

LIVING IN AN OLD AGE HOME: CRISIS OF IDENTITY FOR THE ELDERLY RESIDENTS

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Abstract

The issues of old age and ageing are perennial questions which are becoming more so ever poignant now because of the growing number of the elderly persons consequent upon the increased life-span. The old age homes as support structures for the elderly are now gaining more and more importance in countries like India. However, it is extremely important to study the ways in which an elderly resident negotiates his/her identity vis-à-vis the institutional set-up of an old age home. To understand the experience of residing in an old age in more authentic terms requires going to the field and establishing communication with the elderly residents. This paper brings to the focus the major issues and concerns raised by the elderly residents of an old age home in Chandigarh in terms of the struggles they have to undergo against the dissolving of their individualities into institutional identities.

Key words: Ageing; Identity; Homogenization; Regimentation; Individuality; Crisis; Autonomy.

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Introduction

The study of old age and how the elderly cope with it is a very important subject from the sociological point of view. The presence of the elderly affects social relations in a significant way. Given the medical facilities and the rising spans of life, the elderly population is growing very fast. According to the 'World Population Prospects: The 2010 Revision', in the year 2009, there were 88 million elderly people in India. By the year 2050, this figure is expected to soar over to 320 million. It is therefore very important to understand and cater to the needs of this important part of the society. They cannot be taken for granted anymore nor can they be viewed as a social problem to be tackled mechanically. As living beings they cannot and must not be weighed in terms of political economy. How to measure their productive contribution to the society is a matter of sociologically fecund imagination rooted in very conditions of life in which human beings live. The way human beings think, feel, react, perceive, imagine, hope, expect or fear are all areas that must be studied before any meaningful plans or social networks to encompass the fact of their being can be envisaged. Listening to their own voice, trying to understand their pressures from their point of view requires a theoretically well-grounded sociological perspective. This study seeks to prepare the society and those who are responsible for its just configuration to grasp the delicate human angle without which greater harm than good can result in our social relations.

Old age home, as a fully developed place where security, health-care and togetherness are concerns for the elders, is essentially a western concept being adapted in the cultural context of India. This concept is yet to fully blossom and be fully assimilated in the individual and social perception of our people. An old age home is a relatively new social form in India. Being in an old age home is still a matter of pity both for the elderly and his/her family. Gradually, the perception will change, and being a resident of an old age home may not remain a stigma in course of time. According to Brogden (2001), disposing of older people is getting reduced to a function of the institutional 'care' facilities – the approved organizational waste-bins for the aged. Geronticide today, says Brogden (2001), is the way complex organizations in advanced society dispose of the elderly in terms of the criteria of efficiency and of organizational effectiveness clinically, in non-partisan fashion, without regard to human selves. Brogden (2001)

demonstrates that how entering the institution means losing all those features of self that allow elderly persons some individuality, and to be a member of humankind. Several ethnographic studies document this transformation process as the elder undergoes the status passage from person to liminal to deceased. In extreme cases, people lose their self-identities and means of keeping them in repair: their names are taken away, their personal clothing removed, and person's adult integrity attacked verbally – by abuse, sarcasm, hostile jokes – and sometimes physically. De Beauvoir (1972) describes this process as the compulsory metamorphosis from human being to liminal object. Diamond (1992) talks about the ongoing banality, infantilization, and denial of personhood within the institution through the minutest, and damning, of gestures. In Chatterji's (1989) work the subjectivity of the older person is framed in terms of institutional practice in the context of the ongoing medicalization of old age. The old age home as a total institution is not just an impediment to personal integration but becomes the site of new forms of subjectivity.

This study aims to 'voice' the concerns of the elderly residents of an old age home in Chandigarh. It seeks to get an 'insider's view' into the lives of these elderly residents and understand them from their own perspective. The major focus is on grasping the various frustrations and struggles involved in their day-to-day lives and the ways in which they attempt to maintain their individuality and personhood. To comprehend the subjective experiences of these elderly residents it was of utmost importance to listen to them in their own voices and for this unstructured interviews and case-studies were conducted.

