

Research brief

The experience of elderliness of residents of Boikucho Old-Age Centre

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Abstract

This paper examines the perceptions and experience of elderliness of residents of the Boikucho Old-Age Centre outside Bloemfontein in the Free State. The data collected from selected residents show that their perceptions and experience of elderliness are mainly negative. This negativity is directly related to their self-conceptualization, which is influenced by factors such as their immediate circumstances and the social environment. The negativity must be understood within a broad traditional socio-cultural context.

There has been an interest in elderliness since the earliest times. A need was identified for empirical knowledge on the experience and perceptions of elderliness of institutionalized elderly blacks in South African. An increasing number of older Africans are relocating to a home for the aged, when they or their family find it difficult for them to continue living in the community – usually as a result of the impact of contemporary social forces such as urbanization, displacement in disorganized informal settlements and family nucleation. It may be anticipated that some elderly blacks who are uprooted from traditional cultural settings and family may find adjustment to social life in a Western-type residential care facility difficult. Knowledge of such persons' adjustment in homes, in relation to their experience and perceptions of elderliness, can be valuable in the planning and provision of services to this population. To the author's knowledge no specific research has thusfar been conducted in this area in South Africa.

Theoretical considerations

In studying elderliness one may distinguish between subjective and functional chronological elderliness. The focus of the study upon which this paper is based falls on subjective elderliness, which refers to a person's evaluation of himself or herself as old in terms of socio-cultural and biological markers (Pretorius, 1986: 20).

Biological markers of elderliness are anatomical, physiological and sensory changes that take place during ageing (Mullen, Gold, Belcastro & Macdermott, 1990; Brink, 1989; Kraus & Shank 1992). Socio-cultural aspects of elderliness refer to social roles, behaviour and habits of older persons within their cultural system. The social roles of an elderly

person are often vaguely defined, which implies that the person must create roles for himself/herself.

Regarding subjective elderliness, authors do not agree on the concepts of "experience" and "perception" (see e.g. Neuhaus & Neuhaus, 1982: 125-126). While perception may imply knowledge gained over several years, experience could refer to a feeling experienced by an individual at a certain time in the present – thus within a specific situation.

To understand an elderly person's experience and perceptions of his/her elderliness, one thus needs to know how the person conceptualizes himself/herself. Hence, there is a strong link between the concepts of self-conceptualisation, experience and perceptions, inasmuch as self-knowledge can throw light on the conscious experience of an individual (cf. Thom, 1980: 70).

There are a number of definitions of the concept "self-conceptualisation." The most generally accepted definition includes feelings about who and what the person is, what his/her values, abilities, character traits and beliefs are, as well as how the he/she evaluates himself/herself (cf. Thom, 1980: 70; Neuhaus & Neuhaus, 1982: 127; Gerdes, 1986: 9). In short, one might therefore say that self-conceptualisation represents a person's self-image. This self-image is not static but changes according to circumstances. (Cf. Thom (1980:71-72) and Gerdes (1986:9) regarding components of a person's self-image.)

According to Neuhaus and Neuhaus (1982: 87), the self-concept has an important influence on the way in which an individual will grow old. Elderly persons may have a positive or a negative self-conceptualisation (Cooper & Goethals, 1981: 431; Neuhaus & Neuhaus, 1982: 87). When someone has a positive self-concept, it means that he/she values himself/herself as a person. Since ideas and feelings are expressed in a person's behaviour, there is a connection between his/her ideas about himself/herself and his/her behaviour. An elderly individual with a positive self-concept will usually adapt easily to changing circumstances.

Persons with a negative self-concept doubt their ability to deal with the new situation of elderliness. They believe that their opinions are not important and that others regard them as inferior. Such elderly persons view themselves as weak, ill and old (Brink, 1989: 49-50; Russell, 1981: 69-70). Elderly persons with a negative self-concept perceive negative feed-

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back from society (Brink, 1989: 49-50; Neuhaus & Neuhaus, 1982: 96).

The cultural community or environment in which an elderly person lives also influences his/her view of himself/herself. "It is as though we viewed ourselves through a looking glass held by other people. The reflection that we see is dependent on our assessment of the way we believe others view us" (Cooper & Goethals, 1981: 440). The views of other people thus help to shape an individual's self-concept.

To examine the perceptions and experience of elderliness of a group of institutionalized elderly black Africans, a small qualitative study was carried out in 1992-93 in a residential care facility outside Bloemfontein in the Free State Province.

The research setting

The study was conducted in the Boikucho Old-Age Centre (the South Sotho word *boikucho* means "place of rest"), which was established in 1950 as a government-subsidized residential care facility for largely socially-indigent elderly blacks. At the time when the study was conducted, the centre accommodated 93 residents and employed 42 staff members. Although the majority of the residents are indigent and have suffered neglect, these factors are not criteria for admission to the centre. Rather, the criteria are that a person must be 60 years or older, must be in possession of a valid identity document, must receive a pension and must submit a medical record.

