Trabalho emocional de cuidadores domiciliares de idosos

Emotional labor of in-home caregivers of the elderly

Trabajo emocional de cuidadores de ancianos en el hogar

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Resumo

Este estudo, de natureza essencialmente qualitativa, teve, como objetivo principal, compreender a natureza do trabalho emocional de cuidadores domiciliares de idosos em uma cidade do interior de Minas Gerais. Para tanto, foram realizadas dez entrevistas com cuidadores domiciliares de idosos, onde pôde-se perceber uma realidade laboral extremamente desgastante e, por que não dizer, precária. Tal realidade parece ter implicações na saúde tanto física quanto mental do cuidador fazendo com que o mesmo apresente, normalmente, quadros de depressão e estresse. Na medida em que os cuidadores pesquisados parecem apresentar uma certa dependência financeira em relação a atividade, os mesmos utilizam-se de um trabalho de natureza emocional que faz com que os mesmos consigam suportar suas tarefas e, até mesmo, o dia-a-dia. Neste sentido, são frequentes os relatos de auto anulação, onde o sujeito torna invisível seu próprio sofrimento em detrimento do paciente. Tal estratégia, geradora de uma dissonância emocional, faz com que os cuidadores necessitem desempenhar dois papéis laborais distintos.

Palavras-chave: Trabalho Emocional; Cuidado; Cuidadores; Idosos.

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Abstract

This qualitative study aimed to understand the nature of the emotional labor of in-home caregivers of the elderly in a city in the state of Minas Gerais. For this, ten interviews were

conducted with professionals in this field, where it was possible to perceive an extremely exhausting and precarious work reality. This reality seems to have implications on both the physical and mental health of the caregiver, causing him depression and stress. The interviewees reported to have some financial dependence on the activity. They use an emotional work that makes them able to support their tasks and even the day to day. In this sense, reports of self-annulment are frequent, where the subject makes his own suffering invisible to the detriment of the patient. Such strategy, which generates emotional dissonance, makes caregivers need to play two distinct work roles.

Keywords: Emotional Labor; Care; Caregivers; Elderly.

Resumen

Este estudio, esencialmente cualitativo, tuvo, como objetivo, comprender la naturaleza del trabajo emocional de los cuidadores de ancianos en el hogar en una ciudad del interior de Minas Gerais. Para ello, se realizaron diez entrevistas con cuidadores domiciliarios de ancianos, donde fue posible percibir una realidad laboral extremamente agotadora y, por qué no decir, precaria. Esta realidad parece tener implicaciones tanto en la salud física como mental del cuidador, lo que hace que presente, generalmente, depresión y estrés. Como los cuidadores encuestados parecen tener cierta dependencia financiera de la actividad, utilizan un trabajo emocional que les permite apoyar sus tareas e incluso el día a día. . En este sentido, los informes de autoanulación son frecuentes, donde el sujeto hace invisible su propio sufrimiento en detrimento del paciente. Dicha estrategia, que genera disonancia emocional, hace que los cuidadores necesiten desempeñar dos roles de trabajo distintos.

Palabras clave: Trabajo Emocional. Cuidado. Cuidadores. Ancianos.

1. Introduction

It is a commonly accepted fact that Brazil's elderly population is growing to the level of developed countries, both in number and in the percentage of the population. Among the causes of this phenomenon are the reduction of birth rates and an increase in life expectancy. According to Camarano and Kanso (2009), in the coming decades, the number of elderly people in Brazil may rise to around 13.7 million.

This population is vulnerable to a series of illnesses and chronic diseases and presents limitations that produce a relationship of dependence and need for care. In this context, the occupation of caregiver of the elderly is gaining prominence, forming a complex – and

sometimes precarious – labor market. Therefore, it is symptomatic that from 2002 onwards, the Brazilian Classification of Occupations (CBO) included the occupation of caregiver, recognizing it as the activity of a worker "caring for babies, children, youth, adults, and the elderly, based on goals set by specialized institutions or directly responsible parties, ensuring the welfare, health, food, personal hygiene, education, culture, recreation, and leisure of the assisted person."

The activity of caregiver of the elderly offers several different perspectives of analysis (physical, cognitive, relational, emotional, and sexual). This study focuses on this occupation based on caregivers operating in a city in the Brazilian state of Minas Gerais due to the importance the activity has gained in the country's labor market, and because the issue of emotional labor has been a current subject in the area of organizational studies.

