

Gender, Aging, and Care: A Film Analysis of "Love"

Gênero, Envelhecimento e Cuidado: uma Análise Fílmica de "Amor"

Género, Envejecimiento y Cuidado: Un Análisis Fílmico de "Amor"

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Resumo

Objetivo da pesquisa: Este artigo tem como objetivo refletir sobre relações de gênero e práticas de cuidado no envelhecimento a partir de elementos discursivos e não discursivos que são constitutivos do imaginário sobre o cuidado. Enquadramento teórico: Desenvolvemos articulações entre os estudos de gênero e os estudos sobre o cuidado, com ênfase no cuidado de pessoas idosas.

Metodologia: Discutimos tais questões a partir do filme intitulado "Amor" (2012), dirigido pelo austríaco Michael Haneke. Para o desenvolvimento da análise fílmica, coletamos os dados por meio da observação de cenas do filme e levantamento documental do roteiro e de críticas especializadas. No processo de análise, utilizamos técnicas de análise teórico-empírica ancoradas na Análise do Discurso.

Resultados: Identificamos a existência de dois discursos em torno das práticas sociais de cuidado, que denominamos de *cuidado por amor* e *cuidado por dinheiro*, sendo o primeiro projetado como ideal, ainda que marcado por interdições e silenciamentos. Ainda, evidenciamos que as interações concretas entre sujeitos de cuidado produzem deslocamentos nas concepções de ética e moral que permeiam a relação de cuidado.

Originalidade: Observamos que o rompimento com o senso comum proporcionado pelo filme sobre o cuidado (homens cuidando de mulheres) permite visibilizar, com maior nitidez, os conflitos e sobrecargas inerentes a como se cuida na nossa sociedade.

Contribuições teóricas e práticas: Entendemos que, apesar da história analisada se passar no Norte Global, ela permite refletir sobre o atual *déficit* de cuidado em curso no Brasil, contribuindo para pensarmos a produção de políticas públicas voltadas às relações geracionais e de gênero que circundam o cuidado numa população em crescente envelhecimento e marcada pela feminilização da velhice. Também permite evidenciar tabus e silenciamentos que atravessam os cuidados familiares. Uma contribuição adicional, em termos metodológicos, é a operacionalização da análise fílmica, pouco usual para os estudos na Administração.

Palavras-chave: Cuidado, Velhice, Envelhecimento, Gênero, Análise Fílmica.

Abstract

Research objective: This article aims to reflect on gender relations and caregiving practices in aging based on discursive and nondiscursive elements that constitute the imaginary about care.

Theoretical framework: We developed connections between gender studies and studies on caregiving, with an emphasis on the care of elderly individuals. **Methodology:** We discuss these issues through the film titled "Amour" (2012), directed by the Austrian filmmaker Michael Haneke. For the development of the film analysis, we collected data through the observation of scenes from the movie and a documentary review of the script and specialized critiques. In the analysis process, we used theoretical-empirical analysis techniques anchored in Discourse Analysis.

Results: We identified the existence of two discourses surrounding social caregiving practices, which we labeled as care for love and care for money, with the former projected as an ideal, albeit marked by prohibitions and silences. Furthermore, we highlighted that concrete interactions between care subjects lead to shifts in ethical and moral conceptions that permeate the caregiving relationship.

Originality: We observed that the departure from common sense provided by the film about caregiving (men caring for women) allows for a clearer visibility of conflicts and inherent burdens in how care is managed in our society.

Theoretical and practical contributions: Despite the analyzed story taking place in the Global North, we understand that it allows reflection on the current deficit of care ongoing in Brazil, contributing to thinking about the production of public policies focused on generational and gender relations surrounding care in a population experiencing increasing aging and marked by the feminization of old age. It also highlights taboos and silences surrounding family caregiving. An additional contribution, in terms of methodology, is the operationalization of film analysis, which is uncommon in Management studies.

Keywords: Care, Elderliness, Aging, Gender, Film analysis.

Resumen

Objetivo de la investigación: Este artículo tiene como objetivo reflexionar sobre las relaciones de género y las prácticas de cuidado en el envejecimiento a partir de elementos discursivos y no discursivos que son constitutivos del imaginario sobre el cuidado.

Marco teórico: Desarrollamos conexiones entre los estudios de género y los estudios sobre el cuidado, con énfasis en el cuidado de las personas mayores.

Metodología: Discutimos estas cuestiones a partir de la película titulada "Amor" (2012), dirigida por el cineasta austriaco Michael Haneke. Para el desarrollo del análisis fílmico, recopilamos datos mediante la observación de escenas de la película y la revisión documental del guion y de críticas especializadas. En el proceso de análisis, utilizamos técnicas de análisis teórico-empírico fundamentadas en el Análisis del Discurso.

Resultados: Identificamos la existencia de dos discursos en torno a las prácticas sociales de cuidado, que denominamos cuidado por amor y cuidado por dinero, siendo el primero proyectado como ideal, aunque marcado por prohibiciones y silenciamientos. Además, destacamos que las interacciones concretas entre los sujetos de cuidado producen desplazamientos en las concepciones éticas y morales que impregnan la relación de cuidado.

Originalidad: Observamos que la ruptura con el sentido común proporcionada por la película sobre el cuidado (hombres cuidando de mujeres) permite visualizar, con mayor nitidez, los conflictos y sobrecargas inherentes a cómo se cuida en nuestra sociedad.

