Socialization Patterns of Institutionalized Female Seniors : Insights from the Government Old Age Home, Kasargod District, Kerala

*Dr. Laxmi **

*Anoop C Choolayil ***

Abstract

Seniors constitute a group that faces a role crisis or/and loss which is often compensated by an adaptation to new social roles. Institutionalised seniors constitute a section within the broader section of older adults that experience lesser opportunities of gaining new social roles compared to their community-dwelling counterparts. This study aims at deciphering the nature of socialisation among institutionalised female seniors. The method employed for this study was sequential; sampling 15 female institutionalised seniors by applying social network analysis to locate ties and relationships followed by in-depth interviews of key players to capture the reasons and perceived benefits of the membership in close-knit groups. The findings point to the existence of close-knit groups among the participants and such groups have a significant role in the re-socialisation of older adults in the institutional context. Also, the study points to social isolation, reciprocal relations and prominent figures within the institution.

Keywords: Older Adults, Old Age Homes, Social Networks, Cliques, Close-Knit Groups

* Assistant Professor, Department of Social Work, Central University of Kerala, Kasaragod
** Research Scholar, Department of Social Work, Central University of Kerala, Kasaragod

Background of the Study

Social roles of older adults had been a topic of serious deliberations right from the days of development of gerontology as a science. It was *Ernest Watson* Burgess who proposed the idea of a "social role loss" during late adulthood for the first time. The theory suggested that social and economic paradigm shift had led to four significant changes in the lives of older adults viz. a loss of independence in economic affairs, domicile shift from rural to urban areas, forced retirement owing to market pressure or employers' demand and a loss of importance in the family. These factors lead to a roleless role of the seniors (Burgess, 1960). This idea of social role loss during late adulthood paved the way for theories of ageing successfully ranging from activity theory and disengagement theory to the present-day concept of active and healthy ageing. (WHO, 2002). The concept of social role loss has, thus, been perceived as an inextricable feature of ageing. The way an older adult adapts to this inevitable role has been set as a benchmark measure of his/her successful ageing prospects by many theorists.

One of the unique characteristics of every group is the existence of sections that are part of it in the bigger picture but differ largely in terms of characteristics that are unique to them. Institutionalized older adults constitute such a group that could be identified with the older population in general but at the same time differ from it in many aspects. One of the factors that demarcate institutionalised seniors from their community-dwelling counterparts is the uniqueness of their social context and the nature of social opportunities they experience. The theory of 'Total Institution by Goffman' (1961) puts forward the concept of people formally isolated from the mainstream community over a considerable period. A total institution is marked by four characteristics viz. "(1) all aspects of the "inmate's life" are conducted in the same place and under the same authority; (2) each phase of the "inmate's" daily activities is carried out in the immediate company of a large number of others who are treated alike and are required to the same thing; (3) the activities of the day are tightly scheduled, and the sequence of activities is imposed from the "top"; and (4) all activities are for the sake of the institution." (Karmel, 1969). The nature of the present-day old age homes resembles largely to a total institution. The pairing

of role loss with total institutions can have a considerable impact on the nature of the socialisation of older adults. They tend to compensate for the role loss and the limitations posited by the total institution by forming social knots with the people placed immediately in their context. Such bonds and relationships help them to overcome the psycho-social burden placed on them.

The need to explore the socialisation patterns of older adults emerge in the context of the unique social group they constitute. Institutionalised older adults are not a majority but they do constitute a portion of the global population of older adults. It is estimated that older adults living in institutional settings constitute only less than five percent globally with a few exceptions like Japan and Qatar where the case is ten per cent and Australia, Canada, Hong Kong, Israel, Iceland, the Isle of Man, Luxembourg, Malta, the Netherlands, New Zealand and Switzerland where the case is between five to ten per cent (UN, 2017). Though institutional living is not a welcome idea, in developing nations like India and nations from Africa institutional living is on a rise. Hence, though they constitute a minority the prospects of such a population cannot be ignored.

