phenomenon. The expression “transition to frailty” seems to clearly indicate the process that dominates the last stage of human life. As Van Campen (2011: 15) wrote: “frailty is a process in the elderly life involving the accumulation of physical, psychological, and/or social deficits in functioning, which increase the risk of adverse health outcomes, such as functional impairment, admission to an institution, and death”. In Van Campen’s work, there are a number of elements that increase social frailty, which is defined as “a loss of social relations” (lack of a partner or trusted confidant, lack of support, little involvement in one’s own family, neighbourhood and associational networks, which potentially lead to isolation).

In the individual’s biographical experience, the unfolding of time is marked by events that may trigger a perception of discontinuity between before and after.

Research helps us identify some of the events that we have called stressors and that pertain to three macro areas: a) clinical; b) socio-relational; c) socio-economic. These are adverse events of different magnitude, like, for instance, illness, widowhood, and the loss of one’s house, which are all factors that force elderly people and their family networks to rearrange their lives, on a practical level and also after acknowledging, perhaps for the first time, the need to

support the elderly. These critical events (Scabini, 1995) are usually the opportunity for the latter to become aware of the time passing and of their impending frailty.

A third issue, which is well represented in Grenier's studies, is the need to take the elderly's point of view. It must be highlighted that "there is a clear difference between the vocabulary used by older people and professionals" (Grenier, 2007: 432). Numerous research studies have shown that older people do not use the term "frailty" to describe their state (Grenier, 2005). Furthermore, frailty is not always experienced as a "loss": scholars who embrace the life cycle theory emphasize that this stage of life can be characterized by a continuity of experience and not by a biographical break, by a cognitive development and the implementation of coping strategies for all related issues. In particular, Poli (2015) underlines that it is possible to regard ageing as a potentially acquisitive stage, in which new acquisitions can also be used creatively and not just counteractively. Research in this field addresses the issues of body acceptance (Gadow, 1986), the creation of closer family bonds (Lustbader, 2000), the definition of room for negotiation between oneself and the chances of autonomy that one's current state allows (Grenier, Hanley, 2007).

Therefore, it is a multidimensional phenomenon, a lengthy process which, along with the relational patterns between generations, is involved in the ageing of a network member. From our perspective, the attention to the intergenerational aspect enables us to appreciate the importance of new relational arrangements as protective or risk factors for people's well-being.

The intergenerational relationships in multigenerational families (Bengtson, 2001), which are marked by solidarity, not only express an essential functional significance, through the transmission of goods and services between generations – especially parents, children, grandchildren –, but they also convey the historical memory, and the possibility of a symbolic legacy (inheritance) from the older generations to the younger ones, which, from our perspective, can allow the oldest and frailest members to take an active role.

Lastly, how can we grasp what comes out of this transition? We deem it useful to recall the concept of emergent effect, illustrated in relational sociology (Donati, 2013), as it enables us to overcome a vision which is strictly limited to instrumental or communicative aspects (Luhmann, 1993) that do not really uncover what generates social relations in general, and intergenerational relationships in particular.

In our case, this means understanding that, by interacting with each other, the individuals in the dyad produce an effect that cannot be explained solely through the characteristics of each social actor, but carries connotations of its own. The hypothesis that social relations produce emergent effects goes back to Simmel's idea of reciprocity effect (*Wechselwirkung*): the interaction produces

an effect that goes beyond what the two individuals in the dyadic relationship bring to it. They thus not only guide and influence each other, but they also establish a connection that is partly *ego*-dependent, partly *alter*-dependent, and partly a reality that does not depend on the two individuals, but goes beyond them. In the dyads that we have analysed, the relationship between the two individuals (the elderly person and the reference person) evolves within their supportive interaction: it is either strengthened or weakened. This happens within the wider – both family and social – network which the dyad is part of, and can carry new meanings for the two generations interacting with each other.

3. Method

The five dyads of interviewees, who were part of a larger group, were reached through the involvement of formal (welfare services) and informal (associations) networks¹.

The unit of analysis, characterised by the dyad, led us to use a particular survey tool: the dyadic interview. This form of survey differs from classic one-to-one interviews because of its interactivity and ability to involve participants in building a joint response. “The crucial difference between individual and dyadic interviews consists of the interaction between participants in dyadic interviews, as the comments of one participant draw forth responses from the other” (Morgan et al., 2013).

Generally speaking, dyadic interviews allow to: detect interactions and understand how people co-construct and interpret the social reality of the environments that they live in and share (Reczek, 2014); reduce the time and costs of the survey (Bjornholt, Farstad, 2014); provide support to the most fragile participant in the conversation (Sohier, 1995; Haahr, Norlyk, Hall, 2014). The dyadic interview can be organised concurrently (copresence) or sequentially (separation).

