

**“DIFFERENTLY YOUNG” AND “NON AUTOSUFFICIENT” - MANAGING OLD-  
AGE STIGMA IN AN ITALIAN SENIOR CENTER, NORTHEAST ITALY**

**Barbara Pieta**

**INTRODUCTION**

How institutions are set-up and society symbolically represent old age can provoke particular strategies of stigma management. Gamliel and Hazan’s have called for more empirical research designed to improve understanding the possible impact of stigmatised settings on the social lives of the elderly (2006). This chapter discusses the dynamics within the “Golden Age”<sup>1</sup> Senior Center in a northeast Italian town where I conducted 20 months of ethnographic fieldwork. I argue that the context of being an older adult in this community can be understood more accurately when considered as a part of a local cultural narrative of *non autosufficienza*, that is non-self-sufficiency, which categorizes the aged according to their perceived physical (and cognitive) capabilities. I also posit that such a distinction makes it difficult for members of the local elderly population to relate to each other without reproducing the mechanisms of discrimination on which the discourse of *non autosufficienza* is based.

**ITALIAN SENIOR CENTERS AND (NON)AUTOSUFFICIENZA**

On entering the “Golden Age” Senior Center – which is officially designated a Socio-Recreative Cultural Center for the Aged, henceforth to be referred to here as the Senior Center– you will see in a program of the activities for this month. This includes foreign language classes, a sewing course and a cooking course, oil-painting classes and a day-trip to Verona to try the *marronata* (chestnut preserve). At the reception desk are leaflets promoting a new social project for local families, organised by the city council with the cooperation of the Center and other local associations, commercial brochures advertising hydromassages and

booklets promoting a photo exhibition to be held in the neighbouring town. In the room on the upper floor can be seen several photos from concerts given by the Center's choir as well as award-winning paintings produced by members during the Center's art classes (photo 1).



Photo 1. Senior Center members during the Center's Open Day.

The "Golden Age" Senior Center is one of many such places operating in contemporary Italian towns. It was created in the early 1990s and its emergence was symptomatic of changes that took place in the region in the previous decades. Until the 1950s the economy of this territory was based on the share-cropping agricultural system, with aged couples having property rights and ownership status on the local farms and in the single households occupied by sons and daughters-in-law and unmarried daughters. In this social set-up, eldercare was part of a regular exchange of help within the household and kinship group, with women typically fulfilling the tasks of eldercare provision.

The end of the *mezzadria*, as the Italian share-cropping agricultural system was known, also brought to an end the era of multigenerational households. Neolocality and the entrance of women to the labour market prompted the state to reorganise the system of public eldercare-provisions. The public health reforms initiated in the 1970s brought about the

emergence of a new legal subject: *un anziano non autosufficiente* (a non-self-sufficient aged person). The creation of the concept of *non autosufficienza* (non-self-sufficiency) was designed to evaluate the levels of physical and cognitive status of an individual and to assess whether the kin group was able to provide sufficient support.<sup>2</sup>

At the same time there was developed a system of placement in old people's homes and day-care centers (officially known as Day Care Centers for Non Autosufficienti henceforth to be referred to as day-care centers). These sites focused on providing assistance to the aged who suffered from physical or cognitive decline: the "homes" offered a new permanent dwelling to the elderly with most severe health conditions, while the day-care centers provided daily assistance to those aged with dementia who despite their cognitive impairment were still able to live in their own homes. These day-care centers have become particularly popular over the last five years. On one hand they enable elderly people to "age in place" i.e. they make it possible for the aged to remain in the community, usually thanks to the additional assistance provided by family members or paid care-givers. On the other hand, the day-care centers are also favored by local governors, because the management of the non-residential day-care puts less of a burden on the city budget than the maintenance of a local old people's home (photo 2).



Photo 2. Woman going to the local day-care center (official name Centro Diurno Per Anziani Non Autosufficienti Daily Center for Non-Self-Sufficient Aged)

## ***NON AUTOSUFFICIENZA: FROM LEGAL CONCEPT TO SOCIAL CATEGORY***

With a growing number of families having an elderly member placed in either an old people's home or attending the day-care center, the phrase *non autosufficiente* entered into the vernacular and began to be used in contexts detached from that of the legal classification. In fact, it was the omnipresence of this term, and the arbitrariness of its use, that set the base for this ethnographic project. One of the first observations made during the initial months of my fieldwork was that the words *non autosufficiente* or *autosufficiente* are used almost by default to describe the condition of an aged person, be that by the adult children talking of their aged parents or local journalists reporting a burglary into the houses of elderly residents.