Contribuciones teóricas y prácticas: Entendemos que, a pesar de que la historia analizada se desarrolle en el Norte Global, permite reflexionar sobre el actual déficit de cuidado en curso en Brasil, contribuyendo a pensar en la producción de políticas públicas dirigidas a las relaciones generacionales y de género que rodean el cuidado en una población en crecimiento y marcada por la feminización de la vejez. También permite evidenciar tabúes y silenciamientos que rodean los cuidados familiares. Una contribución adicional, en términos metodológicos, es la operacionalización del análisis fílmico, poco común en los estudios de Administración.

Palabras clave: Cuidado, Vejez, Envejecimiento, Género, Análisis cinematográfico.

Introduction

The global population is aging due to increasing life expectancy and declining fertility rates, albeit with notable differences between countries and regions (United Nations [UN], 2019). Although this demographic transition began earlier in countries of the so-called Global North, such as Western Europe, its effects on the demographic pyramid are now noticeable in Latin America, the Caribbean, and Asia, where population projections also indicate rapid aging in the coming decades (UN, 2019).

In Brazil, the aging process has been occurring at an accelerated pace. A panoramic snapshot of this reality can be drawn from the Ministry of Development and Social Assistance, Family, and Hunger Relief (Ministério do Desenvolvimento e Assistência Social, Família e Combate à Fome - MDS) (2023b), which analyzed data from the 2022 Demographic Census and the Continuous National Household Sample Survey (Pesquisa Nacional por Amostra de Domicílios Contínua {PNAD-c), among others. In 2022, approximately 32 million Brazilians were elderly (16% of the total population), compared to 20 million in 2010 (11% of the total). During this period, life expectancy at birth rose from 73.4 to 77 years, and the ratio between the elderly population and the younger population (up to 14 years) increased from 44.8 (2010) to 80 (2022) (MDS, 2023b). This is a heterogeneous process, marked by the feminization of aging, but also by class, race, and territorial disparities.

A notable phenomenon worldwide and in Brazil is the increase in the number of elderly individuals who require support, assistance, and care for basic and instrumental activities of daily living, in other words, those who need caregiving (MDS, 2023a). There is a strong relationship between aging and disability. According to MDS (2023b), more than half of the population aged 80 or over has some form of disability.

Population aging presents significant challenges for various public policy sectors, such as labor, economy, and services (both public and private), including health, education, and social assistance. Despite being discussed less frequently, one of the main challenges posed by this demographic shift is the social organization of care. This is due

to a care deficit that has become increasingly evident (Aguirre, 2009; Carrasco, 2011). On the one hand, this deficit stems from the consolidation of women's participation in the workforce, which has reduced the availability of unpaid family caregiving, historically supported by women's household work (Batthyány, 2009). On the other hand, the aging population is growing, along with the number of people requiring care in advanced ages (Camarano, 2003).

These changes have not been followed by a profound restructuring of services for elderly care (Aguirre, 2009). Nor has there been greater male responsibility in the household, from a perspective of shared caregiving duties (Sorj, 2013). Thus, caregiving remains primarily the responsibility of families, and within them, a network of women (Hirata & Guimarães, 2012). Consequently, caregiving, whether paid or unpaid, is predominantly performed by women, blending with social representations constructed around what is socially perceived as part of a supposed "female essence" or "nature".

Regarding the social organization of care, the phenomena of population aging and the care deficit both challenge theories and practices related to rights and public policies. They also pose a set of ethical and moral dilemmas and conflicts regarding how to provide care to elderly individuals, especially those with higher levels of dependency. Taboos, silencing, and stigmas often inhibit debates about family and institutional care.

From a theoretical perspective, systematic studies on gender, caregiving, and aging in Brazil (Debert, 1997; Debert & Pulhez, 2017) are more recent compared to research focused on childhood (Rosemberg, 1984). This suggests the need for research that systematically combines different methodologies to deepen the knowledge on the particularities of caregiving practices, gender relations, and aging.

The need for advancements in research on this theme in Brazil becomes even more urgent considering that, in 2023, the first year of Lula's third government, caregiving was included in the public policy agenda with the creation of two governmental departments: the National Department for Care Policy and Family under MDS, and the National Department for Economic Autonomy and Care Policies under the Ministry of Women (SENAEC/MMulheres) (MDS, 2023a). These departments co-coordinated an Interministerial Working Group (GTI-Cuidados), which had up to a year to present a proposal for a National Care Policy and Plan. The priority target groups of this policy include children and adolescents (especially early childhood), elderly individuals, and people with disabilities who require assistance and support for basic and instrumental activities of daily living, as well as paid and unpaid caregivers (MDS, 2023a). Therefore, elderly individuals and their caregivers are key target groups of this policy.

In this context, the purpose of this article is to conduct a film analysis of "Amour", directed by Michael Haneke (2012), highlighting the social practices (work and emotions) and ethics of caregiving. The qualitative research entailed observing scenes from the film and a documentary analysis of the script through feminist theoretical lenses on caregiving (Hochschild, 1979; Hirata & Kergoat, 2007; Tronto, 2009; Hirata & Guimarães, 2012; Molinier & Paperman, 2015; Aguirre & Scavino, 2016; Borgeaud-Garciandia, 2016; Debert & Pulhez, 2017), supplemented by elements of Discourse Analysis (DA) (Maingueneau, 2012; 2015). We aim to reflect upon some of the controversies inherent to caregiving discourses that emerge in the film.

We understand, as Woodward (2016) argues, that there is an invisibility of frail elderly individuals and their caregivers in representational and media circuits, even though this is a contemporary issue. We also agree with the author that promoting understanding of people through stories and images is a powerful way to advocate for societal and public policy changes. In this context, this article focuses on a film that unexpectedly shifts the viewer's perspective on societal expectations towards caregiving, inviting observation of the care provided to an elderly woman by an elderly man. Using uncommon methodologies to approach the issue, this research contributes to challenging common assumptions regarding adequate care for the elderly and underscores the importance of considering both the caregiver and the care recipient as inseparable.