2. Emotional labor

Emotions are chemical and electrical reflexes of the human body as a result of a feeling experienced (Tieppo, 2012). Simionato (2006) found that children interacting with new toys expressed authentic emotions, i.e., manifested what they really felt during the experience. The author identified that adults submitted to a similar stimulus presented a different result, observing that culture, knowledge, and education are elements that form a structure in adult individuals, informing them which emotions they should or should not show.

Western culture has shaped individuals' ability to express emotions, creating a notion of 'opposition' between 'body' and 'soul,' reason, and emotion. The analysis of working environments by observing workers' gestures, and each of their movements (as if they were robots), is a method that excessively simplifies the complexity and heterogeneity of the world of work, producing superficial and incomplete knowledge of reality. Examples such as the work of a person who spends the entire day talking with terminally ill patients and their families expose the limitations of analyzing workers' gestures and movements to comprehend their reality at work. This kind of analysis would not be able to explain how exhausted this person is at the end of the day because of the emotional pressure, even though the activity performed has not demanded physical efforts (James & Gabe, 1996).

As with any human activity, the work environment leads the human being to different emotions: fear of having an accident, fear of being sick because of work, or losing the job. Workers feel pleased and proud of a job well done, angry at injustices at work, and excited

about starting a new job position. This emotional dimension indeed introduces complexity in the analysis of work and its relationship with physical and mental health[1].

There are two concepts in literature and analysis of emotions in the workplace that stand out, revealing the growing interest in studying this issue in organizations. The first concept focuses on the emotions generated by the work per se, which is at the base of heterogeneous research regarding theoretical approaches and methodologies. The second concept is embryonic in the literature and focuses on the analysis of "emotional labor," i.e., the expression of emotions in the work environment[2].

Exploring the second concept applied to the service industry, the work activities often require some management or control of the expression of emotions. Hochschild (1983) identified the task of controlling emotions as "emotional labor," that is, personal understanding, evaluating, and managing emotions, as well as addressing other people's emotions in the same environment. For example, it is often necessary to smile at work, although it may not be a true expression of feelings. Smiling is an important part of many service workers' activities. The management of the need to present such behavior requires self-coordination and emotional control, so it does not seem to be a forced behavior (Hochschild, 1983).

Hochschild studies and analyzes the works by Goffman (2009) and presents the first impressions and concepts of emotional labor. For the author, individuals in social interactions are willing to play precise roles and be subjected to certain sensations. Therefore, individuals need to demonstrate emotions that are formally appropriate by following specific feeling rules. In organizations, individuals must follow these feeling rules for each relationship, which will define the type of emotion that is fundamental and appropriate to each function of the organization. The emotional labor is put into practice precisely to enact these feeling rules[3].

For the same author, emotional labor occurs when one attempts to force a change in their emotions or feeling. It is about working on an emotion or feeling, managing an emotion. The emotional labor means the effort, the act of trying, regardless of the result, or whether one is successful in carrying out such management. Thoits (1996) reports another facet of

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[1] Soares (2003).
[2] Ibidem.
[3] Hochschild (1983).

emotional control, as the worker often has to "manage" the client's emotions also. The analysis of service efficiency is related to whether the customer is satisfied.

In one of exploratory studies, the author[4] used interviews and observed that the interviewees recognized the emotional labor through verbs such as: "I psyched myself up, I squashed my anger down, […] I forced myself to have a good time, I mustered up some gratitude, […] I finally let myself feel sad about it" (Hochschild, 2003, p. 39).

Emotional labor means "the management of feeling to create a publicly observable facial and bodily display,"[5] more broadly, it refers to inducing or forming a feeling to suppress another feeling that cannot be expressed at that moment. The author avoids the term "manipulate" when discussing this subject since it suggests an unintended superficiality. Still, one can speak of two broad categories of work on emotions: the will to evoke, where cognition is the desired feeling that is initially absent, and the will to suppress, where cognition is an involuntary feeling, initially present.