To decipher the nature of socialisation patterns that exist in the old age homes, the present study sampled 15 female older adults who were mentally healthy and were devoid of mobility impairments, from a government-run old age home in Kerala. The state of Kerala is one of the renown states in India with a Human Development index of 0.770 as per the statistics from 2017 (Subnational Human Development Index (SD-2019), n.d.) which is at par or even better than many developed nations. The state has the most number of older adults in the nation at 12.6 per cent and the seniors of the state have the highest life expectancy i.e. 71.8 in the entire country. (Central Statistics Office, Government of India, 2016). However, the state is experiencing a trend of mushrooming of old age homes or institutions for the care of older people. As per the statistics of the Social Justice Department of Kerala, there are 613 old age homes in the private sector and 11 old age homes in the public sector with an estimated total of more than 18,000 seniors residing in such homes (Social Justice Department, n.d.). The Orphanage Control Board under the Social Justice Department of Kerala which is the licensing authority had reportedly been receiving five to six applications for establishing new old age homes every month (Sreemol, 2018).

Hence, the state is an ideal choice for this study.

The scope of this study is confined to female seniors only as the nature of socialisation patterns was observed to be more vivid. The study is expected to throw light on the socialisation patterns of female seniors within institutional living, discover close-knit groups and their characteristics and other socialisation aspects that could be beneficial in helping older adults to reassign themselves with newer social roles. This could be made possible by understanding the existence of marginalised individuals or subgroups within the institution, exploring the reasons for the same, bringing the marginalised closer to others, using positive close-knit groups towards the welfare of the entire group, promoting reciprocal relationships and delving deeper into the 'social role needs' to help an individual cope positively to the role loss.

Methods and Materials

The research has been carried out in three phases. In the initial phase, the researchers observed the seniors residing in an old age home for one month to capture a broader picture of their socialisation patterns and prospects. Ethical clearance and informed consent were given by the institution during this phase. Once the researchers were convinced that there exist ties and bonds among the female residents of the old age home that followed some visible patterns, an attempt was made to locate the nature of such ties and relationships.

In the second phase to locate the ties and relationships, 15 female seniors who were devoid of psychiatric illness and morbidity issues were chosen for the study. The selected seniors were then explained about the purpose of the study and confidentiality of the data collected was ensured. Informed consent was given by all the 15 participants. The respondents were then asked personally to mention three persons whom they consider their friends from among the 14 choices available to them. The responses were noted down in 15*15 sociometric matrix. The data collected was then analysed using UCI NET to plot a sociogram (Moreno, 1953). The choice status index of each respondent was also calculated. The output indicated the existence of two close-knit groups, a few reciprocal relationships, one-way ties and a single isolate.

In the third phase, participants who were members of close-knit groups

were interviewed to identify the reasons for the formation of close-knit groups within institutions and the perceived benefits of being a member of such groups. The responses were free coded and the general trends were identified and categorised under broader themes using Atlas Ti. Further, interviews of the participants who chose the person with the highest choice status index were also interviewed to identify the reasons for choosing the particular participant. The general theoretical framework of interpreting the results in this phase has been drawn from Ricoeur's theory of interpretation (Ricoeur, 1976). The content generated through interviews is interpreted from a broader world view to capture the underlying patterns behind the seemingly non-uniform content.

Findings from Sociometric Phase

Table 1: Socio-Demographic Profile of the Respondents

Distribution of Respondents based on Age

60-65 years	2 (13.33%)
65-70 years	5 (33.33%)
70-75 years	4 (26.66%)
75-80 years	4 (26.66%)
Total	15 (100%)

Distribution of Respondents based on Educational Qualification

Unable to Read and Write	3 (20%)
Primary	8 (53.33%)
Secondary and Above	4 (26.66%)
Total	15 (100%)

Distribution of Respondents based on the Type of Admission

Voluntary Admission	4 (26.66%)
Admission by Others	11 (73.33%)
Total	15 (100%)

Distribution of Respondents based on Duration of Stay in the Home

Less than one year	1 (6.66%)
One to two years	2 (13.33%)
Two to three years	8 (53.33%)
Four Years and Above	4 (26.66%)
Total	15 (100%)

The above table gives an outlook regarding the demographic profile of the respondents. The participants fell under the age bracket 60-80, most of them were literate, only a few opted to live in the institution voluntarily; others were either sent by well-wishers or relatives. There was only one participant who had not completed a year living in the home.