This article is organized into five sections, including this introduction. In the second section, we present the theoretical framework, which encompasses the relationship between caregiving, gender, and aging. Next, we describe the methodological approach. The fourth section is dedicated to the analysis and discussion of the results. Finally, we provide a summary of the findings and possible contributions and limitations.

Theoretical Framework

Care and Gender

Over the past two decades, gender studies on caregiving have experienced progressive growth. This reflects a set of social transformations involving the (dis)articulation of work-family relations and the shift in the sociodemographic pyramid (decline in fertility rates and increase in life expectancy). This growth was also influenced by feminist movements advocating for more democratic social practices, aimed at confronting the sexual, social, and racial division of labor (Aguirre, 2009; Carrasco, 2011; Hirata & Guimarães, 2012; Marcondes, 2013). Recently, decolonial perspectives in gender studies have gained attention, questioning generalizations regarding caregiving that primarily reflect North American and European realities, with limited focus on Latin America, the Caribbean, and other regions like Africa (Oyěwùmí, 2004).

These studies indicate that despite societal changes, notable continuities remain. Families, particularly through women, continue to be the foundation of caregiving practices, which are carried out in both paid and unpaid ways (Hirata & Guimarães, 2012). The responsibility - of both men and the state - remains largely subsidiary (Sorj, 2013).

Care can be understood as a social practice that combines three dimensions—work, emotions, and ethical standards—to meet human needs and ensure the sustainability of life (Carrasco, 2011). These practices are embedded in social relations shaped by the social, sexual, and racial division of labor (Davis, 1981; Kergoat, 2009; Tronto, 2009).

Caregiving is a job which assumes several forms (Hirata & Guimarães, 2012), including unpaid care, often regarded as an act of love, particularly in motherhood. At the other end of the spectrum lies paid and professionalized care provided by nurses, caregivers, and other professionals, who are predominantly women. Semi-professional care is also common, typically carried out by domestic workers (mainly Black and impoverished women), often regarded as “help” and performed under precarious conditions (Marcondes, 2013).

Caregiving work includes both positive (love, affection) and negative (hatred, exhaustion) emotions, which influence the relationship between caregivers and those receiving care (Hochschild, 1979; Soares, 2016; Molinier & Paperman, 2016). Emotions also vary over the course of life: childcare is regarded as preparation for autonomy, whereas elder care involves increasing dependency and vulnerability. These differences shape feelings and perceptions around caregiving.

Care in terms of ethics refers to obligations, moral ties, and criteria for defining what is right or wrong. Gilligan (1982) highlights that ethical standards based on universal principles reflect male experiences, while the “female voice” emphasizes feelings, empathy, and interpersonal relationships. Authors such as Tronto (1987; 2009) have criticized this, proposing to replace the term “women’s voice” with the term “voice of care”, to avoid essentializing women’s role as caregivers.

The term “voice of care” provides a feminist critique of the liberal concept of democracy and justice, which idealizes autonomy (Kittay, 1999; Gómez, 2010). In contrast, the ethics of care recognizes that all people are vulnerable and interdependent (Tronto, 2009), valuing interpersonal relationships and proposing a new democratic theory that legitimizes care and its emotional and relational aspects (Kittay, 1999; Gómez, 2010; Molinier & Paperman, 2015). This perspective highlights the intertwined nature of the caregiver and the care recipient.

It is within this broader theoretical framework that we place the reflection on care, gender, and aging.

Care, Gender, and Aging

The progressive growth of gender studies on caregiving has not addressed all stages of life evenly. The intersection of gender, aging, and care remains underexplored, especially in the Brazilian context, despite key contributions, such as those from Debert (1997) and Debert & Pulhez (2017). Childhood, at the other end of the life course, has received more attention in gender and care literature (Rosemberg, 1984).

However, the issue of aging has garnered increasing attention due to the accelerated demographic transition worldwide, affecting not only the Global North, but also regions in the Global South, including Brazil. While the fertility rates in Brazil have plummeted in recent decades, life expectancy has risen significantly due to improved access to healthcare and sanitation, alongside medical advancements (Camarano, 2003). The combination of an aging population in need of care and a decrease in the availability of women to provide unpaid care has resulted in a care deficit (Debert & Pulhez, 2017).

Care policies must address not only the health but also the social aspects of aging, such as isolation and dependence in daily activities. Social isolation and the lack of support networks exacerbate mental health issues and diminish the quality of life for elderly people. Dependence on daily activities such as feeding, hygiene, and mobility increases the demand for caregivers and affects the self-esteem and autonomy of elderly individuals.

Therefore, policies that promote social inclusion and support for daily activities are essential to ensure a dignified and active life for the elderly, even in contexts of dependency (Pereira, 2019).

Just as gender relations, aging is a social construct influenced by various factors, including biological characteristics (Debert, 1997; Aguirre & Scavino, 2016). Age and generation are markers of the life course, shaped by economic, social, cultural, and political factors (Camarano, 2003). As a result, aging is not a homogeneous process (Debert, 1997), being affected by individual and social characteristics such as gender, race, class, and ethnicity. There are also differences in autonomy levels among elderly people and the subjective experience of aging (Camarano, 2003).

However, there is some homogeneity in the social representations and stereotypes associated with old age. In capitalist societies, these representations tend to be negative, associating old age with a loss of prestige due to its cost to social security systems (Debert, 1997; Aguirre & Scavino, 2016).