Hochschild (2003) raises another issue, demonstrating that emotional labor can be performed by the individual per se, by the individual referring to others, and by the others referring to the individual. In each case, the person is aware of a moment of "tension" or discrepancy between "what they feel" and "what they want to feel" (which is influenced by what they believe to have felt in the situation). In response, the individual may try to eliminate the tension while working on the feeling.

Emotional labor has three characteristics, according to the same author: 1 – It requires face-to-face contact, or at least verbal exchange with the public; 2 – the worker must produce an emotional state (e.g., trust, determination, fear) to the client; 3 – Bosses or managers can influence employees' emotional practices, using training or supervision, for example.

In organizations, for every interaction, workers must observe specific feeling rules that dictate the kind of emotion needed and appropriate in each interaction, in each role performed in the organizations. As mentioned before, emotional labor is carried out to fulfill the feeling rules. Management tries to impose, control, and coordinate different feeling rules.

Emotional labor could be considered, therefore, an organizational condition, where some emotions had to be demonstrated and managed by individuals during interactions, resulting in distinct consequences, some of which were detrimental to health and well-being. The regulation and supervision of emotions became an essential feature for the discernment of those who performed emotional labor. Acording the same author, while most employees

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[4] Ibidem.

[5] Ibidem, p.7.

managed various emotions in their work routines, the "emotion workers" had their emotions subjected to supervision and control.

Two strategies are used to regulate emotions: (1) deep acting that portrays the assiduous and intentional change of emotions reaching the desired emotional expression; (2) surface acting that characterizes the management of emotional expressions. In the first type of acting, a person tries to feel or experience the emotions that they wish to demonstrate, even if that emotion is not what the person is feeling at that specific moment, which causes limitation or induction of these emotions.[6] According to the author, deep acting can be implemented in two ways: through taking over feelings or by imagining, in order to achieve the appropriate emotion in that circumstance.

In surface acting, observable emotional expressions are moderated, requiring greater caution with verbal and nonverbal language (facial acting, voice intonation, and gestures), simulating emotions that are not really experienced[7]. Through surface acting, emotional labor is connected to negative effects, such as stress and burnout, two main foundations of these phenomena are the emotional dissonance and the continuous effort of emotion regulation. The dissonance is an outcome of having to demonstrate emotions that do not match the authentic feelings; the regulation refers to the effort to constantly control the emotions while performing work activities (Marques, 2015).

Ashforth and Humphrey (1993) adopt a different perspective, grounding their analysis on observable attitudes instead of the management of the emotions embedded in the behavior. Thus, emotional labor is a consequence of an observable action and not just the need to manage emotions. The individual may express the norms established by the organization in a uniform emotional way, without having to modify the emotions that they feel at that moment, and without having to make a conscious effort (Grandey, 2000).

While Hochschild (1983) reported emotional labor as the management of emotions to generate facial and bodily expressions, Ashforth and Humphrey (1993) built their theory focused on the employee's behavior. According to the authors, the investigation of emotional labor should focus on the truly observable emotional expression, i.e., the one observed based on organizational rules, considering that this is the expression that will affect the one that receives the service (Marques, 2015).

Comparing the concepts of emotional labor by Hochschild (1983) and Ashforth and Humphrey (1993), it can be concluded that the first author emphasizes feelings while the

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[6] Ibidem.

[7] Ibidem.

latter focuses on observable behaviors. Some of the distinctions may be attributed to the fact that Hochschild (1983) is concerned with the consequences of emotional labor on the welfare of individuals. In contrast, Ashforth and Humphrey (1993) emphasize the effect of emotional labor on performing tasks effectively (Grandey, 2000).

Morris and Fedman (1996) bring another perspective to emotional labor, the authors acknowledge that even if individuals already feel the emotions expected by companies, there is always an effort involved in presenting the emotions desired by the organization. Researchers address in their research the importance of analyzing the impacts, both personal and organizational, of emotional labor, highlighting emotional exhaustion, and job satisfaction (Marques, 2015).

Service companies establish rules regarding emotional expression, demonstrating their expectations from employees throughout customer interactions (Ashforth & Humphrey, 1993; Grandey, 2000; Hochschild, 1983; Morris & Feldman, 1996). This display of relevant emotions can be fulfilled with the aid of emotional regulation strategies, namely: emotional labor and emotive dissonance.