There is a significant variation in local informal definitions of *non autosufficienza*. For example, some consider giving up one's driving license to be an indicator of this label, while others claim that driving a car is not an essential task of daily living and so the absence or loss of this it is not a sign of non-self-sufficiency. Nonetheless, most of the people agree with the basic meaning: *non autosufficienza* is a feature of a person who cannot perform basic tasks independently, such as walking, using the toilet etc. Although loss of cognitive faculties usually does not appear in the definition of *non autosufficienza*, people suffering from dementia are commonly classified and perceived on the basis of that social definition. It is dementia that is locally perceived as the worst type of *non autosufficienza* a person can experience. As one of my aged research participants highlighted, there even is a saying that goes: "As long as my head functions... (*Fino a quando la testa funziona...*)"

*Auto* and *non autosufficienti* occupy separate social and physical spaces in the town. In fact, the status of the elderly people frequenting a particular place determines the identity of that place and vice-versa: occupying a particular social space defines an elderly person's status. For example, in the local understanding, the old people's home or the day-care center is where the *non autosufficienti* are. In reverse of this, using the services of old people's homes or day-care centers is a proxy of being *non autosufficiente*. Similarly, while enacting

their lives in the “Golden Age” Senior Center participants continue to reproduce their status as *anziani autosufficienti* (self-sufficient elderly) and simultaneously they define the Senior Center’s identity as a space for this type of elderly. At the same time, they also define the meaning of *autosufficienza* (self-sufficiency) itself: a self-sufficient elderly person not only does not require support but also is an enterprising and useful citizen.

Despite living up to the ideas of the “active aging,” the Senior Center members exhibit significant unease about their own age status. The remarks made by the Center members during public and private moments often betray this unease with old age. “We cordially welcome all the “differently young” of our town!” is the formula the president of the Center used to launch each of the three annual “Festivals of the Elderly” in which I participated. The term “differently young” (*diversamente giovani*) is a modification of the term “differently abled” (*diversamente abile*) – a euphemism used as an alternative to the term “disabled.”

Even though the Center’s secretary encouraged me to visit the place even more often, saying that the presence of “young people” makes them “feel younger,” my presence in the Center has often been an object of cordial jokes: “Well, you are quite an unusual member here, aren’t you?!” “Did you come here again to study us – *vecchi funghi* (in a loose translation: old codgers)?” Through these jokes the Center members symbolically differentiate themselves from those whom they perceived as “youthful.”

The stigmatisation of old age is not only internalised in the self-narrative of the Center members; it also actively operates in the external world. Despite being praised by city council officials for playing a crucial role in the social life of the town, and despite its popularity among the town’s aged residents,<sup>3</sup> the Senior Center is perceived by some as a “depressing” place and thus to be avoided. A 78-year-old neighbour of mine is adamant that he will never go to “this place,” because it is “for the old, and it looks like a very sad place.” This neighbour supported his point by mentioning the interior walls of the Center, whose original

white colour is now turned almost brown. He also found the Center's bar "a really depressing place where you have all these old men sitting, sipping wine and playing cards."

Thus, my fieldwork location is no different from other communities documented by other anthropologists (Counts and Counts (1985), Vesperi (1985), Naurberger (2008) where old age is feared, including by the aged people themselves. As I will demonstrate below, it is precisely this fear and stigmatization of old age that provide a symbolic framework within which the public identity of the Senior Center, as well as social life inside the Center, is constructed.

## **THE CRAZIES ARE COMING**

In the 2013 a group of volunteers organising weekly workshops for people in the initial stages of dementia approached the "Golden Age" Senior Center to ask if they could use one of rooms for their activities. As one of the volunteers explained, the volunteers had two objectives when requesting the room in the Center, the first of which was to integrate the people with the onset of dementia into the life of the town by organising walks around the town's historical Center. The "Golden Age" Senior Center is centrally located so it seemed to be a perfect option. The other objective of the volunteers was to integrate those suffering from dementia with other aged residents of the town. The first objective was not achieved, because the ambience of the main public square turned out to be too overwhelming for some of the people with whom the volunteers were working. Neither was the second objective achieved, with the volunteers frequently complaining to the project coordinator about the unfriendly looks they received from the members of the Senior Center. When I asked the volunteers what made them feel unwelcome, one of them recounted that when they were walking through the Center's corridor, at times they could hear the Center's members murmuring: "look, the crazies are coming." The volunteers also mentioned that none of Center's members ever made a welcoming gesture other than saying a short "hello." In this

atmosphere, the idea that the volunteer coordinator had of doing a short round of the Senior Center and introducing those with dementia to the Senior Center members was given up.