Research Method

The study has been conducted in an old age home in the city of Chandigarh, India. The subjects interviewed to elicit data consist of twenty-five elderly persons (women – 14, men – 11) aged 60 and above residing in the old age home. This study is a part of the field-work done in the city of Chandigarh during 2010-2012 for a much broader research for my Ph.D on issues of ageing and identity.

A qualitative approach which uses unstructured interviews seemed an appropriate way of enabling the elderly persons to talk about their lives. Case-study involves an intensive engagement with a respondent and focuses upon aspects which have been identified as central and significant to the whole research project. It is essentially an exploratory study aiming to accomplish an analysis of how the elderly residents in an old age home negotiate their identities vis-à-vis the institutional set-up of an old age home. The nature of the researcher's conceptualization and the nodal point of inquiry could not but be encompassed by a qualitative methodology using its attendant methods of unstructured interviews and case-studies. The aim of the researcher was not to collect figure-data but to understand in depth the crisis of identity faced by the elderly residents of an old age home.

In this paper I briefly present as examples some of the responses given by the elderly residents in response to their experience of living in an old age home. Pseudonyms have been used to protect the identities of the residents. I quote few of the responses to present an overall idea of the major concerns of these residents. These few responses highlight the common feelings and issues raised by most of the respondents. I also present briefly a case-study of a seventy year old woman residing here since last ten years. An analysis follows.

Elderly Residents in the Old Age Home: Responses

Respect and care for the elders are in short supply these days. We were so disturbed at the neglect we began to experience, while we were living with the family of our only son. Small things became irritants. I have a handsome pension. We contributed to the family budget and yet we were made to feel that we were a burden.....

These are the words of Darnish (70), who spoke haltingly, feeling guilty at defaming his family. His wife Mita (65) was more forthright. She said:

It was very humiliating. Then we thought it was good for all if we come here. So we are here. Very unwillingly we willed it. It is not too bad here. We breathe more freely here...

not absolutely though because we have to follow strict rules of the house, and yet it is better than being at home.

Another resident, Maskeen (68) said:

I have been dumped into this hole by my own children. So long as my wife was alive, I was the head at home. When she died she took away my status and position in the family. There was none who would choose to sit and talk with me. I became bitter. They turned angry and one day they told me I had to accept coming here. It is such a narrow place. I am a prisoner here. I don't get the food I am used to. I have lost six kilos in six months. At this rate I will die in a year or two. I feel so helpless.

“Look at my misfortune and my misery”, wailed Sundari (72). She continues:

I have been sent to this rotten place by my own dear sons... the ungrateful ones. I am living here... hardly living...just existing...mere breathing is not living. Most of the dwellers here have only stories of suffering to tell – rejected, neglected and thrown out of our homes; we live here like outcasts... driven from one thing to another by the ringing of a bell. The workers here are also a disgruntled lot. They speak so rudely. We are chidden for everything. We are not persons. We are just lumped together as if we are suffering from some infection.

Sundari was not alone in expressing her indignation. Many others also complained of being treated as “dumb cattle”, “dirty brats”, “grumbling idiots”, “deservedly discarded”, “a drain upon society”, etc.

Pitiable indeed is the condition of those residents who are totally dependent upon the old age home for food, shelter and medicines. They are given just enough to survive. Actually all of them feel, “we are in queue for our turn to die here”, said one of them. Only they who pay for their maintenance enjoy a degree of self-esteem and self-control. Even they would prefer to have remained in the family, “only if they were not subjected to downright neglect and disrespect back home”, was the sentiment expressed by some. As Jamana Prasad (74) puts it:

I came here because I began to remain I fear of physical violence. Verbal violence had already begun... I had accepted my marginalized position. I had become a receiver from a provider there. But the ugly words became too much. It was only one step from being beaten up. So I requested my son-in-law to arrange for me here. I was afraid asking for even this much from my own sons. My daughter comes to meet me once a week. For my sons I am a good riddance.

Another resident, Karmesh (69) who felt abused and slighted in his own home by his son, has found a refuge in the old age home. However he says:

It is not a change for the better. It is only lesser of the two evils. There is no beating here, no abuse at least but also no warmth at all.