Emotional labor is connected to the efforts needed to manifest convenient emotions during relationships with clients and other workers (Ashforth & Humphrey, 1993; Grandey, 2000; Hochschild, 1983; Morris & Feldman, 1996). This strategy is portrayed by Morris and Feldman (1996, p. 987), who define emotional labor "as the effort, planning, and control needed to express organizationally desired emotions during interpersonal transactions."

Emotive dissonance is a conflict between emotions experienced, i.e., authentic emotions conflicting with those determined by organizations (Middleton, 1989). Emotive dissonance can appear in the divergence between a person and a role, causing the individual's genuine emotions to conflict with the role they must play in the organization (Abraham, 1998; Rafaeli & Sutton, 1987). In these situations, the employee experiences moments of tension that may lead to a loss of identity, as this individual sacrifices their self-image to preserve a false expression (Ashforth & Humphrey, 1993; Brotheridge & Lee, 2002; Grandey, 2000; Pugh, Groth & Hennig-Thurau, 2011).

Hochschild (1983) listed 44 occupational categories with high levels of emotional labor, including health service workers, telephone operators, managers and administrators, and occupations related to education. The list is formed with many labor activities that involve services provided directly to clients. The author recognizes that this emotional drive, separated from the perceived feeling, can be harmful to the individual, causing them a constant perception of not accessing the truth (Vilela & Assunção, 2007).

In the book "The Managed Heart," Hochschild (1983) pointed out in a single organization two different strands of emotional labor, related to the duties required by each occupation in the organization. The first model explored the role of flight attendants. The author observed the stimulus when expressing optimistic emotions demonstrated in a smile or kindness. The second model explored the role of debt collectors, where employees demonstrated a rigid and severe profile in the relationship with customers. The author found that these employees demonstrated superficial values of emotions; that is, they unconsciously began to create disguises in the emotional labor, performing their tasks and services almost mechanically (Tieppo, 2012).

In the research with debt collectors, the extensive cycles of manifestation of emotional labor generated an opposite of depersonalization, i.e., the worker exchanged their role of a debt collector with their expected personal values, which led them to express emotions in a hostile way. Thus, Hochschild (1983) contrasts with Goffman's theory (2009), as the second author points out this division in the surface field, that is, in the manifestations of the body. Hochschild defines the boundary between "I" and "my feelings," verifying that this separation is exposed in-depth, in the effort to feel, to be liberated to experience and express the feeling (Tieppo, 2012).

Emotive dissonance has been analyzed as the reason for the negative effects of emotional labor, specifically on the dimensions of burnout and job dissatisfaction (Marques, 2015). When emotions begin to be negotiated and oriented as if they were an element of work, feelings become inputs within the organization. This condition complicates the activities to accomplish goals because the organization ends up commanding something very individual and intimate of the worker. In this perspective, emotional labor is seen as overwhelming, tiring, and stressful (Hochschild, 1983).

On the other hand, the idea that emotional labor is negative regarding its consequences has opposition in the academic debate, with authors defending the opposite (Marques, 2015). Ashforth and Humphrey (1993) highlight the relevance of stimulating service organizations in choosing employees observing the emotional aspects around the business, as well as developing internal social programs to address these issues. According to the authors, the organizations should focus on exposing and internalizing the rules of emotional expression, provided that compliance is positively aligned with the customer's interest.

Wharton and Erickson (1993) refine the quantitative understanding of emotional labor performance, suggesting the existence of different grades and types. Firstly, in all types of work, there is always some degree of emotional labor to be performed. This degree is related

to the fact that the individual (client, co-worker, or manager) interacts with the worker, no matter if the players are from the same or different organizations. However, the authors point out that emotional labor will be more intense when people are interacting with groups or individuals who are external to the organization. For example, the level of the emotional labor of a secretary would be less pronounced than that of a supermarket cashier because the cashier is interacting with someone not part of the organization. The secretary, however, is performing emotional labor in interaction with their boss or colleagues, who are members of the same organization (Soares, 2003).

Wharton and Erickson (1993) also identified three types of emotional display, according to the type of emotions observed: integrative emotions, in which the emphasis is placed on the manifestation of love, smile, kindness, sympathy, i.e., positive emotions; emotional masking, when the individual must express a certain neutrality; and the differentiating emotions, highlighting the expression of irritation, suspicion, dislike, that is, negative emotions, so that the client experiences a feeling of uneasiness and fear.