The volunteers and those elderly with dementia in their care left their room in the “Golden Age” Center after two years of using it on a regular basis, with their interaction and relationship with the Center members virtually unchanged. The volunteers stressed that the change of location was mostly for the logistical reasons as the lack of parking spaces close to the Center became too much of an issue for the users of the Center and the room in the Center was too small for long-term, sustained use. They moved to one of the local day-care centers, located two kilometres from the “Golden Age” Senior Center. The new place was more spacious, the parking spaces nearby were numerous, and the unfriendly looks of the “Golden Age” Senior Center were replaced by the cordial welcome of the staff working in the day-care center. I observed several casual – and cordial – exchanges between the staff of this center and the volunteers. There were moments of clashes between the personnel of the day-care center and the volunteers working with people suffering from dementia about the cleaning and maintenance of the toilets and about project property being taken/stolen from the shared space. Nonetheless, both elderly people with dementia and volunteers described the overall atmosphere as positive. Contact between those with dementia under the care of the volunteers and the people using the day-care center, most of whom have significant cognitive impairment, have been extremely rare. One reason was that separate entrance gates kept contact to a minimum. Only very rarely would one observe a user from the day-care center passing through the room occupied by the people with dementia who were under the care of the volunteers. At times, what looked like a more-or-less conscious exchange of greetings took place, always under the careful eyes of the volunteers and staff from the day-care center.

When I inquired about the possible reasons for such a bad reception of the elderly people with dementia in the Senior Center, one of the volunteers with whom I talked highlighted two possible reasons. First, she said, people in the Center might have felt irritated

that they, the volunteers and people suffering from dementia, had not been “properly” introduced to the Center’s community. There were no official meetings organised either by the Management of the Senior Center or by the volunteers themselves. Another reason, which the volunteer described as “a bit more scientific,” was that “aged people are usually intolerant of people who are in worse health than themselves. Because the latter remind them that they themselves can suffer the same fate in the future.”

### **MANAGING THE STIGMA, INTEGRATING HARDSHIPS**

Even though not a central element of socialization, aging of the body, health pathologies and poverty-related distress have a place in the social world of the Senior Center. Their presence can be typically observed in the Center’s mini-canteen as well as during monthly tournaments of tombola. During these encounters, difficulties related to old age are integrated into the Center’s identity through the metaphors and practices of social work and social solidarity. It is through these metaphors and practices that the Center members bridge the gap between the hardships of old age and the cultural ideal of “self-sufficiency” on which the identity of the Center is based.

On the first floor of the Center building, next to the rooms where the English language classes are held, there are five tables that at midday each day serve as a canteen for a group of four to six elderly individuals who come to the Center to eat lunch provided by the town’s social services. As the English language classes, which I have at times attended, coincide with lunch hour, I have had several opportunities to observe Senior Center members passing by and exchanging greetings with the canteen users. I have seen no negative reaction on the part of the regular members. It was only when I asked, that members explained to me who the people using this canteen space were. I was told, there were “People lacking adequate assistance at home.”





Photo 3. Poster inviting to the tombola tournament, organized by the Senior Center members for the residents of the local old people's home.

Another occasion at which the Center members can meet *non autosufficienti* is the monthly encounter with residents of old people homes that are advertised on the Center's announcement board by a poster depicting elderly person's wrinkled hands held by visibly younger hands (Photo 3 above). Every third Wednesday of the week approximately 15 people living in local assisted-living facilities are brought to the Senior Center by a city-sponsored van to play tombola. The game – which is very similar to bingo – is facilitated by the members of the Center and several Center members join the guests from the old people's home in participating in the game. The guests from the old people's home, the majority of whom are in wheelchairs, are accompanied by two professional carers, who sit with them around the two tables prepared by the organizers. The two other tables in the room are usually occupied by the Center members (Photo 4). The Center members who facilitate the game often come to the table of the guests to make sure they have not missed any number called out

and to address other questions or concerns that the guests might have. During the tombola events that I have frequented I have seen little regular interaction between the tombola players from the Center and their guests, apart from comments about the good fortune of someone winning the game. However, pictures taken at past tombola events suggest that some more intensive interaction had in the past taken place.