Table 2: Choice Status Index

Sl. No.	Respondents	No. of Choices Received (Maximum = 14)	Choice Status Index (CSA) ©CA/(n-1)
1	A	3	0.214
2	B	3	0.214
3	C	2	0.142
4	D	3	0.214
5	E	3	0.214
6	F	3	0.214
7	G	3	0.214
8	H	3	0.214
9	I	4	0.285
10	J	0	0
11	K	2	0.142
12	L	3	0.214

13	M	3	0.214
14	N	8	0.571
15	O	2	0.142

Table 2 depicts the choice status index of the recipients ranging between 0 to 1. A score 1 indicates a perfect choice status index i.e. getting chosen by all the participants and a score 0 indicates getting chosen by none. Participant N is the most popular person in the group under study as she has been chosen as a friend by 8 participants and consequently turns out to be the person with the highest choice status index (0.571). The participant with the lowest choice status index (0) is J as she was not able to make it to the top three choices of anyone in the group.

Figure 1: Social Network of the Institutionalized Seniors[*]
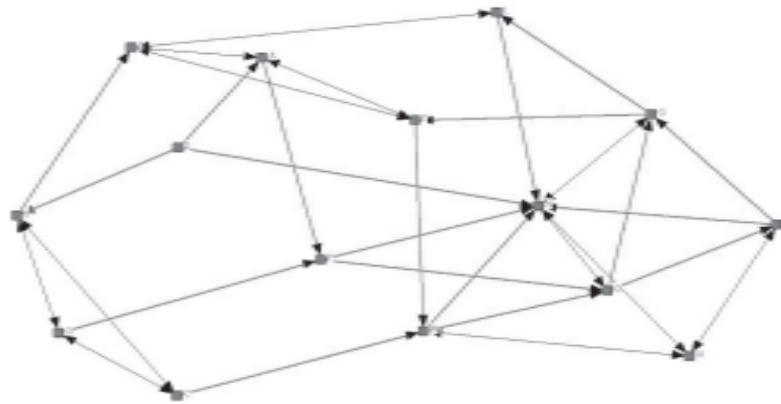
[*] Generated using UCI NET, from the data collected with sociometric matrix from 15 selected participants

The letters A to O, termed as nodes, represent individual participants of the study. A one-way arrow denotes a one-way relationship; the node from which the arrow originates is the person who makes the choice and the person denoted by the node where the arrow mark touches indicate the chosen person, but the choice is not reciprocated. A two-way arrow denotes a mutual relationship

between the persons denoted by the nodes being connected by the arrow. A triad of three persons choosing each other represents a clique or a close-knit group.

From the above sociogram, the following observations are made:

a. **Existence of Cliques or Close-Knit Groups:** Participants A, E & I and B, C & O chose each other as their close friends. This indicates that the existence of cliques viz. AEI and BCO within the social setting of the institution.

b. **Existence of an Isolate Member:** The participant J is an isolate i.e. the participant has not been considered as an immediate friend by any of the members in the institution i.e. she could not make it to the first three choices of any other members. None of the friendships of participant J has reciprocated either.

c. **Existence of Reciprocated Friendships:** The two-way arrows in the sociogram represents reciprocated friendships i.e. two persons consider each other to be friends. Excluding the reciprocal relations in the close-knit groups, there were six reciprocated friendships viz. IL, NG, NH, ND, MH and HK.

d. **Existence of a Popular Figure:** Participant N has been chosen as a friend by 8 participants making her the most popular member in the institution.

e. **Non Dependence of Members of Cliques on the Popular Member:** The network shows that none of the members of the two cliques chose the popular person as an immediate friend.