The residents are accommodated in double rooms, shared by two residents, which have beds, a washbasin and a lockable cupboard. The communal bathrooms have baths, showers and toilets specially adapted for frail persons. The centre has a television lounge and a dining room, and is fitted with handrails and heaters. The building is surrounded by an electrified fence but which is not used as such because of the danger it poses to residents who lean against it. The responsibility for the safety of the residents rests rather with three security guards who are on duty 24 hours a day. There are no specific visiting times. Three cars and a minibus are available to transport the residents to clinics or hospitals and to other old-age centres.

During the day, the residents occupy themselves with handcrafts, such as making toys (especially rag dolls) and wooden objects. These items are later sold as part of fund-raising projects. In addition, the residents who are still physically capable help with routine activities in and around the centre, such as cleaning rooms, doing laundry and preparing meals (e.g. preparing vegetables). Some residents tend the vegetable garden. Visits to different old-age centres in the Free State are also arranged.

Services provided by the centre include medical care (by eight full-time nurses and two part-time doctors). Church services of different denominations are held weekly. Funeral arrangements in the case of the death of a resident are regarded as the responsibility of the resident's next-of-kin, but these arrangements are generally made by the centre, as most of the residents no longer have any contact with relatives.

The staff are organized in work teams, each with specific responsibilities, such as the preparation of meals, the care of residents and the general management of the centre. The staff are continuously evaluated by the residents and discussions are held regularly during which both residents' and staff members' grievances and problems may be articulated.

Method

The study was conducted within an interpretative scientific paradigm (Erasmus, 1990), the characteristics of which include an individual view of man (with recognition of cultural variety), subjectivity which takes the metaphysical component of man into account, a focus on the unique rather than a quest for common patterns and principles, qualitative research which includes participant observation and in-depth interviews, as well as understanding a phenomenon within context.

Following on a literature study, an interview schedule was constructed and used to obtain data from seven selected residents (four women and three men) during in-depth interviews. Participant observation was carried out in the centre, during which routine behaviour of the residents in the environmental setting was observed, including recreational activities. On one occasion, residents from a similar facility in Odendaalsrus visited the centre and residents from both facilities performed traditional dances and sang songs. In addition to interviews with the residents and participant observation, interviews were conducted with staff members.

The in-depth interviews of the residents focussed on background information, the residents' relationships with their family and children, their perceptions of their environment, and their perceptions of themselves and their elderliness. The average age of the interviewees was 65 years. The interviewees had all resided at the centre for between two and four years. They had moved to the centre from surrounding towns in the province (Bloemfontein, Brandfort and Welkom), while one had come from Kimberley and one from Johannesburg.

Since all seven interviewees were South Sotho speakers, an interpreter who could speak Afrikaans, English and Sotho was engaged to assist with the interviews and the translation of the data.

Findings

An analysis of the data collected during participant observation and the in-depth interviews revealed the following: First, the residents regarded themselves as fortunate to be living at the centre since, they explained, they had nowhere else where they could live. Some had moved to the centre when they had taken ill or after hospitalization, and there was no-one at home who could take care of them. Others had moved to the home simply because they had no family or children with whom they could live. The fact that there are people at the centre who take care of them, they pointed out, gives them a sense of safety and security. However, a few admitted that they would far rather live with their children and be taken care of by their children than live at the centre. They remarked with disappointment that they had expected to be taken care of in their old age in the way in which they had taken care of their parents. They had also expected that they would be respected and honoured when they were old. These expectations had not been fulfilled. "Being old is no longer the same as it used to be."

The relationship between the sampled residents and their next-of-kin (children, grandchildren and other relatives) had apparently essentially changed. Several pointed out that their children only come to visit them on pension day, to claim the remainder of the pension money after the centre has deducted 70% of the income to meet accommodation expenses. From what was gleaned, traditional esteem and respect for these residents from their kin was no longer forthcoming, nor apparently was there a sense of duty on the part of their families to care for them.

Since the residents had no doubt fulfilled valuable and meaningful functions and roles in their previous traditional cultural situation, they were asked during the interviews whether they thought people such as they could still play roles in the lives of their children and grandchildren. All of the women were of the opinion that persons such as they could indeed still fulfil such roles. They referred, as an example, to the traditional educational role of elderly women, whereby traditions are passed down to grandchildren and granddaughters are taught how to make toys – for instance, dolls. To these women, elderliness was synonymous with knowledge. Some had been employed as domestic workers for many years, and in their opinion they had gained a great deal of knowledge during this time which they could transmit to their adult children, e.g. knowledge of personal relationships and the upbringing of children.

The men held a different view to the women regarding the fulfilment of traditional roles in old age. They explained that after their health had deteriorated and they had subsequently been admitted to the centre, they had lost virtually all contact with their children and relatives. They complained that their children and other relatives did not respect and obey them, and often purposively undermined their authority. To them, elderliness meant “being forgotten,” and being deprived of rights (such as receiving *lobola* (a dowry) for their daughters) and authority.