Photo 4. Guests from old people's home in the Senior Center during one of the tombola events

During these two regular forms of encounter – in the canteen and during the tombola tournaments – the *non autosufficienti* are put in role of recipients of something gifted to them, be that of the gift of the subsidised food provisions or the gift of the members' hospitality and assistance during the tombola games. The integration of the *non autosufficienti* into the Center's social fabric is accomplished and maintained through the assigning of two types of roles: "help givers" and "help receivers." In such a relational set-up, and consistent with the Center's philosophy of "active aging," the Center's members occupy the position of the active, helpful citizens and at the same time symbolically distance themselves from those who are designated as recipients. The volunteer-led grouping of elderly people with dementia fit into

neither of these two categories. The grouping of people with dementia did not approach the Center to receive help but rather as individuals whose agency was acknowledged, at least by the volunteers who accompanied them.<sup>4</sup> Such a position was in strong contrast to the role assigned to them by the discourse of *non autosufficienza*, i.e. that of passive recipients of care. This contrast provoked a tension that found its expression in the disapproving looks of members and in them calling the newcomers “the crazies.”

### **No way out of the (*Non*) *autosufficienza* Discourse**

I joined the volunteer group that worked with persons with dementia ten months after they had moved out from the Senior Center. It was only after a few months into our collaboration that the volunteers shared with me their experiences from their time in the Senior Center.<sup>5</sup> As I was unable to make direct observations of the two groups during the events described above, I instead talked to some of the “Golden Age” Senior Center members about the period in which the group of people with dementia frequented the place.<sup>6</sup> Most of the Center’s members that I talked to could not recall this period in great detail; they did remember the presence of the volunteers and the group they looked after but they were sceptical about the unfriendly gestures that were so striking for the volunteers. A 90-year-old regular frequenter of the Center’s bar told me that he did vaguely remember the presence of people “with Alzheimer’s” but could recall nothing particular about it. “It is you who is interested in people with Alzheimer’s, not me,” he responded. He could not recall any particular tension that happened around that time. “One needs to be sensitive, you know, this happened to them, but could also happen to me,” he noted and then continued “...but I do not see the point of bringing them here. They are in a vegetative stage, they do not even know that they are here...It makes no sense.”

In talking with Maria – an aged friend of mine who used to frequent the Center in the past, about the events recounted by the volunteers – she remarked that she found the situation

extremely sad and inappropriate, yet not very surprising: “You know that in the Center you find many impolite people, so it must be one of them who called these people by bad names.” When I asked if she would be bothered by the presence of the people with dementia in the Center, she answered: “Of course not, why would I? It is just like the Pope said: do not turn your back on the person who is different from you, who has a disease etc. Isn’t that what the Pope says?” Next, she compared the reaction of the Center members to “those with Alzheimer’s” with the town’s residents’ reaction to “Moroccan immigrants:” “It is the same thing: people react when they encounter someone who is different from them.” Even though supportive of the presence of the people with dementia in the Center, Giovanna nevertheless did not move beyond the discourse that structures the dynamics of the local elderscape, that is, the narrative based on the division between the *auto-* and *non autosufficienti*. Just as was the situation in the Center itself, in her discourse the only role prescribed for the *non autosufficienti* is that of the “Other,” and that of the needy recipients of help. In Maria’s case, the reference to the Pope’s teaching suggests that she understands the helping of the *non autosufficienti* as an act of Catholic piety. There seem to be no alternative frame in the perspective of the *autosufficienza* through which aged people with diverse health statuses could relate to each other.

## **OLD AGE STIGMA AND SOCIAL ORGANIZATION**

The institutional set-up and negative stereotyping of old age can provoke particular strategies of stigma management. Through the ethnographic comparison of two assisted-living facilities in Israel, Gamliel and Hazan demonstrated that different ways of organizing social life in a stigmatized settings, such as old people homes, can create alternatives for aged people to manage their social identity and their relations with others (2006). These authors noticed that the organization of social life in one of the old people’ homes studied, allowed the residents to neutralize the stigma of old age and of being placed in an old-age residence, by

enabling them to construct their identity through reference to their previous social roles. This was facilitated by having individual rooms, non-mandatory participation in social gatherings, allowing the residents to take the lead in certain areas of the institution's social life. In turn, the organizational set-up of the second facility in the study was found to have the effect of depriving the residents not only of their previous social identity but also of any social self at all. The emphasis on uniformity and the obligatory participation in all the events organized in the institution created a situation in which the residents built their selfhoods by accepting the labels given to them by their gossiping co-residents.