The recognition of different work performances led to various techniques of emotional labor. One is cognitive, or the experience of altering images, ideas, or thoughts in order to alter the feelings connected to them. A second is an experience of changing somatic symptoms or physical symptoms of emotions (e.g., trying to breathe slowly, trying not to shiver). Finally, there is expressive emotional labor, where one seeks to modify a feeling that was expressed, in order to change the inner feeling (e.g., trying to smile or cry) (Hochschild, 2003).

Another important point to discuss on the theme is its relevance in the health area and the relationship of these theoretical inputs and the activity of professionals engaged in health care. Schaubroeck and Jones (2000), observed that workers whose job requires very close contact with the client tend to experience a high level of emotional labor, a scenario that reflects the reality of caregivers, for instance. In this area, emotional labor is considered an important part of the roles of many health care professionals, particularly because of the relevance of the relationship with patients (Sanders, 2013).

Lovatt, Nanton, Roberts, Ingleton, Noble, Pitt, and Munday (2015) conducted research in homes designated for palliative care. In the study, health care assistants recognize as one of their roles to give support to patients and their families. Also, patients' families recognize and value this emotional support. In this scenario, the emotional labor of these assistants was to listen to patients and their families, guiding them during the pathology, and being a peaceful presence until the patient's death. In this case, the patient's death is also highlighted as an

inherently difficult moment not only for family members but also for caregivers, who had to offer support and emotional balance to the family, helping them to manage their emotions.

3. Methodology

This was a case study basead in a qualitative approach on the activity of in-home care of the elderly in a city in the state of Minas Gerais (Pereira et al., 2020). When considering the complexity of this object, the research focused on an analysis of the emotional labor involved in this work, exploring the perspective of professional caregivers.

Data were obtained from 10 in-depth interviews with in-home caregivers of the elderly, based on a script previously prepared (Table 1). Each interview lasted about one hour and twenty minutes. They were conducted individually and in person, recorded, and then transcribed using text editor software. Data were treated respecting the interviewees' confidentiality, guaranteeing anonymity. Also, the most significant narratives were selected, and the article presents them to illustrate the proposed analytical categories.

Table 1 - Profile of interviewees.

Interviewee	Profile
01	Female, 64 years old, married, three children, 8th grade, Evangelical, Brazilian pardo.
02	Female, 35 years old, married, two children, 8th grade, Catholic, white.
03	Female, 34 years old, married, two children, 4th grade, catholic, Brazilian pardo.
04	Female, 55 years-old, divorced, one child, 1st year of high-school, Evangelical, Brazilian pardo.
05	Female, 28 years old, living with a partner, 6th grade, non-religious, Asian.
06	Female, 65 years-old, widow, five children, 1st grade, Catholic, Brazilian pardo.
07	Female, 40 years old, married, two children, degree (social service), Evangelical, black.
08	Male, 50 years old, married, one child, incomplete high-school, Catholic, black.
09	Female, 30 years-old, single, two children, 6th grade, Spiritualist, Brazilian pardo.
10	Female, 29 years old, married, two children, 5th grade, non-religious, Brazilian pardo.

Source: Research data

For the analysis of the interviews, the study used discourse analysis based on the French school, instead of content analysis (Charaudeau & Maingueneau, 2014; Fiorin, 2014; Carrieri, et al., 2009).

This decision came because the research focus was related to what the texts collected mean, rather than their content. The material collected consists of sensitive issues related to practices of in-home care of the elderly, and the discourse analysis can provide more appropriate instruments for the analysis.

4. Data analysis

The lexical selection of the discourse fragment (001) explicitly associates the subject enunciator (implicit character) with a long working day and, to a certain extent, with an indefinite temporality ("I once spent 24 hours with an elderly patient"). In this sense, although the typical working day of a caregiver is 12 hours a day, the worker expresses a perception that they were available for the elderly throughout the entire day, serving the person's multiple needs. This perception gives the activity the notion of temporal fluidity that leads the subject enunciator to assume its precarious nature. This reality suggests that the activity of caring for the elderly is, in essence, tiring and harsh. It is symptomatic that the subject enunciator uses the repetition of the adverb "very" sometimes associated with the adjective "tiring" ("very tiring you know, very tiring"), sometimes the noun "work" ("I had to work very much with him").