Another resident, Lakhima (80) complained:

It is impossible to stay in high spirits here... There is nothing pleasant to the eye here... what with bent-double frames and coughing voices.

Physical deprivation can yet be borne... but not the mental pain", said Lalat (73) another resident of the old age home. He made this telling remark at his interview with the researcher. He continues:

Time will pass... it always does. In 1947 there was so much blood-shed ... I was about ten then. Eightees and early nintees were painfully dark days... I have seen the world pass by... much loss... many times uprooted... here, at last I am on the final shore... not very pleasant ... but all right... some company... something to eat and 8' X 8' space to lie down. This society is doing at least that much... however little... which our relatives have not done.

“Beggars cannot be choosers”, was another voice, cautious but clear. The speaker, Ram (70) looked left and right to make sure nobody had heard him. “I have another ten years more to live here – at least”, said he.

Psychologically down, emotionally starved, ignored and exploited, the life of institutionalized elderly is nothing to be envious about despite the release, some of them have experienced from the physical and mental torture they were subjected to back home. They are stranded in a no-man’s land, every day sinking deeper into undignified state of self-pity.

The agony and frustration experienced by most of these elderly residents becomes further accentuated when references are made to the notions of home, family and care. Sometimes this frustration reveals itself in aggressive tones which are nothing but a result of years of accumulated pain deep inside their hearts. A continuous sense of neglect and rejection leads to a sense of bitterness towards the world around as the case-study below would demonstrate.

Case-Study: Elderly Identity in an Old Age Home – Ms. Shobha (70)

“You call it a home?” asked Ms. Shobha, “It is more like a third class railway waiting room. We live here dumped, waiting for our death-train to come and carry us away.”

Ms. Shobha is 70. She came here ten years ago. She says:

I had no where else to go. Where was the choice? I have never had a choice in life. I was just ten days old when my mother died. My father remarried dumping me with his sister. I was kept under lock and key all my youth. My aunt’s house was my first prison. Then without asking me my marriage was settled and I came to my second prison. My husband was fifteen years older to me and had three children from his first marriage. I was a drudge at his house. A drunkard man, my husband was like a jailor who would lose his temper for no reason and turned violent. Two children were born to me during my fifteen years of imprisonment. His three children were rude like their father and the two I gave birth to also turned out to be chips of the same block. My husband died a violent death in a brawl. Litigations ruined me, my jewellery sold, my property appropriated by greedy

relatives. My daughter lost her way. I do not know where she is. The whereabouts of my son are also not known. I was thrown out of my village home. The panchayat settled the feud. I get about Rs. 4000 per month. On this I have been living. I have a couple of women sympathizers from the Red-Cross. They brought me to this house of the old destitute. I thought I will have some peace. But I find this place to be another prison. There is not much freedom here. You cannot or wake up, rest or go out on your own. Permission, permission, permission for everything.

Ten years ago when I came here I was given room number 301. I was to pay Rs.1200 per month for room and meals. We do not have a choice about what is to be cooked. The food is for sick people – thin *daal* and dry *roties*. We all are considered to be sick. There is a doctor who comes for health check-up. There is only the same aspro for every ache or the same digestive syrup for every other ailment. Everything is in name. We do not have any voice. We are like a herd of cattle. They get grants, they get fruits and vegetables from donors. But nothing much reaches us.

And then we the prisoners also suffer from all kinds of jealousies. We hardly mix. Nobody likes to see me well dressed. I do not have anywhere to go. But I do go to a temple sometimes – not to pray, only to spite these back-biting old men and women here.

And why should I pray? What have I got? A ruined life always. I should have revolted much before. I do not know how to fight even now – I only express myself by staying aloof. They call me *pagli* (a demented women) – but I do not care.

We do not mix. Even we do not know one another's name. We are known by our room number. I am room number *301 waali* (The one from 301). And now I am being called *Adhe kamre waali* (the one with half a room) because when I could not pay the raised monthly charges of Rs.1800 per month, they partitioned my room allotting me half of it, calling it room number 301-A. my toilet facility is also shared by the women who has moved into the other half of the room. I cannot pay more. I need Rs.1500 per month for

my sugar-control medicines. A prisoner all my life I may find freedom in death only. But how can one be sure of that?