Although, and unlike the Gamliel and Hazan study, the Italian Senior Center discussed in this paper chapter does not serve as a space of permanent residence, it is nevertheless an institution operating within the context of old-age stigma. However, in contrast to the Israeli participants in Gamliel and Hazan's study, the Italian Center members do not construct their social identity by drawing on the social identities held in previous periods of their lives. Instead, it is relatively common for a regular visitor to the Center not to know the previous profession of the other members. In contrast to the second Israeli case, the Italian Center members do not build their identity using the labels given to them by co-participants in their social lives. Instead, when building their social selves the Senior Center members resort to the local cultural narrative that orders the aged according to their perceived physical (and cognitive) autonomy. As the reconstruction of the events that took place in the Senior Center demonstrates, it is this culturally developed division between *auto-*and *non autosufficienza* that is most prominent in structuring the narratives and behaviours of the Senior Center members. As the description of the social world presented above demonstrates, this narrative also assigns to the aged with physical disabilities the very unprivileged position of needy recipients of care.

From the aforementioned events one might easily infer that the Center members are a particularly unpleasant group, strikingly intolerant of the conditions of those of their peers

suffering from dementia. However, perplexingly, they absolutely are not. Several of the Senior Center members work as volunteers in old people's homes and many have or have had an experience of providing care to their aged spouses or parents. During biographical interviews with the Center members, I collected many examples of the Center members' active experience of and sympathy with the suffering of elderly persons. How, then, can we make sense of the fact that in the Center where so many people have direct experience of physical and cognitive pathologies typical of old age, people exhibiting bodily or cognitive frailties still are perceived as undesired guests and deviants? An important factor might be the uncoordinated division of institutional competencies between various local institutions catering for the aged. Another determining factor is reliance on constrained volunteers to make up for insufficient state provisions. These factors are well illustrated by the words of the Center's Secretary, when we talked about the possibility of hosting people with dementia in their Center:

It absolutely would not work. We are here already overloaded with work, always the same problems [in the local dialect: *soffa*] – you have to organize the courses, the trips, do all the planning... And we are all volunteers here. Only this morning, a woman who should be at the reception and answering phone calls, called to say that that she won't turn up today. It's all volunteers you see... [The presence of persons with dementia] creates problems for us. It's not a brilliant idea to put them here. Unfortunately, those with Alzheimer's need to go to a special center. I mean, who is able to manage a person with Alzheimer's? Only in special centers, and even there the staff get crazy with them. Because they have lost their minds...[...]You need a lot of people [...] doctors, and then some type of *badante* [in Italian: a paid care-giver]. You need to be equipped and have staff available to follow these people, we absolutely are not, and so unfortunately those people need to go to other places.

Over the past decades Italy has witnessed an emergence of various institutions created to respond to the challenges of old age. Within these different institutions, efforts to improve

the management of various physical and cognitive conditions of local elderly people has also made these conditions the most prominent markers of social identity at old age. As the observation of the dynamics in the Senior Center indicate, no other personal characteristic has more impact on an elderly person's social identity than his or her physical or cognitive autonomy.

In a North American Senior Center studied by Yokho Tsuji – the Lake District Senior Center – she found that the shared age-profile of the members was found to diminish the negative associations of old age and to have a positive impact on integration within the Center (2009). In direct contrast to Tsuji's findings, the shared age-profile of the members of the Italian Center described in this chapter does not lessen the stigma of advanced age. Rather, late life – always associated with health pathologies and being a burden (being *non autosufficiente*) – continues to be an object of profound fear, which in turn leads to the othering of aged persons with cognitive or physical limitations.