¹ In this survey, which is still ongoing, a total of 60 dyads are expected to be interviewed. The results presented here are part of the outcome of a research project titled “REDESIGN – FRAIL ELDERLY, INTERGENERATIONAL SOLIDARITY AND AGE FRIENDLY COMMUNITIES”, funded by *Fondazione Cariplo* and coordinated by *Università Cattolica del Sacro Cuore* in Milan, in collaboration with *Università degli studi di Verona* and *Università degli studi del Molise* (2019-2022). The research aims to co-acquire knowledge of the transition to old age in vulnerable situations, in order to develop and implement new community networks of care, and thus promote health and well-being, active ageing and intergenerational solidarity in 8 Italian municipalities (cf. <https://redesignanziani.com/>).

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

Moreover, since the observation perspective of the transition to frailty is focused on the relational experience of the interviewees, we chose the dyadic copresence interview – joint interview – in order to investigate the intergenerational relationship of care and support between the interviewees².

The interview was structured according to the following criteria: flexibility of the qualitative approach, supply and relational analysis of information, intersubjective control of the inferential/interpretive process.

As for the method used, the joint meeting with an intergenerational dyad becomes the setting of choice for gaining information. Consequently, when conducting the interview, the focus is on specific relational methods that take the following aspects into account:

- management of the exchanges in such a way as to ease the dialogic-conversational output of both individuals in the dyad, by enabling them to take turns in speaking, mutually comment and discuss what has been recorded in writing;
- attitude of the interviewer that arouses openness on the part of the dyads and active involvement in the task assigned to them. Discussion is stimulated by encouraging spontaneous interaction and not following a strict and mechanical sequence of questions and answers³.

This method allowed to make the most of the unit of analysis of the dyads in the process of shared narration about significant parts of life, in the past, present and future. This tool actually enables researchers to explore in greater depth not only each interviewee's point of view on a given topic, but also the process through which the interviewees' different points of view on the same topic lead to a shared synthesis, or highlight a distance or a conflict.

² For intergenerational interviews, see also the work by Tamanza, Cigoli (2018). Another important study on intergenerational relationships conducted through dyadic interviews was carried out by Bojczyk et al. (2011), although the interviews used in it were not in copresence.

³ The discussion guide contains 9 openings on topics including: the perception of ageing, the type of stressor, the quality and relevance of both intra- and extra-family bonds, individual well-being, help received, unmet needs, the quality of life for older people at a local level, reference values, and orientations, values and lifestyles passed on to future generations.

As the research took place right in the middle of the COVID-19 pandemic, when confinement measures were in place, the interview was conducted via a digital platform in two cases.

The interview was an opportunity for everyone to express and release their feelings and emotions about both the past and the present, and also their fears about the future. And everyone enjoyed taking some time to talk about their lives; everyone also received a video recording, or a transcript, of their interview.

The verbatim transcriptions of the interviews were processed using the hermeneutic content analysis method (Ghiglione et al., 1980). First, the texts were read without a spectrum of research hypotheses, trying to focus exclusively on the content, which was not organised within predefined categories. And then, key passages were formalised, and macro-areas identified (Onwuegbuzie et al., 2009).

The macro-areas that were identified and analysed relate to: 1) the relationship between fragility/frailty and old age; 2) the intergenerational dyad as a resource/limitation to cope with transition; 3) the specificity of female frailty; 4) and finally, the emergent effect, i.e. whether, and under what conditions, the dyadic relationship can guide transition towards generativity.

4. Empirical evidence

Let us take a quick look at some empirical evidence, as it was collected from the stories told.

Table 1 shows the structural characteristics of the dyads that were interviewed. The 5 dyads that we are presenting portray the transition of women in 5 Italian cities, located in both the north-central part and the south of Italy. The primary stressor affecting them is: widowhood (cases 1 and 4); relocation after a forced eviction (case 3); and discharge from hospital (cases 2 and 5). In some cases, secondary stressors emerged during the interview, such as: the presence of depressive symptoms (cases 3 and 4), impairment in performing basic activities (case 5), assuming the role of the older spouse's caregiver (case 3).

The five elderly women are wives, mothers and workers (in 4 cases out of 5), two of them can still rely on the presence of their spouse, who, in one case, is completely autonomous, and, in the other case, has difficulties and is not self-sufficient. The reference people indicated by them are 3 sons, a daughter and a younger friend, and they all belong to the succeeding generation.

The first case we are presenting is of an elderly woman, Carmela, who is 84 years old and recently widowed, and her son, Paolo. After becoming a widow, the woman, who lives in a small town in the south of Italy, has to

perform all the household-related tasks that were previously performed by her husband. Her son, who lives in Rome, 250 Km. away, from his mother, has decided to significantly rearrange his life in order to play a more active role in his mother's life and be more responsible towards her, thus trying to make up for his father's absence. Visits have increased, and telephone calls between them are now daily.