Whereas the interviewees had reportedly previously played an important role in the upbringing of their children, by means of storytelling and education, their children apparently now wanted nothing to do with them. The former educational and religious functions of these persons thus seemed to have fallen away to a large extent. The interviewees explained that the younger generations no longer have a need for the traditions and customs, since they live in a “new world” in which the elderly do not fit in. In addition, the practice of traditional cultural customs, such as religious acts, is hampered at the centre through a lack of space and understanding on the part of centre personnel. At present, only the residents whose children still take them home to visit from time to time are able to participate in rituals such as sacrifices to the ancestral spirits.

Thus, the residents’ experience of elderliness in the home was in many ways negative. An attempt was therefore made to determine the causes of a change in the position of the residents and their negativity about their elderliness.

Reasons for negativity

The negative experience and perception of elderliness of the seven residents may be analysed in terms of physical experience and socio-cultural experience. The physical experience of the interviewees included the fact that many residents of the home are ill, weak and helpless, or frail. Blindness, deafness, pain and suffering make them dependent on care. It is clear that the majority would prefer to be cared for by relatives and children at home, rather than by strangers at the centre. The physical experience of elderliness of the residents is that it is unpleasant and negative.

The residents’ socio-cultural experience and perceptions of elderliness were also negative. First, they found it difficult to accept their circumstances, i.e. to be living at the centre. They were unhappy that their children and relatives were not taking care of them. They felt isolated and cast out, and

thought that their children and relatives have forgotten them and want nothing to do with them. They also felt that they are not consulted about decision making in family matters, which means that they feel inferior because they no longer hold traditional positions of authority. Finally, they evaluated elderliness within the traditional cultural context in which they grew up – and therefore attached a cultural significance to the state of elderliness. Their negative experience and perceptions of elderliness must thus be understood within this cultural context and how their situation and position had changed.

Conclusion

Although the residents who were interviewed in the study indicated that in general they were happy and felt secure to be living at the centre, they experienced and perceived their elderliness negatively. This negativity was directly related to their negative self-conceptualisation as a result of their expectations of care by kin in their old age not being met. The residents’ knowledge of traditions in which they had formerly participated, and of happier times when they had felt respected, makes it difficult for them to come to terms with their elderliness and having to live at the centre.

Acknowledgements

This paper is based on a dissertation submitted to the Department of Anthropology at the University of the Orange Free State in 1993 towards obtaining a B.A. (Hons.) degree. The author wishes to thank G. Bolognè for supervision of the dissertation. Sincere thanks are extended to the management, staff and residents of the Boikucho Old-Age Centre for their co-operation and participation in the study.

References

- Brink, A.J.W. 1989. Die verband tussen die sosialisering van bejaardes en hul lewensvredeheid. (The connection between the socialisation of older persons and their life satisfaction.) M.A. dissertation. Bloemfontein: University of the Orange Free State.
- Cooper, J. & Goethals, G.R. 1981. The self-concept and old age. In: March, J.G., Kiesler, S.A., Morgan, J.N. & Oppenheimer, V.K. (Eds) *Aging and social change*. London: Academic Press, pp. 431-450.
- Erasmus, P.A. 1990. Understanding other societies through anthropology. In: Mouton, J. & Joubert, D. (Eds) *Knowledge and method in the human sciences*. Pretoria: Human Sciences Research Council, pp. 463-476.
- Gerdes, L.C. 1986. Aanpassing by aftrede. (Adjustment in retirement.) In: Steyn, D.W. (Ed.) *Kreatiewe aftrede*. (Creative retirement.) Second edition. Pretoria: University of South Africa, pp. 1-15.
- Kraus, R. & Shank, J. 1992. *Therapeutic recreation service. Principles and practices*. Fourth edition. Dubuque: William Brown.
- Mullen, K.D., Gold, R.S., Belcastro, P.A. & Macdermott, R.J. 1990. *Connections for health*. Second edition. Dubuque: William Brown.
- Neuhaus, R.H. & Neuhaus, R.H. 1982. *Successful aging*. Toronto: John Wiley.
- Pretorius, J.C. 1986. Sosiale aspekte. (Social aspects.) In: Steyn, D.W. (Ed.) *Kreatiewe aftrede*. (Creative retirement.) Pretoria: University of South Africa, pp. 17-27.
- Russell, C. 1981. *Studies in society. 10: The aging experience*. London: George Allen & Unwin.
- Thom, D.P. 1980. ‘n Kruiskulturele vergelyking van die selfkonsep, lewensvredeheid en aanpassing van die bejaarde. (A cross-cultural comparison of the self-concept, life satisfaction and adjustment of older persons.) M.A. dissertation. Pretoria: University of South Africa.

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