Findings from Qualitative Phase

The findings of the socio-metric analyses lead to a second set of research questions viz.

a. What are the factors that lead to the formation of close-knit groups among institutionalised seniors?

b. What are the benefits of being a member of a close-knit group from the perspective of the members of the close-knit groups?

c.   What are the factors that make an institutionalised senior women the popular choice?

With the aim of deriving insights regarding the questions under consideration, depth interviews were carried out and the findings are as follows:

Figure 2: Reasons for the Formation of Close-Knit Groups[**]
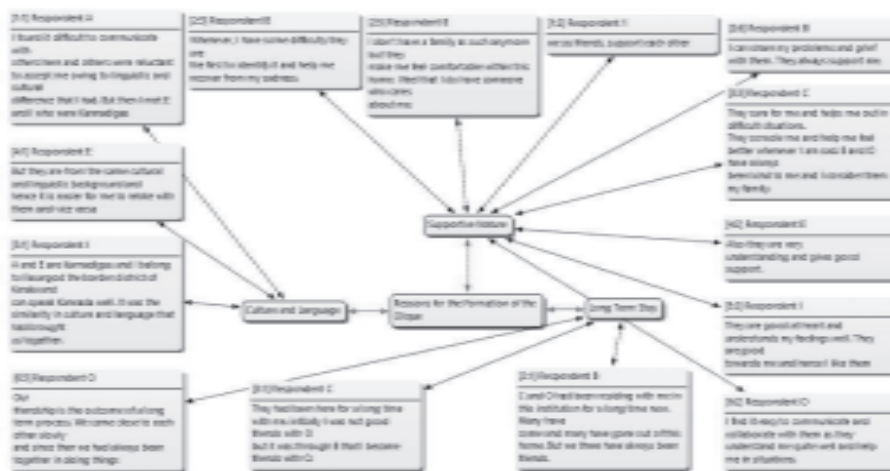
[**] Generated using Atlas Ti from the content availed through interviews of the members of the close-knit groups

Figure one depicts the output of the content analysis of the interviews of members of the close-knit groups and it was found that three major reasons were cited by the members for the formation of the close-knit groups. The method employed in the analysis was thematic coding. It was found that the two close-knit groups BCO and AEI had a reason in common viz. supportive nature of the members towards each other that has ultimately lead to the formation of the close-knit group. The first group AEI was primarily formed owing to the cultural and linguistic difference that demarcated the members from the rest of the group. The members of AEI were from Kannada culture which is unique and differential from the rest of the participants who were from Kerala culture. However, in the case of the group BCO, it is evident that a long term stay along with the supportive nature has led to the formation of

the close-knit group. The finding throws light to the fact that subgroups could form within institutions owing to cultural difference and also, the process of formation of close-knit groups is slow as the members come close to each other over years gaining the trust of each other.

The formation of the close-knit group AEI is largely owing to a sense of marginalisation experienced by the individuals; consequently, making them unite together based on commonalities. Such close-knit groups founded on marginalisations experience a sense of isolation from the mainstream group and such a sense of separation is not healthy in its strict sense. Interventions and programmes shall focus on the mainstreaming of such groups as the older adults in institutions will already be experiencing a role loss and further isolation within the group would be a double burden on them.

The underlying values that could be identified within such close-knit groups include trust, care, mutuality, common interests and commonalities. All the close-knit groups identified had these underlying values despite the difference in factors leading to their formation.

Figure 3: Perceived Benefits of being a Member in a Close-Knit Group*

*** Generated using Atlas Ti from the content availed through interviews of the members of the close-knit groups

The members of the close-knit groups listed out the benefits they were experiencing by being a member of the close-knit group. Most of the benefits listed out were psychological and were found to be falling under five general categories viz. peer support, sense of togetherness, happiness, sense of belonging and ventilation of feelings. The findings suggest that the members experience a sense of psychological ease and comfort by the membership in the group.