TABLE 1. *Structural Characteristics of the Dyads.*

	CASE 1 – Carmela and Paolo	CASE 2 – Lucia and Anna	CASE 3 – Maria and Laura	CASE 4 – Lisa and Davide	CASE 5 – Gianna and Carlo
Dyad					
Individuals in the dyad	Carmela (Mother) and Paolo (son)	Lucia (Elderly) and Anna (volunteer friend)	Maria (Mother) and Laura (daughter)	Lisa (Mother) and Davide (son)	Gianna (Mother) and Carlo (son)
About the Elderly Woman					
Age	83 - 40	77 - 36	80 - 50	80 - 44	77 - 45
Occupation	Shopkeeper in the Family- run Shop	Employee	Housewife	Skilled Worker	School Principal
Main Stressor	Widowhood, for the Last 9 Months	Discharge from Hospital, 2 Months Before	Relocation after Eviction, 8 Months Before	Widowhood, for 1 Month	Discharge from Hospital, 2 Months Before
Geographical Area	San Cassiano - Lecce, Puglia	Verona - Veneto	Verona - Veneto	Calderara di Reno - Bologna, Emilia- Romagna	Milan - Lombardy
Household Monthly Income	>1,000€	1,000-2,000€	>1,000€	1,000-2,000€	1,000-2,000€
Family Network					
Children	1	1	2	2	3
Grandchildren	No	No	1	1	4
Age of the Spouse	-	80	77	-	-
Self-sufficient Spouse		Yes	No		

She told us that the death of her husband somehow marked a watershed between before and after:

Carmela: Before, at Christmas, I used to bake a lot of cakes and desserts, I used to make struffoli (*typical Mediterranean dessert*) and almond cakes, I also used to make limoncello (*typical Mediterranean liqueur*). So many things I used to do here, on my street, with my female neighbours...

I do things, I don't shy away from them, but since Giovanni (husband) died, I feel like my world has suddenly fallen apart.

As postulated by the research, this stressor triggers the perception of the ageing process:

Carmela: Since Giovanni (husband) died, I feel like my world has suddenly fallen apart. I have started not to feel like doing things; in other words, I feel older than 9 months ago;

Paolo: After my dad's death, my mum has been struggling more to do things;

Paolo: Essentially, I now tend to worry more about her. I feel I have to come here very often, my wife is in Rome, I'm here. Let's say that coming here is not easy. I often think that I'd like to come back and live here, but then it seems complicated.

Frailty is described as a fundamental element of old age, which, however, feels heavier to bear not only because of the years passing, but also because of the death of the husband.

The dyad responded promptly to the stressor situation, by strengthening the bond between mother and son, despite the difficulties caused by the geographical distance. The son intensified visits to his mother and the mother found meaning in welcoming her son.

The pain for the loss of her husband was followed by a greater closeness to her son, perceived as care, but also as a strengthening of their bond, and all in all as a pleasant development:

Paolo: I now feel responsible. And also, to be honest, I try and make the most of it, and when I come here, I eat excellent food;

Carmela: Now he spends more time with me... When Paolo is here, I am very busy: I have to cook, wash clothes, make dinner. Although when he comes to visit, he often tells me off, when he has to leave, I'm always sad.

The strengthening of the bond between mother and son, who for years had been definitely more far apart, embodies the main resource of the transition, even though the son's distance is a complication, and highlights an issue that affects many areas in southern Italy, which have seen a significant migration of

the younger generations in search of job opportunities. The strengthening of the bond, however, also highlights some underlying issues between mother and son:

Carmela: I told you that you shouldn't have moved to Rome.

The dyad is close, affectionate, with traits of ambivalence that reveal a history in which not everything has been shared and accepted, and in which being far apart, and the symbolic value of a permanent presence prevail.

Throughout her life, the elderly woman has been fully integrated into the social environment: she has worked in her husband's shop and is still active in her local community and in the life of her parish⁴. Hers is an active female figure, and she plays a key role in her family's life: she can rely on a particularly rich network of neighbours and informal relations, which still fill the elderly woman's days and dispel her sense of loneliness. She can also rely on an extensive network of relatives, which she can turn to for particular needs (like shopping, utilities, etc.), and on a paid person who assists her in her household chores.

Religion is a key element not only because she belongs to her parish community, but also because of the spiritual dimension of prayer. Praying and listening to liturgies break the silence of the elderly woman's home, dispel her loneliness, and are considered protective factors by the dyad.

The emergent effect of this dyadic relationship is a mutual reassurance that, despite all the difficulties, it is possible to cope with transition, which enhances the woman's ability to be autonomous and independent, albeit with some melancholy:

Carmela: Even if I don't do great things, but I spend time. Then it depends because if Luca is there, I do many things, I have to cook, wash clothes, make dinner.

Paolo: Mum is always pessimistic, but every now and then, she manages to have a laugh... Sometimes she feels down, sometimes she is full of life.