> (001) I once spent 24 hours with an elderly patient, but it is very tiring you know, very tiring because the elderly, especially the one I cared for, he had a mental illness, I had to work very much with him, because of this case I had depression [...] (Interviewee 01)

The characteristic of repetition, in this case, seems to point to a labor reality that implies not only physical but also mental fatigue. This element may be observed in the pathological implications associated with the activity, especially depression ("because of this case I had depression.") Similar reality can be observed in the other interview fragments (002) and (003). The subject enunciator points out some of the psychological ("some were psychologically affected, stress") and physical ("one of them was losing her hair," "today I have diabetes, cholesterol, fat in the liver. This was consequence of stress related to work," "at the beginning I almost had a heart attack") impact related to the activity of in-home caring for the elderly. It is symptomatic, in this sense, that an interviewee associated the activity with the expression "poisonous" in one of the fragments (002) selected, saying "that [work] was poisonous." Through this association, the subject enunciator suggests that the continuous exercise of this activity could, to a certain extent, lead to death. Living with this "poisonous" work activity would also lead, according to the interviewee's statement in the fragment (004), to an emotional instability translated into daily crying ("I cried every day").

(002) I suffered a lot. My doctor told me, "Either you get out of there, or you will die." And even the others who worked there, the others she had fired because they didn't accept the things she used to do, they were sick. Some [of the workers] were psychologically affected, stress. One of them was losing her hair. When they left, they [the symptoms] were over! [...] Before I started [in the job]. When they left, all this was over! When you look at them on the street now, "Wow, that was poisonous." But why? It is like I say. You have to be able to take the joke. I used to tell them: "A taffy peddler does as he pleases!" "I don't do that!" While she is talking, I am there [humming]. I keep thinking of something else; my head flies somewhere else. Because if I listen to that, it will hurt me, it will hurt me. So I don't..." (Interviewee 02)

(003) We don't pass on our emotional state to her, but we are nervous. There are times when I have to enter the room; I take a long breath. Myself, when I started the job, I had no disease. Today I have diabetes, cholesterol, fat in the liver. This was a consequence of stress related to work. I went to the doctor, and he told me to be careful. That's when I realized that there were some things I don't even need to hear. Talk to me, and I'm [humming]. I always take the headset; I put it on. [...] Then we go ... But at the beginning [it was harder] ... Not now. Thank God, I am good now. At the beginning, I almost had a heart attack (Interviewee 02)

As a way of dealing with this reality at work, caregivers suggest the need for psychological training ("if you are not psychologically prepared"). Based on the lexical selection of the fragment (004), such "preparation" is developed whilst working instead of through solid vocational training ("The day I started, I was not prepared"). This situation demonstrates that learning this activity is a process based on practice, in a routine of difficulties and pain. Also, the absence of formal vocational training for caregivers of the elderly reinforces the importance of learning from practice, during the daily exercise of the profession, using a logic of "trial and error." This condition brings an additional dose of uncertainty and insecurity to the activity.

(004) If you are not psychologically prepared [...] The day I started, I was not prepared. I'll be very honest. I cried every day." (Interviewee 02)

Another way of coping with the reality is to connect to an annulment of the "I," of the "the subject that provides care," to favor the subject who is cared for (elderly). Thus, it stands out the lexical selection of fragment (005), where the subject enunciator states that the care activity would demand that the caregiver distances themself from their personal and daily life ("you leave your life, you stop living, to live the lives of others"). At this point, it is noteworthy that the use of expressions such as "you leave your life" and "you stop living"

apparently reinforce the idea of an activity that, because of its toughness and pain, it causes a "symbolic death." Also, the subject enunciator uses a contradictory discourse when associating the themes of profession and slavery. On the one hand, there is the notion of 'profession,' emphasizing caregiving as a labor activity involving the traditional exchange and sale of the workforce. On the other hand, the "freedom" of hiring and providing labor force seems to be counterposed by a representation of the activity as "slavery" (the precise absence of freedom). This feeling of absence of freedom when providing services may be related to the numerous difficulties that an individual has when trying to enter the labor market (either due to the potential absence of formal vocational training or because of discrimination in the labor market, as in the case of women).