Gender, aging, and caregiving are interconnected, especially in the context of care deficit (Debert & Pulhez, 2017; Aguirre & Scavino, 2016). Given the feminization of old age, it is crucial to consider gender in both the provision and reception of care, with women often playing the role of caregivers, particularly as grandmothers (Figueiredo et al., 2007).

In heterosexual marital relationships and family responsibilities, Aguirre and Scavino (2016) note that although gender inequalities persist, there is also a reorganization of domestic tasks in old age, with men participating more than at earlier stages of life.

In summary, this work uses care as the core analytical category, understood as a social practice that encompasses work, emotions, and ethical standards to meet human needs and ensure the sustainability of life. These practices are shaped by gender relations and the specificities of the life course. Gender, care, and aging are intertwined, warranting the consideration of gender in caregiving relationships, both to understand the supply and demand for care. This leads us to a key aspect of caregiving: the interdependence between the caregiver and the care recipient (Tronto, 2009), with both sides of the relationship being inseparable and requiring integrated analysis.

It is within this theoretical framework that we conduct our research.

Methodology

To conduct our research, we performed a film analysis of **Amour**. We have used techniques that seek, through the observation of scenes, to deconstruct their elements to interpret them, and not to pass judgment on the quality of the film, following the model of a critical review (Penafria, 2009). Although this methodology is not widely used in the field, it holds potential for methodological innovations in research, especially concerning organizations, practices, and social values (Oltamari, Lopes, & Wannmacher, 2018, p. 6).

Thus, from the narrative of a specific film, we aim to reflect on the symbolism and social representations embedded in the fictional story (Oltamari, Lopes, & Wannmacher, 2018). Although it is fiction, it is essential to highlight cinema's ability to capture and reproduce daily values and practices within a given historical context and social reality (Ferreira, Machado, Silva, & Silva, 2019).

One of the advantages of film analysis is that, differently from other qualitative techniques, both the article writer and reader can access the observed empirical material. For our reflection, film analysis was insightful as it allowed us to contemplate our perceptions when observing a man in the role of caregiver for a woman, which contrasts with more common social care practices in society.

Our research consisted of two analysis stages. The first covered scene deconstruction. Here, we watched the film for the first time, taking notes in a methodological journal, focusing on descriptive elements of the scenes and insights for analysis. In the deconstruction process, we relied on secondary data from critical reviews of the film (Gonçalo, 2013; Calil, 2013; Borgo, 2013; Sobrinho, 2017; Villaça, 2019). There are various ways to deconstruct a film, and as a guiding thread, we prioritized narrative elements related to caregiving relationships.

After deconstructing it, we moved on to the second stage: interpretation. For this, we watched the film two more times and referred to the full transcript of its script (Haneke, 2012), conducting a document analysis for textual analysis. In this stage, we incorporated elements from Discourse Analysis (DA), based on the works of Maingueneau (2012; 2015). Here, we sought to understand the effects of meanings constructed in the interaction between subjects through language, considering the historical context (Maingueneau, 2012; 2015). These interactions do not occur freely, but are constrained by power and domination relationships, as well as the

ideologies mobilized in the construction of meanings, both to establish and legitimize domination and to challenge it.

We also assumed that discourses are interdiscourses, as they are related to other discourses through either controversy or alliances (Maingueneau, 2012; Charaudeau & Maingueneau, 2016). Discourses involve a chronography (a moment in time) and a topography (a place), and they also engage the subjects who enunciate them (Maingueneau, 2012; 2015). Interdiscourse also involves intertextuality, both in its strict form (such as parody, citation, or allusion) and in its broader sense (implicit relations or echoes of one text in another) (Charaudeau & Maingueneau, 2016). Finally, for constructing this analysis, the text in its context is essential, but since this is a film analysis, it is also worth considering the visual construction of the film.

The analysis and discussion of the data are presented below. We begin with a brief description of the film’s narrative, through a synthesis of the deconstructed caregiving scenes. In the following two subsections, we discuss the topics selected for analysis based on DA. First, we will reflect on the types of caregiving, considering the relationship between family care and paid care. For this, we selected four scenes from the film, which we reproduce textually in the following pages. Then, we explore the tension between autonomy and dependency, justice ethics, and care ethics, as well as the responsibility of men and women in caregiving roles.

Data analysis and discussion

Love: Deconstructing the Caregiving Scenes

Love (Amour) is a 2012 drama, which is 127 minutes long, produced by France, Germany, and Austria. The film was directed and written by Austrian filmmaker Michael Haneke. The story takes place in Paris in a contemporary setting (as inferred from the newspaper articles the characters read). Most scenes unfold in a comfortable middle-class apartment. The main characters are Georges and Anne, an octogenarian couple. She is a retired music teacher.

Suddenly, Anne suffers from an illness (aphasia) which, combined with surgical complications, results in the paralysis of the right side of her body and progressive dementia. Still, she chooses to endure the illness at home rather than in a hospital. Thus, the couple decides that she will receive care at home, with Georges assuming the caregiving duties. From the outset, Anne approaches the situation with pessimism, expressing that she sees no reason to endure a slow decline, which frustrates Georges.

As the film progresses, Anne’s physical and mental health steadily deteriorates. Simultaneously, the apartment’s setting transforms as well. Wheelchairs, IV drips, medical equipment, and adult diapers gradually populate the scene. Anne becomes entirely dependent on Georges for all her daily activities, such as eating, going to the bathroom, dressing, and brushing her hair. Georges not only performs these tasks but also manages a range of emotions — anguish, frustration, and affection, both stemming from her and from himself.