Lucia is a 77-year-old woman, who has recently been discharged from hospital, and Anna is a young friend of hers who volunteers in the same voluntary organization as Lucia. The elderly woman, who is actively engaged in the parish and associative volunteering, has indicated a female friend belonging

⁴ At the time of the interview, physical distancing measures were in place to prevent the spread of COVID-19. These measures had a negative impact on the elderly woman's daily life: she had to reduce social interactions, especially within the community, such as attending parish life.

to her voluntary organization as a reference person. This choice was not dictated by the absence of other figures – as she is married with children and can rely on an extended family network that provided the necessary support when she needed it –, but by the desire not to place an excessive burden on her family.

Despite the limitations imposed by her health condition, the stressor does not seem to have triggered the transition to old age; the woman's frailty may be associated with the illness that she suffers from, which, however, she is also expected to recover from:

Lucia: I do not feel too old.

Anna: You are in good shape. Your family fully supports you, and maybe, with some surprise... you realised that, when you were forced to stop, they were there for you.

The relationships that are supporting the woman's recovery are manifold, and range from the support provided by her relatives, who displayed an emotional and practical closeness to her when she needed help, to the existence of a network of friends and volunteers who assisted the elderly woman with visits or phone calls.

Although there are still economic issues related to the possibility of treating her disease in the best possible way, what matters the most to the elderly woman is her independence:

Lucia: ...it would be more important for me to be able to throw my crutches away and to be freer to move around.

The dyad is close-knit, is supported by a friendship that existed before the critical event, and is built on both women's pro-social commitment. To some extent, it seems to be a "temporary" function until the moment when the elderly woman can resume her previous activity, her being in charge of the voluntary organization, which is apparently what gives meaning to her life.

What emerges is her extremely proactive attitude: she is actively engaged in voluntary work with the elderly, and as a minister of the Eucharist, which she wishes to resume as soon as possible:

Lucia: I would like to convey what I have experienced to others... that there is more joy in giving than in receiving;

Anna: You are a living proof that each and every one of us can give to others.

She is a woman who is totally devoted to others, and who does not expect anything from them in return, even though, during the interview, her friend tried to provoke her:

Anna: I would have expected it, but you are a humble person, you don't ask for anything. I would have expected to receive more attention from them (the volunteers), because, anyway, it was a time when you needed to feel people being close to you.

The woman's reaction was to put herself in other people's shoes, with no expectations:

Lucia: Some of the women came to visit me at the hospital, and I wasn't expecting it, because I know they have problems, you know?

The emergent effect in this relationship seems to be the possibility of slowing down the transition to old age. The interaction with her younger friend, though in a symmetrical relationship, helps the elderly woman "feel" still far away from the condition of passivity and inactivity which, in her opinion, characterizes old age.

The third case is a dyad composed of Maria, an 80-year-old woman who is still married, and her daughter Laura. This dyad is struggling with a recent change of residence following an eviction order. Relocation as a primary stressor is just one in a range of risk factors, which include: the impairments in performing basic activities, due to the elderly woman's degenerative arthritis; the presence of depressive symptoms; the needs of her husband, who suffers from a cognitive decline. The complexity of this case shows therefore a state of fragility that immediately appears multidimensional as it concerns the socio-economic sphere (recent relocation following an eviction), the socio-relational sphere (the woman's need to take the role of her husband's caregiver, who is particularly disoriented by their change of house) and the clinical sphere (onset of depressive symptoms in the woman).

Over the interview, the dyad expressed a state of serious precariousness; both women appeared crushed by the hardships that they are experiencing in their lives:

Maria: I feel old, and I feel older every day, because I have a degenerative disease which will lead me to death. This year, I have gotten much, much worse;

Laura: To me, (this situation) is a heavy burden on my shoulders... We have economic issues, I have a taxing job... I have a teenage son, I had my hands full already.

The transition started in an environment where material and relational resources are scarce. The economic and care support from the daughter is regarded as necessary, also because there are no informal community networks to support the married couple, which has always lived in partial isolation.

Frailty is perceived by the dyad as paralysing and oppressive, a misfortune that falls entirely on the mother–daughter relationship, which is not apparently supported by anyone significant around it; neither the grandson nor the elderly woman's other son were ever mentioned.

Maria: We are (the old woman and her husband) completely on his shoulders;

Laura: I experience it as a great burden on my shoulders because there are economic problems, I have a heavy job and therefore I struggle physically and psychologically.

The mother–daughter relationship appears strained, extremely burdensome and isolated, even though there is some outside help provided by the local social services and two voluntary organizations.

It is, therefore, an isolated dyad, self-absorbed and focused on its own obligations and material needs, and heavily influenced by its having no other options.

This is a painful condition to the elderly woman, who expressed a feeling of guilt towards her daughter for the burden of care she is forced to bear:

Maria: It's very difficult... for us, for me, but especially for her, because she must do what I would usually do. We are a heavy burden entirely on her shoulders now.

Over the interview, values were never mentioned, and the symbolic aspect rarely emerged; and when it did emerge, it was mainly associated with money or lack thereof.