Figure 4: Factors that make a Senior the Popular Choice[****]
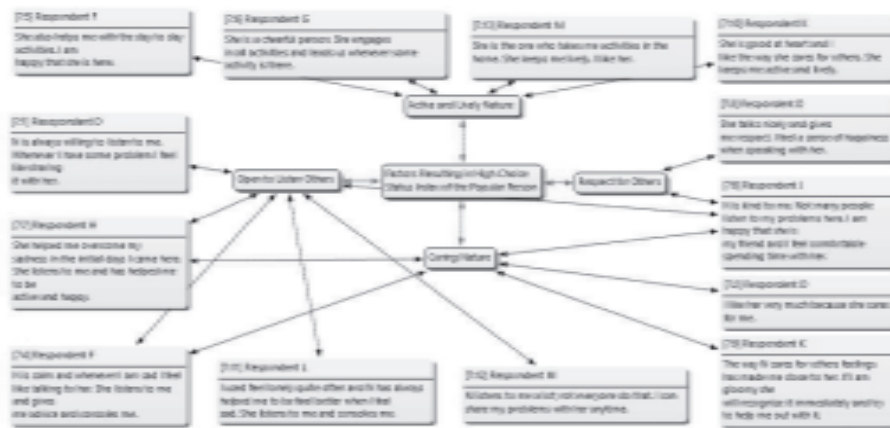
[****]Generated using Atlas Ti from the content availed through interviews of the participants who had chosen N as their friend (one among the three choices of friends).

The participants who had opted N as one of their choice of friends were interviewed to identify what made N the popular choice and the responses fell under four major themes viz.

a. Openness to listen to others: The popular person made herself available to listen to the concerns and problems of other members i.e. she is approachable. She provides psychological relief to those who approach her and hence people like her.

b. Active and Lively Nature: The popular person has been identified as lively and active by others. She is outgoing and helps others also to stay active and cheerful.

c.   Caring Nature: The popular person is marked by a personality trait of care and affection. She makes others feel comfortable and happy when they are in distress. She is found to be good at identifying the problems of others and helping them come out of the same.

d.   Respect for Others: The popular person has a sense of respect and treats others with politeness and care making her more appealing and approachable

Discussion and Conclusion

Programme planning for older adults residing in old age homes often follows a top-down approach. The findings of the study throw light on a significant aspect in this regard. There are social circles and reciprocities within the institutions themselves. Making use of such resources could result in better wellbeing of older adults. Programme planning for institutionalised seniors could be implemented in a participatory manner if the social ties within the institutions are acknowledged and put to use effectively. Decision making on behalf of the institutionalised seniors could be made democratically if such interest groups and ties within the institutions are acknowledged.

Marginalised groups lie within the institutional social context and such groups could be identified and helped by analysing socialisation patterns. Individuals who are deprived or discriminated based on cultural or any other aspects come together within institutions. Though such binding helps them to stay in a comparatively socialised manner it would be desirable to help them socialise with the members of the large circle as well. Yet another aspect that could be identified and resolved is the identification of isolation of individual members. It could be due to factors ranging from cultural to personal, but isolation after undergoing a role loss would negatively impact the institutionalised seniors. Hence, identifying the reasons for such isolation and assisting the individual to socialise effectively is a relevant practice implication.

Recognising the importance of the socialisation patterns within institutions and putting the same into effective use towards the wellbeing of older people is an effective but under-researched theme in gerontology. The potential outcomes of using the strengths of social circles and reciprocities

towards the attainment of effective programme planning for the wellbeing of institutionalised older adults could be done using meaningful research into the nature of social ties and relationships. These ties and relationships serve as a measure to compensate for the role loss in older adults and hence should be effectively managed. Social network analysis and consequent evidence-based interventions could transform the concept of wellbeing in old age homes.

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