There are three other characters who contribute to the film’s portrayal of caregiving practices. The first is Eva, the couple’s only daughter, who, while not present in their daily life, occasionally appears and adds tension concerning the caregiving decisions made by the couple. The other two are unnamed nurses, hired by Georges as Anne’s condition worsens. One of the film’s most dramatic moments occurs when Georges fires one of the nurses, feeling that she did not adequately provide care to Anne.

As Anne’s body and mind further deteriorate, Georges ultimately decides to carry out what Anne had hinted at when she was still lucid. He kills her, suffocating her with a pillow. After the act, he cleans and rearranges her body, dressing her and surrounding her with petals, mimicking the setting of a funeral. In a subsequent scene, which suggests Georges’ impending suicide, he sees Anne washing dishes, and she asks him if he is ready to leave. He helps her put on a coat, puts one on himself, and together they exit the apartment. The apartment is then shown in the film’s final scenes, where the police find it closed and empty, except for the body of an elderly woman in a bed. This same scene also opens the film.

Social care practices: care for love and for money

The first constitutive controversy of the care discourses emerging from the film concerns the types of care, considering the relationship between family care and paid care. For this stage of the analysis, we have selected four scenes from the film, which we reproduce below.

<p>(Scene 1) Context. Anne returns home from the hospital. She is in a wheelchair. The couple moves into a spacious living room filled with books. George helps her sit in an armchair and takes a seat in the chair opposite her. George: I'm glad you're back / Anne: Me too [Pause] promise me one thing / George: What? / Anne: Never take me back to that hospital / George: What? / Anne: You promise? / George: Anne... / Anne: Promise? [Pause] / George: Anne, I... / Anne: Don't talk now. And don't lecture me...</p>
<p>(Scene 2) Context. The scene starts with George and the newly hired second nurse in the living room. In the previous scene, the nurse is seen combing Anne's hair roughly. Anne, who can no longer communicate, reacts with grunts. Nurse:... whatever you want, sir. I don't know what you were expecting. I gave up another job to come work here. You should have thought about that before deciding you wanted a second nurse. / George: But I just found out how incompetent you are. / Nurse [furious]: What does that mean? / George: I don't want to argue with you. In any case, you wouldn't understand / Nurse: No one ever complained before / George: Good for you. How much do I owe you? / Nurse: [after calculating] 780 euros [While George takes money from his wallet] this has never happened to me before. Who do you think you are? I've been doing my job for many years. I don't need you to teach me now / George: Do you have 20 euros? / Nurse: No / George: Then keep the 800 euros. You can go now / Nurse: [while putting the money away] you're an unpleasant old man. I feel sorry for you / George: I sincerely hope that one day someone treats you the way you treat your patients, and you have no way to defend yourself. Now, go away. / Nurse: [after hesitating] fuck you, old man!</p>
<p>(Scene 3) Context. George tries to give Anne water, but she refuses to open her mouth, even as he tries to force it open with his hand. George: [furious] Damn it! [The liquid spills and stains the bed] Anne!... You can't make me let you die of thirst. If you insist, I will call Bertier [the doctor] and tell him to put you in a hospital. They can force you to eat there. Is that what you want? [Pause]. I promised to spare you from that. But you need to help me. I'm exhausted [He forces her to open her mouth, she gives in, but instead of swallowing the water, she spits it out] [He hits her in the face] Anne: [mumbling] help me! / George: please, forgive me.</p>
<p>(Scene 4) Context. George is in the living room reading the newspaper. The doorbell rings. It's his daughter, Eva, who doesn't live in Paris. He hesitates to open the door and, before doing so, he locks Anne's room. When Eva enters, she and George go to the living room and start arguing about Anne's care. She argues, upset, that he hasn't responded to messages and calls. George: No. We're going to have this conversation right here. I'm taking care of your mother. It's a full-time job. And I'm not saying this to complain, but to explain why I don't answer your calls and why I don't want to have this pointless discussion. Your mother is exactly as one would expect sick all the time. She is becoming more and more like a helpless child, and it's sad and humiliating, for her and for me... [explaining the care routine, as the discussion unfolds] we do our speech exercises every day, or we sing together. Most of the time, I wake up around 5 a.m. She is still awake. Then I change her diaper. I rub cream on her to prevent sores. Then, around 7, I try to convince her to eat and drink. Sometimes it works, sometimes it doesn't. Sometimes she tells me things from her childhood, and then for hours she asks for help, and then one moment later she is laughing by herself or crying. None of this is worth showing to anyone.</p>

Table 1. Selected Scenes. Love

Source: Script (Haneke, 2012) and observational analysis of the film

Based on the fragments, it is possible to highlight a constitutive discursive controversy regarding the form of care, which is central to the narrative. This controversy revolves around a ghostly presence, articulated as both a fear and a threat: being taken to (or placed in) a hospital (scenes 1 and 3). This controversy constructs an interdiscourse, where a discourse evoking family care emerges in contrast to a simulacrum of another discourse, that of hospital care. This second discourse is a simulacrum because it is a representation constructed within the framework of the first discourse, to oppose it (Maingueneau, 2012; 2015). By constructing this second discourse as a ghost of fear or punishment, it is imbued with depreciation, which, by contrast, delineates the first as the appropriate and desired form of care.

However, there is a second discourse that arises from the discursive interactions, especially in Scene 3. This concerns professional home care, performed by the second nurse. It aligns with hospital care because, in addition to being professional, it is also mediated by money. Those who provide professional care, whether in a hospital or at home, do so in exchange for compensation. The professional dimension also indicates another source of knowledge regarding how to provide care, which does not stem from affectionate relationships ("I have been doing my job for many years. I don't need you to teach me now"). On the other hand, it is also in controversy with the

discourse related to family care. From this controversy emerges another constitutive trait of these competing discourses: providing care out of love or for money.