Maria: Despite my problems, there are those but there would be the opportunity, having some money, to be a little bit taken care of, let's say, supported, and I miss this a lot. I really miss.

Being conducted in copresence, however, the interview allowed some resourceful elements to also emerge: following the relocation, the greater living proximity between the daughter and her parents, the possibility for the couple to socialise, albeit on a superficial level, with their daughter's neighbours and friends, and the mother's satisfaction at seeing her daughter's dedication:

Maria: I leave a daughter I am proud of.

And some bitter lessons too:

Laura: This situation has taught me that I have to make do, with everything;

Maria: This situation has taught me... that is, I felt obliged to underplay all my problems so as not to unburden them on her shoulders...

The statements above emphasize some aspects that can be associated with the profile of a resigned woman, completely absorbed in the present, with no meaningful family or social history. Conversely, the daughter highlighted her loneliness as a woman (no partner was mentioned), and complained about the burden of her workload and responsibilities.

The emergent effect appears to be de-generative, with no room for recovery or improvement, locked in a repetitiveness that only death can put an end to:

Maria: I would like to free my daughter from the burden of our presence. But in such a way that would make her really free. Because if he dies, or I die, she has to take care of the one who stays alive. Whereas if both of us disappeared... well, that's what I think. That's what I think.

To this, the daughter had nothing to add.

The fourth dyad is composed of Lisa, an 80-year-old woman who recently became a widow, and her son Davide. The woman, who lives on her own, was part of a large extended family in which she played a key role, and is now constantly in touch with her son, daughter and granddaughter. Widowhood occurred after her husband's long illness, during which the elderly woman acted as the main caregiver, before involving a professional. Over the interview, additional stressors emerged: her recent discharge from hospital, and an ongoing treatment for depression.

The mourning for the husband and father is experienced by the dyad with sorrow, but also relief, because of the man's highly critical health condition, and because it put an end to his suffering in his last hospitalisation, when, during the COVID-19 pandemic, it had been impossible for them to be close to their hospitalised relative.

The perception of frailty does not seem to be triggered so much by the primary stressor, widowhood, but rather by the physical decline that has been happening for some time:

Lisa: Years ago, I started to have various aches and pains...

Davide: It is your body getting older.

In the following narrative, however, transition is also expressed as a new-found time for oneself. Frailty becomes a chance for elderly people to receive attention and care, but also to enjoy a more relaxed rhythm of life:

Lisa: Now I sleep until 9 am. In the morning, I do some gymnastics as soon as I wake up, because I suffer from backache: I dedicate half an hour to myself, I have all my whys and wherefore. That half an hour is for myself only; if I have to go out, I wake up earlier. I really like it, I really like it.

The dyad is close-knit and open, is also supported by the relationship with the woman's daughter and granddaughter, and helps the elderly woman enjoy her autonomy: she actually still has a high level of independence, also expressed by her desire to learn new things (such as the bureaucratic housekeeping tasks that her husband previously took care of) and indulge in her passions (such as sewing, music, and the production of small handicrafts). Although the mother-child bond has strengthened thanks to daily meetings instead of weekly ones, both are happy to preserve their autonomy:

Davide: I'll go see her for a coffee to keep her company, but the fact that I'm almost bothering her, because she has something else to do, is something I'm very happy about.

On its path, the transition found very strong family bonds oriented toward mutual support. The husband's pre-existing health issues had already prepared the family, especially the elderly woman and her son, to perform heavy care and support tasks:

Lisa: They have always helped me, even when my husband was like that, he used to come and visit, and then he would say: Go now, you really need a break.

Her relationship with her children is what matters the most to the elderly woman:

Lisa: I felt lost, and the fact that I had them close to me... was such a great relief, so great, that I could never be more grateful than I am.

Hers is a female figure who played an active leading role in her family's life and in her work life, and she thus receives a comfortable pension to live on which makes her feel independent and secure.

The emergent effect is the awareness that her new state of frailty is a chance for her to reflect on the value of past (with her husband and in-laws) and present (with her children) emotional bonds, and to express her gratitude for what she has, in the hope that it will last over time:

Daide: Grateful that we are all in good health;
Lisa: I hope that it will always be like that, I don't ask for anything else. I pray for that every night.

The fifth dyad is composed of Gianna, a 77-year-old woman, and her son, Carlo. Their family network is significantly extended, and includes two other sons besides Carlo, as well grandchildren, a brother and a sister, the latter being particularly present in the daily life of the elderly woman. The main stressor is her discharge from hospital, which has been followed by a significant loss of autonomy in walking and in performing her daily-life basic activities.

The frailty described by this dyad is a multidimensional process referred to the body and its progressive functional loss, to the relationships of care, and the realization of going through a different stage of life. The elderly woman's physical impairments have worsened over time, but only became disabling when she lost the ability to perform normal daily actions independently:

Gianna: I noticed it when I was in bed and I had to get up in the morning... it took me... 40 minutes.