(005) it is a 'slaving profession' because you leave your life, you stop living, to live the lives of others. (Interviewee 03)

The need to cope with the daily activity entails the use of individual labor strategies. The first strategy, as observed in the lexical selection of the discourse's fragment (006), implies a physical detachment from the caregiver at sporadic moments as a way to bear the emotional burden inherent in the activity ("Many times I have to go out, otherwise I would cry with them"). This strategy of 'pain invisibility' seems to be temporarily effective since the nature of the activity demands constant proximity between the caregiver and the elderly. The second strategy consists of "hiding" the emotion experienced by the caregiver ("I do not show anything"). This strategy seems to be in line with what Wharton and Erickson (1993) point to as dissimulating emotional labor (when the individual must express neutrality).

(006) Well, I do not show anything because there are many cases where you know they [the elderly] are dying, and they realize that they are dying. So they ask you if they are really dying. Then I say no, they will get better, but they know they are dying, and so do I. Many times I have to go out; otherwise, I would cry with them. [...] because it's sad. [...] You cannot. I think it is sadder; I think it gets worse. (Interviewee 05)

The integrative emotional labor (Wharton & Erickson, 1993), in which the caregiver manifests kindness, sympathy, among others, can be observed in the lexical selection of the discursive fragment (007). In this fragment, the subject enunciator uses the notions of love and affection as inherent elements of the caregiving activity ("I am very loving. Because I am very loving," "because I care with love, with affection").

(007) Look, I identify very much with the elderly I take care of, I am very loving. Because I am very loving and emotional, anything that happens to them affects me; it affects me a lot because I care with love, with affection, as if they were part of my [family], a person from my [family]. If they are sick and need assistance, and there is no one to provide assistance, that is where I feel despair; I cry, lose control. But I take care of them as if they were mine [family]." (Interviewee 07)

(008) On the one hand, this is good, because we take care of someone else and forget about ourselves. One completely forgets [themselves]. I completely forgot about myself. When I started working there, I was one person. Now I am looking like her mother. (Interviewee 02)

It is important to observe that this management of feeling, expressed in the fragment (007), aims to evoke or form a feeling to suppress another, which is in line with the findings by Hochschild (1983).

This effective proximity, based on relationships of trust between caregiver and the elderly, seems to have implications on the representations of the first about the latter. As observed in the discursive fragments 007 and 008, caregivers typically represent their patients as members of their own family. In this sense, it is common to observe the elderly represented as "son" ("as if they were part of my [family]"), "daughter" ("Now I am looking like her mother"), or a family member ("as if they were part of my [family], a person from my [family]").

One last important element to note is what Middleton (1989), Abraham (1998), and Rafaeli & Sutton (1987) call emotional dissonance. The concept reflects the conflict between the emotions felt (authentic) and those emotions determined by the organizations or by the daily work. The emotional dissonance can be perceived, for example, in the discourse of interviewee 05, shown in the fragment (006). In this fragment, when talking about the actual or potential death of an elderly patient, the caregiver declares they are in a situation where they cannot show their real emotion and, moreover, they need to appear to be well, so it is possible to carry out the activities expected from them ("because there are many cases where you know they [the elderly] are dying, and they are realizing that they are dying. So they ask you if they are really dying. Then I say no, they will get better […] many times I have to go out; otherwise, I would cry with them […], I think it is sadder, I think it gets worse").

5. Final Considerations

This qualitative study aimed to understand the nature of the emotional labor of caregivers of the elderly in a city in the state of Minas Gerais. The study was based on ten interviews conducted with in-home caregivers of the elderly. The professionals revealed to be working in an extremely exhausting and precarious work reality, which has implications on the caregivers' physical and mental health, causing then stress and depression. The studied caregivers had some degree of financial dependence on the activity and adopt emotional labor to carry out their tasks and day to day life. The interviewees reported self-annulment, concealing their suffering to preserve the elderly welfare. This strategy results in an emotional dissonance.

Limitations of this study include the fact that it was performed with a small group of in-home caregivers of older people from a city in the inner of the State of Minas Gerais, Brazil. In this sense, the results presented here are somewhat restricted to the researched context.

Possibilities for future studies include analyzing other care activities, for example, with children and the disabled. Moreover, this study can be extended to other cities in order to prove or refute the analyzes carried out.

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