In these terms, we understand that two main discourses are mobilized in the film regarding forms of care. The first is what is regarded as providing care for love. This is the form recognized as quality care, the one that is desired, even by the care recipient. Its legitimacy and knowledge stem from the affectionate bonds that deeply unite the caregiver and the care recipient. Its practice knows no time limits, as it is organized based on the needs of the recipient, rather than on a formal work schedule. Its motivation is not monetary but rather stems from love for the person receiving care, expressed in a selfless manner, with no desire for reciprocity.

The second form is providing care for money. It is learned professionally as a job, has established work hours and compensation, and is performed in an institutionalized manner (hospital) or at home (such as the nurse's work). In the film, it is portrayed as poor care, either for not reproducing affectionate bonds or for being executed inadequately and even violently.

The film scenes also reveal other layers of love-based care, entailing negative emotions (frustration, shame, and exhaustion) and violent acts (as in the case where George hits Anne or even kills her). Additionally, the caregiver (George) begins to reflect on care as love in terms of a form of work. In Scene 4, he states that providing care to Eva's mother is a full-time job, requiring not only time but also plenty of energy (including not allowing time for phone calls), encompassing both concrete activities (e.g., changing a diaper, feeding, and handing water) and more emotional attention (listening to childhood stories and singing). In George's articulation, material work and emotional management are deeply intertwined. This is because what makes the work especially exhausting is the fact that Anne is unwell constantly, which is humiliating for both.

Moreover, in this fragment, there is a key element to understanding the particularities of care in aging, especially in situations of severe dependence. George represents Anne as a defenseless child. However, unlike a child, she is unwell constantly. This means she possesses the vulnerability of a small child, without evoking the positive emotions that childcare typically generates. Consequently, the process Anne undergoes is seen as shameful (“none of this is worth showing to anyone”).

Finally, it is important to highlight that this interdiscourse we have evidenced in the analyzed scenes mobilizes stereotypes. This is the case with the representation of professional care as punishment (hospital) or as being performed inadequately (paid home care). There are also restrictions and silencing involving taboos, which are a constitutive trait of love-based care. This is because there is restriction or omission in articulating the violence or exhaustion that are also part of this type of care, along with the difficulties in discussing negative emotions (such as humiliation, shame, and frustration).

Ethics of Care: Autonomy and (Inter)dependence

Another discursive controversy observed in relation to care pertains to the duality of autonomy/dependence and its relationship with the ethics of justice and care. Considering the gender of the subjects involved in the caregiving relationship depicted in the film, it is possible to further reflect on the responsibilities of women and men regarding care. For this stage of the analysis, we have selected three scenes from the film, which are reproduced below.

(Scene 5) Context. In the first days after Anne returns home from the hospital, she and George are in the bedroom at night. He helps her settle into bed. She thanks him for the help, and he hesitates, asking if she is okay. Anne: You don't need to hold my hands all the time now. I can take care of myself, you know [George nods] / Anne: And don't feel guilty. That would be useless. And annoying. For me too / George: I don't feel guilty. / Anne: That's good [she smiles]. You can go now. I'm not helpless. You can leave me alone for two minutes. I'm not going to collapse.

(Scene 6) Context. George is in the kitchen having dinner that he just cooked while listening to the news on the radio. Suddenly, he hears a sound of dishes breaking. He rushes to the bedroom, where he finds Anne on the floor next to the broken dishes, the remains of a meal, and an overturned table. He is furious. George: My God, what are you doing? [He abruptly puts her back in bed] Have you lost your mind? I can't believe this. How stupid of you [pointing to the objects on the floor]. Look at this. Do you need to do this? Can't you call me when you need something? / Anne: [weakly] I'm sorry / George: [still angry] So am I / Anne: Forgive me.

(Scene 7) Context. George returns from a funeral, and Anne asks how it was. As he details the events, she interrupts him.

Anne: It doesn't make sense to keep living like this. I know it's only going to get worse. Why should I inflict this on both of us? On you and me? / George: You're not inflicting anything on me / Anne: You don't have to lie, George / George: Imagine if it were me. Have you never thought that something like this could happen to either of us? / Anne: Of course, I have. But imagination and reality have very little in common / George: But things are getting better day by day. We will... / Anne: George, I don't want to hold on. You are making a huge effort to make everything easier for me. But I don't want to hold on. For our own sake. Not for yours / George: I don't believe you. You think you're a burden to me. But what if it were the other way around? What would you do? / Anne: I don't know. I can't bother thinking about what it would be like to be you. I'm tired. You tire me out. Everything tires me out. I want to go to bed.

Table 2. Selected Scenes. Amour

Source: script (Haneke, 2012) and observational analysis of the film

Scenes 5 and 6 allow us to notice a shift in Anne's condition as the care recipient. Initially, she echoes the metaphor of the self-made person, claiming she can take care of herself and does not need help (" I can take care of myself"), despite not being in a position to do so. As her health deteriorates (scene 6), however, Anne becomes progressively more vulnerable, less self-assertive, and more irrational ("have you lost your mind?"), placing her in a situation of profound dependence on George, who gains more power over her compared to the earlier situation (scene 5).

It is important to consider, however, that George's situation also deteriorates, evidenced by the feeling of anger that emerges in scene 6. He not only feels overwhelmed, but also finds interactions with Anne increasingly difficult. Consequently, the emotional care that she also provided for him, even after her illness, diminishes, leaving him feeling isolated.