Besides the strictly physical and functional aspects, this transition is significantly marked by the need to receive support and assistance from others, which was welcomed with some resistance by the elderly woman, but with great attention and interest by her son:

Gianna: They – my children – feel obliged to take turns in order not to leave me alone;
Carlo: You have to do something, it's not always easy... you learn little by little... you need a bit of ingenuity, but it's a good experience, it's formative...

The presence of the family, in the most critical moments, is acknowledged in the elderly woman's words:

Gianna: Always having your family around to help you is very nice, because no-one has ever abandoned me, even at the beginning, when I was in a lot of pain, they have never given up, because they realize that this experience is an important moment in our lives.

The dyad shows a solid and constant bond, which is also supported by the son's family network providing support to the elderly woman. The relationship is not exclusive and lends itself to be regarded as a resource that is part of a dense network of relationships with the other siblings and relatives. Friends and neighbours are also a valuable resource for the elderly woman from a relational perspective of emotional support and planning for the future.

Hers is a female figure with an elevated cultural capital, which she has put to use in her work ethics and commitment as principal of a Montessori school, where she has continued to provide her support, even after her retirement.

Culture and religion are what enables her to see her current experience as a value.

Gianna: I hope I can do something more, again useful with them ... even just go and read or collaborate in this sense forward.

The emergent effect resulting not only from the dyadic relationship, but also from the extended family network has the characteristics of awareness and acceptance of one's condition. To the woman, awareness is an unavoidable step, where, however, she may find new chances of autonomy and perspectives for the future, also thanks to the support provided by her children:

Gianna: At times in the past, there were obstacles, too, but you knew that, once you overcame them... you could start over. Now I can't think of starting over anymore... I can do this, and I can't do that; I'm always very optimistic... and I think things will get better;

Carlo: I believe that if someone gives up at a certain age, they die a little inside, so the more they can do, the better.

5. Discussion and findings

The commented excerpts of the dyadic interviews highlight some distinctive features in the elderly women's transition to frailty. Each narrative offers a particular point of view on frailty, as it is described and experienced by the two members of the dyad, in relation to the family and wider extra-family network. The two generations interact with each other, and sometimes clash on the meaning to be assigned to the events that are recalled as crucial in interpreting the passage to the new stage of life, which is marked by some traits of frailty.

Old age is described as a natural process by all the women interviewed. It is marked first and foremost by the loss of physical ability and strength, but also by progressive psychological and relational fatigue. Old age thus suggests a

double condition, resulting from the transformation of one's body – from a subjective (the perceived body) and objective (health condition) perspective – and the ensuing relational consequences within the family. In line with the literature on this subject (Palomba, Signoretti, 2006; Grenier 2020), it is possible to establish a connection between the occurrence of a specific event and the perception of frailty in elderly people, which is not always experienced as an irreversible process in the five dyads.

The two aspects of frailty – the risk and the opportunity – that we outlined above are well represented in the recounted experiences. The definition of fragility includes those experiences that are embedded in a particularly narrow relational fabric where, despite receiving the necessary support and aids to meet their needs, the dyad appears alone in terms of informal and community relationships. On the other hand, frailty can be detected in the open relational experiences, in which several networks outside the dyad are involved. Informal relationships in general and friendship in particular are the key elements allowing to turn frailty from a condition being suffered to a condition being experienced through dialogue, meeting and sharing. Despite the physical impairments and difficulties associated with the need to be assisted, friendship is expressed, in Nussbaum's words, as that form of "independence that lasts over time" (Nussbaum, Levmore, 2019: 128) and gives women a chance to be acknowledged, also socially.

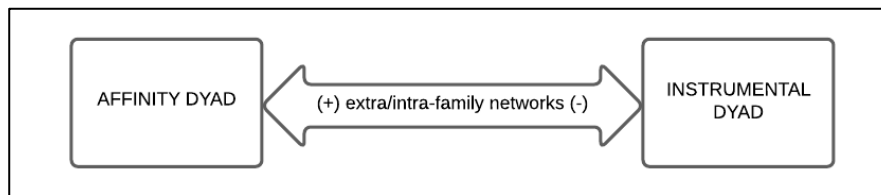
The dyads appear very close-knit and affectionate, and feelings of gratitude are present, as well as support networks, but two different ways of building the preferential relationship can be identified: the *affinity dyad* and the *instrumental dyad*.

The *affinity dyad* is driven by a bond that has been strengthened over time and is characterised by the members' affective and supportive closeness, where a mutual feeling of gratitude and appreciation prevails. In line with the trend detected in the literature on this topic (Facchini, 1997; Cioni, 1999), an active intergenerational solidarity can be identified when the elderly woman's needs and the precise answers provided by the reference person are combined with a positive experience of mutual exchanges. In this scenario, a full reciprocity between generations can be noticed: it is not just the younger generation offering support and assistance, but also the older one providing an exchange, often of values or of a symbolic kind. If we adopt the Bengtson and Roberts' (1991) model of analysis, the instrumental and structural aspects match the symbolic and relational ones in the intergenerational solidarity shown by the affinity dyads. On the one hand, dyads are characterised by frequent contacts and interactions (associative solidarity) and good levels of support (functional solidarity); on the other hand, they display high levels of reciprocity of feelings (affective solidarity) and similarity in values and attitudes (consensual solidarity).