## **TOWARDS A NEW NARRATIVE**

The clear-cut division between auto- and *non autosufficienza* becomes less obvious and more negotiable when probed or when practical experience is analysed. The daughter-in-law who takes care of Carla, one of the people with dementia accompanied by the volunteers, explained to me that Carla is *autosufficiente* when it comes to preparing a meal but *non autosufficiente* as far as putting on her clothes or managing medicines is concerned. For example, the daughter-in-law recounted that Carla oftentimes is unable to find her way to the wardrobe and that she struggles to differentiate one dress from another if they are not kept in the same order. The ambiguity of the concept of self-sufficiency is also often highlighted during educational meetings organized by the National Healthcare Service or by non-profit organizations for professional and kin-caregivers. During the seminars, the speakers seek to destabilize the meaning of *non autosufficienza*, by demonstrating how heavily those who are

typically not classified as non-self-sufficient also rely on other people's assistance. For example, during one of the symposiums I attended, the healthcare officials gave the example of a 40-year-old lawyer who suffers from chronic panic attacks and who in order to manage her life needs to be monitored by her spouse and close friends. In Italy some new efforts are being made to bridge the divide between *auto* and *non autosufficienza* – two categories which in the current institutional set-up are mostly perceived and experienced as mutually exclusive.

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## **Notes**

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<sup>1</sup> The name Golden Age is a pseudonym.

<sup>2</sup> The evaluation of the individual level of *non autosufficienza* is carried out during medical tests and domestic visits by a social worker, and always upon the request of an aged person, their family or the city council.



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<sup>3</sup> In 2018 the Center had 731 active members, out of which 139 subscribed last year. This means that 7 percent of the whole 65+ population of the town frequents the Center.

<sup>4</sup> Although not always realized, one of the principles of the volunteers of the day-care center is to apply a “person-centered approach” when working with dementia: this implies giving agency to the latter in as many aspects of daily life as possible: asking the people with dementia what they would like to do today (with the ideal very rarely realized, yet, oftentimes pronounced), talking to them about how they feel, how their week went, or asking about their passions and life stories.

<sup>5</sup> Because I started to frequent the Senior Center one year after the conflict reported by the volunteers took place, the developments analysed in this paper represent the volunteers’ version of the story. I have decided to consider this version as probable for the following reasons: firstly, because all six volunteers whom with I talked to independently and on diverse occasions about their experiences in the Senior Center demonstrated that they perceived and interpreted their experiences from this period in a similar way. Secondly, because I witnessed on several occasions the volunteers talking amongst themselves about this episode. During these observed conversations, there seemed to be an undisputed consensus among the volunteers that the Senior Center members were unwilling to interact with people with dementia, which suggested the same accounts were not merely “staged” in front of me. Thirdly, I treat the volunteers’ version as probable because they shared the same version of the story with external actors other than myself. For example during a workshop for volunteers organized by external facilitators, this event was mentioned by two volunteers during a roundtable debate and presented as one of the most negative experiences they have had. Finally, some of the observations that volunteers shared with me, I myself have made in the Senior Center on other occasions: for example, the volunteers complained that Senior Center members perceive people with cognitive fragilities as very different from them (“they [the Center members] are *autosufficienti*, and the others are “crazy”” – as one of the volunteers characterized the attitude of the people in the Senior Center). In turn, I have observed that the members with whom I talked about the idea of bringing people with dementia to the Center would typically mention one (and only one) “woman with Alzheimer’s”, as they all called her, who used to frequent the Center, but who, as one member put it “had to be transferred to the day-care center, because she could not receive adequate assistance in the Senior Center”. This suggests that people suffering from dementia are considered as “noteworthy”, and as deviants. Moreover, I consider that the observations made by volunteers could be taken as probable because I had opportunity to observe in other places those behaviours reported by the volunteers that I have not seen in the Center, (for example, on a few occasions I witnessed individuals – not frequenters of the Senior Center – referring to people with dementia as “crazy” (Italian: “matti”). In some cases this was intended to be a pejorative joke, in others a serious description of people with dementia. It is thus quite likely that the term could be used in the Center. Given all what mentioned above, I consider the claims made by the volunteers to be probable and, because of the potential significance for the well-being of the people with dementia, worth analysing as reliable accounts.

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While volunteers were open and available to talk about their experiences, none of the people with dementia who frequented the Senior Center were. This was either because of their advanced memory loss or because they stopped frequenting the meetings with the volunteers due to a decline in health condition or because, in some cases, they had passed away. Consequently, I was unable to incorporate their version into this analysis. The perception of the Senior Center members I have elicited during informal conversations with eight members, each conducted separately.