The apparent autonomy/dependence reveals a more complex phenomenon in the interactions among the characters. There is an interdependence between both subjects of care in the film, resulting in Anne's health vulnerability also affecting George's health, especially regarding his psychological state (scene 4). The interdependence inherent in caregiving practices and the inseparability of caregiver and care recipient (Kittay, 1999) becomes apparent through the rifts in the autonomy/dependence binary.

George's responsibility for Anne's care has a particularity: a man providing care to a woman. This breaks the expectation of the caregiving relationship, where a woman is typically seen as the caregiver. This stems from the ideological dimension of the sexual, racial, and social divisions of caregiving practices, which have woven a narrative associating care and social reproduction with femininity and selfless love. Furthermore, Anne does not assume a position of gratitude for this (" you tire me out"), even though she feels guilty about her condition (" Why should I inflict this on us both?").

This break from expectations may help to deconstruct social caregiving practices in the common sense of viewers through the dissonance between our (socially constructed) expectations and the scenes in the film surrounding care. As George questions in scene 7: "But what if it were the other way around? What would you do?" From this interpellation directed at Anne, another question emerges for the viewer: if it were the other way around, how would you value the positions of caregiver and care recipient ?

It is possible, based on Gonçalo's insight (2013), to reflect on this issue by identifying a non-explicit intertextuality between the film analyzed and " Letter to D.: a love story " by Gorz (2018). In the book, André (Gorz) narrates his relationship with Dorine, his wife, with whom he lived for over fifty years, who suffers from a degenerative and incurable disease. When Dorine " leaves the clinic" and " returns home" (GORZ, 2018, p. 95), the writer chooses to retire and dedicate himself to her care, refusing to submit to " medical technoscience" (Gorz, 2018, p. 91). For him, this represents a form of " believing that we had everything in common, but you were alone in this distress" (p. 89). After a year of the book's publication, Gorz and Dorine decide to commit suicide (Gorz, 2018).

The intertextuality between the film and the book primarily arises from the characters involved in the caregiving relationship in aging: male caregivers (George and André) and female care recipients (Anne and Dorine), both of whom have severe (degenerative or incurable) illnesses. Both undergo hospital care (care for money) and choose to live and die in another dynamic: that of home care (care for love).

Although André and George strive to be present for their respective wives, both feel frustrated, among other reasons, by their inability to alleviate the solitude of the distress that their wives endure due to their respective

illnesses. While André and Dorine choose to commit suicide together, George kills Anne, which fulfills an appeal she had made throughout the movie (as inferred from scene 7). The film’s conclusion suggests that he may also take his own life and that the couple depart together from the house, even though the scene depicting George’s death is not explicitly shown in the work.

In this context, similarly to George, Gorz arrives at a new understanding of love, which he realizes had not been sufficiently appreciated until that point, as described by the writer:

“ Being completely in love for the first time, being loved back, seemed apparently too trivial , too private, too common: it was not appropriate material to make me achieve something universal. A shipwrecked, impossible love, that on the contrary, lends itself to noble literature ” (Gorz, 2018, p. 72).

There is a discursive opposition between two types of love (shipwrecked and universal love vs. common and concrete love). Concrete love is what manifests in daily practice, for which both men awaken to, from their experiences providing care to their wives. It is a non-idealized love that can also involve guilt (as in the case of aggression), shame (Anne is regarded as a helpless child, which is humiliating), and violence (as reflected in the deaths mentioned in both texts).

It is within this context of emerging common and concrete love that the audience is invited to develop empathy for the two male characters, despite them being faced with dilemmas in both cases (murder and suicide). We can once again interpellate, following George’s reasoning: if the relationship were reversed (the woman as caregiver and the man as care recipient), would this empathy be similarly constructed? This is because dealing with the burden of caregiving (a “suffered” situation) is an expected consequence of “being a woman,” which is ideologically constructed as natural.

From this shift, it becomes possible to deepen the reflection on the ethics of care. It progressively emerges in the film as George is challenged daily to make ethical and moral decisions regarding Anne’s care. George’s value judgment transforms progressively, permeated by emotions and affection , but also by the discursive controversy surrounding who provides and who receives care. As inferred from scene 7, Anne understood that it “made no sense to keep living this way” and stated, “that she did not want to hold on.” Meanwhile, George defended, as a categorical imperative, that both should not give up, and that, therefore, they would be rewarded (“ things are getting better every day ”).

As the interaction unfolds, another shift occurs regarding the criteria for appreciating George’s conduct (as either right or wrong): from “killing is wrong” to “killing (for love) may be right.” The ethical standard guiding George’s decisions shifts from abstract principles to being reconfigured through the concrete interactions between the caregiving subjects, filled with emotions and affection. It represents the reign of the ethics of care, not the ethics of justice.

Final Considerations

In this article, we presented a film analysis to reflect on gender relations and caregiving practices in aging, based on discursive and non-discursive elements that are constitutive of the imaginary surrounding care. We focused on social practices, particularly on the relationship between family care and paid care. Based on this dimension, we reflected on the ethics of care and the responsibility of women and men in caregiving.

From the analysis of seven selected scenes from the film, we identified the existence of two discourses that are constitutive of the narrative, which we termed “caregiving for love” and “caregiving for money”. The former, based on affectionate bonds, is portrayed as the ideal and desired form of care, while the latter, characterized as professional (institutionalized or paid home care), is evoked as inadequate, and can even be projected as a punishment. The relationship between them mobilizes a series of restrictions and silencing , such as the taboo of discussing violence and negative emotions involved in caregiving for love, as well as stereotypes about professional care. This dynamic of idealizing one form of care while diminishing another does not contribute to the construction of more democratic social caregiving practices, that is, those based on acknowledging the value of caregiving work and the importance of addressing the needs of those requiring care.