Conversely, the *instrumental dyad* is characterised by a scenario where mutual support, assistance obligations, and pressing needs prevail. At the same time, the structural limitations and asymmetry are very strong in the intergenerational relationship, in a negative and limiting sense. In this respect, there is no full reciprocity between generations, but there is a relational pattern entirely focused on the reference person's support to the elderly. A general lack of resources, a gap between members in terms of reciprocity, and an overload in caring tasks for the younger generation can also be detected. In this respect, intergenerational solidarity is ensured by affective and normative solidarity, that is, the bond with the elderly mother and the need to provide support to her.

A continuum can be identified in the dichotomy between the two scenarios. A gradual shift towards the second scenario is actually taking place due to a combination of factors, the first among which is the presence or absence of intra/extra-family support networks (Fig. 1).

FIGURE 1. Continuum between *affinity dyad* and *instrumental dyad*: extra/ intra-family networks.

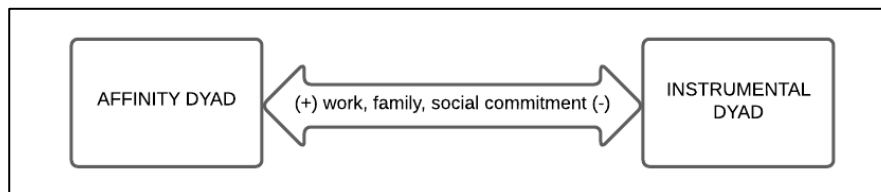


The presence of informal networks – neighbourhood, friendship, community or social networks – helps strengthen the relationship in an affinity dyad. On the one hand, the elderly woman can maintain significant relationships outside her home, thus preserving her key role and keeping her social life active. On the other hand, the reference person can rely on the support of a larger network for the task of providing aids that contribute not only to the elderly woman's well-being, but also to quality of the care she receives. Conversely, the absence of networks outside the dyadic relationship severely weakens the elderly woman's sense of autonomy and independence, and this simultaneously leads to increased responsibilities and burdens for the person of reference. In this respect, the relationship of care is not only overloaded by the lack of other people of reference, but it is a further source of distress for both individuals in the relationship, as it heightens the feeling of guilt over the heavy burden imposed on others and increases the effort of bearing it.

A second factor that contributes to the persistence of an affinity dyad is the role that the elderly woman has played within her family network and, in some cases, her social network, that is, her playing a key role in her own life. The cases analysed confirm that old age does not correspond to a break in the

life path, quite the opposite: it is a continuation of the skills, commitments and expectations that individuals build up throughout their lives (Fig. 2). It can therefore be noticed that work, family or voluntary commitments, which have marked a large part of the elderly women's lives, are an important symbolic resource, even when facing a critical event. This resource acts as a facilitator for the intergenerational relationship of care: the children, or friend, can rely on a reserve of meaning which the elderly woman carries. And, at the same time, the elderly woman experiences a biographical continuity in her commitment, interests and expectations, which allows her to reinterpret a stressful event not only as an adverse and impairing condition, but also as a challenge to meet or a chance to enjoy a new lifestyle. Such a resource can also heighten a sense of inadequacy in the younger generations vis-a-vis the older ones. Sons, who are used to their mothers playing a key role in their lives, find it difficult to cope with their own transition to being active caregivers, just as mothers, who are particularly keen to perform care duties, find it difficult to give up on that role.

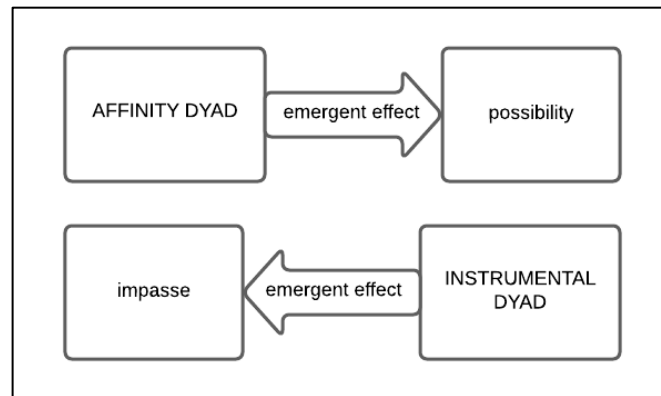
FIGURE 2. *Continuum between affinity dyad and instrumental dyad: work, family, social commitment.*



Finally, the emergent effect in the supportive relationship – i.e. what stems from the relationship and defines it – describes even more accurately the two types of dyads (Fig. 3). It is true that the properties of the relationship are fairly independent from the individuals' intentions, but they are also an outcome that nonetheless contribute to their well-being and the quality of life of the people involved.