There is no help. Even you have come with your pen and paper to help yourself. It is a selfish world. It is a new city. So they have built a place for the abandoned, abused, lonely old people like me. But even this is propaganda. There is no real care. They neither know how to care nor wish to do so. It is just a routine job for them. There is no hope.

Analysis

The narrative of Ms. Shobha shows that the residents have to really struggle to retain their identity in these homes. These homes homogenize residents' lives dissolving their individualities into institutional identities. These institutions are not sensitive to the previous lives of the residents. The care-system is also only work-related on the part of the staff. They are neither trained nor concerned about the human dimension of the elderly residents. But the residents like Ms. Shobha again and again protest against the uniform regimen of the institution. Having no choice they submit to the system but never whole-heartedly embrace it. Ms. Shobha in joining this home has not come as a blank slate. She has not left her past behind. In fact she continues to use what Gubrium (2000) calls her past identities, perceptions, beliefs to define her present state. She is biographically active, in an angry way though, in designating what it means to be in an old age home. She resists being considered merely an object of pity and care; she is angry at the casual attitude of the officials and other residents towards one another. She hates being reduced to a mere number, denuded of her name. Her personal narrative distinguishes her and her identity from the categories and labels that are used to characterize her.

The residents of an old age institution cannot and must not be treated as puppets to be manipulated in the profit-making industry that even these philanthropic institutions are threatening to be – raising monthly charges, cutting down the space allotted to a resident to accommodate another paying-resident. This is what leaves “no hope” in persons like Ms. Shobha

who is struggling to maintain a sense of personhood and a way of ageing that is her own, not merely the institutions. Her identity may have been fragile and aggressive, but she is, in some measure, still a formulator of her own sense of self. The great yearning of old age home residents is that the “home” values of kinship, neighbourlyhood, inter-generational communications should somehow be incorporated in these institutions. “Warmth” thus generated will make them “homes” and turn them into places where the elderly are truly able to live and not merely wait for their turn to die. Their quality of life and their sense of esteem, injured by the homogeneous perception of old age and its needs is actually hastening the elderly towards their exit from life. A lingering death in the old age home is the worst fear of elderly persons like Ms. Shobha. To counter this they have to adopt spiteful behavioral modes which create a downward spiral trajectory about their own perception about themselves as well as the ways others begin to define them. To realize all this we need to empathically be a part of the respondent’s narrative. Collecting quantifiable data about the elders is to treat them as commodities. They are not problems, they are persons. Ms. Shobha’s narrative is a cry for that recognition.

In the old age homes the residents lead a very morose, listless kind of life. The sparse resources, the narrow confines and the overall custodial environment do not augur well for the autonomy or self-control on the part of the residents. Almost everybody to a lesser or greater degree, experiences a loss of personal space and possessions and therefore a loss of personal control in the highly regimented life lived here.

All the elders would prefer to be in their families. Those who have joined old age homes are generally the ones whose families are unable to attend to them because of lack of time or the pressures of modern urbanized existence. The old age home environment in which custodial care, routine activities, etc, were found galling to many who looked at it as a kind of social death. There were others who do try to create their sense of space and exercise some degree of self-control despite the “vacuous” environment of the old age homes. The elderly residents feel that much needs to be done in these institutions so that their psycho-social needs are also considered a priority there because this alone, they felt, will allow them dignity and self-respect.

Some of the disengagement among our responding residents of these homes was noted by the researcher not inevitable but coming from policies and practices in these institutions. The residents spoke about a diminished locus of control, in which they have lost the abilities to control such basic matters as bed-time and meal choices. Many residents feel manipulated by forces beyond their personal control and so they tend to be withdrawn. They were not too keen to failing to receive proper medical treatment, having given up every hope in depression.