Moreover, through the reflection on autonomy/dependence/interdependence, the ethics of care, and the responsibility of women and men in caregiving, we demonstrated that concrete interactions between caregivers lead to shifts. The first shift concerns the ethics of care and the contribution it can make to broadening our

conceptions of ethics and morality, by incorporating emotional and affective elements, in addition to the concrete aspects of interpersonal relationships. Furthermore, breaking away from common sense regarding care (men providing care to women; not the opposite) allows for better visibility of the conflicts and burdens inherent to caregiving in our society. This is because care is naturalized as something feminine, and therefore some of its dimensions may become invisible when performed by women. In contrast, when care is provided by men, its dynamics become more perceptible.

Considering the results of this article, we believe it contributes to sparking a reflection (in theoretical and political terms) on discourses related to the care of elderly people from a gender perspective, promoting the deconstruction of taboos and silencing. By adopting a critical perspective, especially regarding the idealizations surrounding the discourse of care for love, the dynamics of oppression and suffering that characterize home caregiving practices, whether paid or unpaid, are elucidated. Thus, we hope to help legitimize changes in current social caregiving practices, contributing to projecting the analyzed theme into the theoretical and practical debates of feminism.

We also highlight that film analysis itself is a methodological contribution, as it is still underexplored in administration studies, being a technique that enriches the reflection on social organizations, practices, and values. The relationship between gender, aging, and care still requires systematic research in Brazil, in general, and in the field of administration, in particular, and this article aims to contribute to this development through this innovative methodology.

Furthermore, in the current Brazilian context , where a National Care Policy and Plan are being devised , and where elderly people requiring care and those providing care to them (both paid and unpaid) have been defined as priority subjects of the policy, the analysis presented in this article sparks new possibilities for contribution. In terms of systematizing evidence to support public policies, quantitative studies, through analyses of statistical data and administrative records, are especially valuable , even though there is an important debate about the significance of qualitative research in building such evidence (Koga et al., 2022). However, methodologies such as film or discourse analysis are not usually regarded as capable of providing such evidence. Nonetheless, we understand that this study can contribute in this regard by allowing theoretical concepts to be “embodied” in fictional characters that reproduce the reality of flesh and blood subjects.

The most innovative aspect of the Brazilian National Care Policy is acknowledging the interdependence between those who provide and those who receive care as the central axis of policy structuring. In our analysis, the indissociable link between caregivers and care receivers is clearly articulated, showing that there is no solution to the problems affecting Anne without addressing those that afflict George (and vice versa). Additionally, the National Care Policy prioritizes cultural transformation as one of its key axes, and research such as ours, which discusses taboos and silences surrounding social caregiving practices, highlights how our society organizes itself in relation to care, contributing to the imaginary of new forms of care.

It is also worth considering the contributions of analyzing the specific case in contrast to more usual practices, including in Brazil. As noted by MDS (2023b), elderly people, especially women, dedicate several hours of their time to unpaid caregiving work; they spend approximately 19 hours per week on it, compared to the average of 16.6 hours/week for non-elderly people, particularly elderly wives providing care to their spouses. In the analyzed film, a shift occurs by focusing on an elderly man providing care to his wife. In a society that socially organizes care as a feminine responsibility – such as Brazil or France – this observed shift helps to deconstruct this practice, highlighting that what is ostensibly heard as the feminine voice in the ethics of care is, in fact, the voice of care, predominantly exercised by women (Tronto, 1987; 2009). This voice needs to resonate in policies that not only hold the state accountable for care, but that also promote gender co-responsibility (MDS, 2023a), with the purpose of cultural transformation.

Finally, it is possible to assert that this article provides methodological, empirical, practical, and theoretical contributions by making visible the care of elderly people in the debate on aging, gender, and social caregiving practices. Although, as presented here, the aging population and the social organization of care have been discussed in the literature, the interface between gender, aging, and care still presents underexplored areas, especially in the Brazilian context, despite notable contributions from authors such as Debert (1997), and Debert & Pulhez (2017). However, there is still a lack of systematic investigations that combine different methodologies to deepen the understanding of social caregiving practices in the aging process.

In contrast, our analysis of the film “ Amour ” by Michael Haneke not only highlights the complex interactions between family and paid care, but also challenges stereotypes and idealizations surrounding these practices. By emphasizing the ethics of care and the importance of gender co-responsibility, the research significantly contributes

to understanding social caregiving practices in the Brazilian context, aligning itself with current needs to formulate inclusive and transformative public policies.

One of the limitations of this research lies in the fact that the story is set in the Global North, which distances the reality observed from the Brazilian and Latin American contexts. This also restricts the potential to explore the intersectional dynamics of care, which focus on the articulations between gender, class, race, and ethnicity. There is also a limitation concerning the burden experienced in paid domestic work in the current social caregiving practices in Brazil and Latin America, as this occupation remains quite unprotected in terms of labor rights and social protection, rooted in the slavery past. Paid domestic work in our country inhabits the “in-between space” of work for love and for money, in a combination that further undermines the conditions of this labor category. Despite these differences, it can be argued that the narrative researched touches on key aspects of the current care deficit, which is also ongoing in the Global South, making the analysis capable of reflecting on the phenomenon of gender, care, and aging in our context.

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ⁱ We chose to include the full names of authors to ensure visibility for women’s contributions