On the one hand, the affinity dyad leads the relationship toward transition, which enables individuals to think about their future, overcome or accept the impairing conditions dictated by their changed physical or social conditions, and creates a relational climate marked by mutual recognition. On the other hand, the instrumental dyad stops when faced with a stressful event, unable to think about the future if not in terms of deprivation, in a relational climate marked by distrust in the couple's possibilities and resources. In there, it is possible to grasp the struggle to take on the challenge of transition, whose irreversibility is denied, but which can open up new possibilities. The effort is thus primarily aimed at going back to the conditions prior to the critical event.

FIGURE 3. *The emergent effect of the affinity dyad and the instrumental dyad.*



6. Conclusion

In conclusion, it is now possible to try and answer the questions we asked at the beginning: what happens when a critical event affects an elderly woman's life? How does her family network react when a woman, wife, mother is experiencing difficulties?

A first transversal reflection is that the type of stressor does not seem crucial in determining the possibility of rearranging one's life, with the individuals' ability to act and react playing a much more crucial role⁵.

In all the recounted experiences, there have been functional and conscious adjustments in the family network, well narrated by the dyadic relationship, despite fatigue and, sometimes, demoralization. Transition to frailty is already occurring in all five dyads, but not always in a positive way. Demoralization and withdrawal prevail when both individuals in the dyad regard ageing as an issue for the elderly woman, and as an excessively heavy burden on the reference person's shoulders.

The range of ideal-typical dyads that have emerged from the analysis help us understand even better the processes, relationships and female point of view in the transition to frailty.

⁵ This reflection will be further investigated in the continuation of the research, which will explore a much larger number of interviews.

As for processes, the pattern supporting the transition is a continuation of the life of the individuals involved. In this respect, the resources allowing to cope with transition are related to the experiences and skills of those involved in it. In one of the elderly women's words, transition is related to the need for older women to have interests, habits, lifestyles enabling them to cope with transition: "*you have to get ready to be old, especially now, when old age lasts so long: you have to get ready, you cannot improvise... the seeds you have sown will grow, and you will see their fruits. I see it in my children: they give you back what you have given them*" (Gianna).

As for relationships, it was possible to observe that the presence or absence of meaningful relationships, besides the dyadic one, has a strong influence on coping with transition. The more the members of the dyad are integrated into a heterogeneous and consolidated relational fabric, the more they seem willing to positively cope with transition. This confirms a style of family support that is essentially informal and primarily based on community networks.

On the other hand, formal services are perceived by the dyad in two very different ways: to the elderly, they are not a major resource, as they prefer to resort first to informal help and support; whereas to the reference person, they are only a potential and, in many respects, insufficient resource, which seems to be poorly integrated into the actions performed by the members of the dyad. Services, when they exist and are used, appear as distant and inadequate.

The elderly woman assumes a crucial role in the transition. In all five dyads, the elderly women display some distinctive traits of female identity. In three cases out of five, they were able to engage a son⁶ as the reference person to rely on, and in one case a female friend⁷. This trend is also quite clear in the structural conditions of life. The elderly women represent an autonomous household, even when the spouse is absent, and their living independence is regarded as a significant factor by both members of the dyad: it allows the elderly women to preserve their independence and develop other meaningful relationships with neighbours, friends and relatives. They express their appreciation for the support they receive and wish to continue playing a key role in managing their own health and household, without ever being replaced in it. The sons are amused by their mothers' ability to maintain an active control over their lives, and they manage to play a supportive role, without completely taking their mothers' place. Nonetheless, the younger generations display some weaknesses. In coping with transition, the reference person mirrors what the

⁶ The custom of entrusting only daughters with the task of supporting elderly parents seems to be disappearing.

⁷ The habit of including a person who is not part of the family circle in the support network occurs in urban Italian areas, where a friendly and supportive sociality is more and more common, as recent (2018, 2019) Istat Reports have shown.

elderly sees as relevant, and also tends to emphasize the elements of fatigue or resource. The sons, daughter and female friend are rarely able to express another point of view; they are comforted by their mothers'/friends' ability to still play an active role in their lives, or very concerned about their demoralization and withdrawal, but they seem to be essentially in line with the elderly woman's vision. In this respect, it is possible to detect once again the elderly's ability to play an active role in their lives, although this can produce a negative boomerang effect: having spent their entire lives taking care of others – i.e. parents, in-laws, husband, children, grandchildren, but also other members of the extended family network –, elderly women can find it more difficult, on the one hand, to get help, and on the other hand, to take care of them.

Perhaps it is precisely this distinctive female trait that leads women – as many studies have shown – to have a more negative perception of ageing than men. We hope that this trait of female frailty can be further explored in the continuation of our research.

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