Old age homes are, in a way, beginning to define old age in a neo-stereotypical manner, little realizing that old age is as important a phase of life as any other. Talking to the residents of these old age homes the researcher was struck by the recurrent concern of the elderly that they expect respect and care now that they have given and lived their best to society. They need to be freed from the fear of being marginalized, isolated or abandoned or condemned to lead a lonely life. The researcher learnt that only very few of them have come to old homes as a matter of choice. For most of them to be in old age home carries a social stigma and also peels off their identity because of the highly regimented organization of these homes. There is nothing home-like here, said many, no warmth, no recognition of them as persons. They are unhappy to be reduced to a bed-number or room-number. Here because it is the only refuge available to them, they yet yearn to be treated as living beings, only a few succeed in this hostile set-up to carve their own sense of independent space.

Verbally abused and neglected by their progeny some elders have joined the old age homes on their own initiative or have simply been dumped there by those who were expected to take care of them. These elders were found to be much more prone to depression which can lead to self-neglect as the worst form of abuse they may suffer from. Though nobody reported of physical violence yet it seemed that this is what was apprehended by them before the last step of leaving the family environment was taken by them or for them. Despite all this misery these elders yearn for the family atmosphere hoping that the sense of gratitude and filial piety or at least humanity on the part of their children will one day let them be in the family fold once again. It was very difficult to make these elders speak of their agony resulting from the 'generational' rejection or the indifferent, mechanical treatment being given to them by the managerial staff of the home for the elderly. And yet rather than being a non-entity at home it seems preferable to be a non-entity in the euphemistically called 'home' for the aged.

Conclusion

An old age home is a relatively new social form in India. Being in an old age home is still a matter of pity both for the elderly and his/her family. Gradually, the perception will change, and being a resident of an old age home may not remain a stigma in course of time. None of the residents came there as a matter of happy choice and none may like to stay there if family alternative were made honorably available to them, even though feeling settled there at present. It is because an old age home is still synonymous with a dumping yard for those accursed ones whose present state of affairs has become highly dependent physically, economically or otherwise. Also the organization, location, management and care made available at these homes leave much to be desired. It is a euphemism to call them homes because the warmth that is associated with a home is but a rare phenomenon there. Even as a house these set-ups, and the general atmosphere there, is more akin to a nursing home or a shelter against elements.

The old age home, the study revealed, reinforce dependency and depression. Some of the disengagement that occurs is because of the lack of self-control emerging from the regimented schedule of living in these institutions. Residents there feel manipulated by forces beyond their personal control. As a result they become more withdrawn and turn fatalistic and depressed. In ill-health, the elderly people lose hope easily and with it self-esteem, because of reduced self-control. This kind of deterioration, however, is not inevitable. Changing the institutional regimen responsible for this downward spiral can improve the situation a great deal. Offering a number of choice activities which carry a degree of responsibility and managerial staff trained in giving tender and warm care can bring about dramatic improvement in the morale of the elderly residents.

Since family continues to be the unit for their care, ability of the family to cope with their physical, financial, psycho-social, recreational and other needs should be strengthened through supportive social services. Since the most satisfactory form of care of the older persons continues to be the one that makes possible the stay of the elderly with their children, policies and programmes should facilitate this as extensively as possible. There has to be a greater attempt at orienting family members to the needs of the old and of the ways in which they can prevent them from feeling neglected and ensure their participation and involvement on different matters.

However given the varied circumstances, in the policy planning of towns, priority for Senior Citizen's homes is a must. The home for the aged must be in the proximity of a junior school, a park, a religious place and the area's market. The elders must feel that they are not "situationally" marginalized. The space allotted for the elderly homes must be ample so that single-storeyed structures with larger rooms having ample natural light can be built to give the residents a sense of coming out of their shells than staying shrunk in their frames. In this way the policy of creating greater and intensive interactive opportunities among the younger generations vis-à-vis the elderly can be effectively implemented.

More intensive studies need to be done to understand the complexity and diversity of older people's lives which needs to be overtly linked into a life-course perspective if older persons are to benefit from developing policies and practices. There is an urgent need to undertake many more studies making use of narrative and biography as research tools for bringing the voice of older people to the forefront.

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