

AGING AND RESIDENCE IN AN URBAN ENVIRONMENT:
AN ANTHROPOLOGICAL PERSPECTIVE

by

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"Any span of the life-cycle lived without vigorous meaning - at the beginning, in the middle or at the end - endangers the sense of life and the meaning of death".

Erik Erikson

"Lord thou knowest better than I know myself that I am growing older and will some day be old. Keep me from getting talkative, and particularly from the fatal habit of thinking I must say something on every subject and on every occasion. Release me from craving to try to straighten out everybody's affairs. Keep my spirit from the recital of endless details - give me wings to get to the point. I ask for grace enough to listen to the tales of others' pains. Help me to endure them with patience. But seal my lips on my own aches and pains - they are increasing and my love of rehearsing them is becoming sweeter as the years go by. Teach me the glorious lesson that occasionally it is possible that I may be mistaken. Keep me reasonably sweet; I do not want to be a saint - some of them are so hard to live with - but a sour old woman is one of the crowning works of the devil. Make me thoughtful but not moody, helpful but not bossy. With my vast store of wisdom it seems a pity not to use it all - but thou knowest Lord, that I want a few friends at the end".

On Growing Old

Anon.

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ABSTRACT

This study investigates the nature and meaning of the aging process for old people in the urban environment of Cape Town. It employs methods of participant observation, interviews and life-histories. The study particularly emphasises the role of different residential settings ('normal' housing, total institutions, part institutions) in the aging process and examines their relevance in the formation of a new self-image in this phase of the life-cycle.

The presentation of detailed case material shows that old people share the prevailing negative stereotypes of the aged as a category of useless persons. The aged attempt to avoid such categorisations for themselves by substituting notions of activity for the values of youth and/or productivity. The data show the aging process to be a series of adaptations to changing circumstances - essentially changes in health, wealth, composition of social networks, and frequency and range of social interaction. The adaptations do not emerge as sharp adjustments determined by chronological old age, but as the culmination of coping strategies developed over time and governed by a combination of energy levels, behavioural repertoire, and the opportunities for social interaction provided in the environment.

Residence is itself an important agent of change in this phase because it is perceived as a crucial variable in the projection of the self as independent. The maintenance of an independent image (self-image and projected image) emerges as the key challenge and dilemma for this phase of the life-cycle - as perceived by the old people themselves. Residence choices are influenced by a variety of factors (health, wealth, proximity of kin and friends, availability of amenities). The analysis shows that final decisions are taken using cost-benefit assessments which relate, though often implicitly, to notions

of independence and security.

Residence emerges as a constraining factor in the operation of this cost-benefit analysis. This is shown by comparing the segregate, institutional and congregate dimensions of the institutional settings, and by contrasting these with 'normal' housing. Because the fact of institutionalised living offers greater security, it is perceived to diminish attributes of independence so that old people within the special residential settings devise strategies for maximising an image of independence. Three major strategies are: the 'poor dear' syndrome; the identification with the activity programmes offered in these environments (irrespective of actual degree of participation); and the articulation of these activities as work.

The final chapter of the thesis examines the potential for community creation in these residences. Turner's (1974) notion of 'communitas', or a sense of communality, is considered the crucial element of community. This element is evaluated in relation to a variety of factors: homogeneity, lack of alternative, investment and irreversibility, material distinctions, social exclusivity, leadership, proportion of kinds of contact, interdependence and work. It is argued that the development of 'communitas' remains at the level of potential in the most institutionalised settings because its development is a creative process demanding energy, initiative, and incentive, none of which are characteristic of old people in total institutions.

The thesis shows that old people are in a state of limbo rather than liminality or marginality (Turner, 1974) because society has provided no defined status phase for them to enter. They are in large measure statusless - cast aside to wait for death.

PART ONE

CHAPTER ONE

INTRODUCTION

Aging is a universal fact of life, and the realities of growing old in middle-class white Cape Town form the focus of this study. Aging is an inevitable process, beginning with the conception of a new life and ending at its death. But it is by no means a simple process. It is characterised by complex interweaving of biological, psychological and social elements through all the stages of the human life-cycle. Within each of these realms, what is called aging occurs at different rates. The structures and functions of the body are affected differently by the passage of time and psychological functions in turn do not have simple relationships with physical aging (Burgess, in Tibbitts and Donahue, 1962; Bontière, in Williams, Tibbitts and Donahue, 1963). So that although chronological age is the feature most commonly used to indicate a person's stage of development, in itself it has no intrinsic (social) meaning. It is, rather, merely a convenient index of a number of inter-related processes closely associated with, but by no means perfectly correlated with, all the individual's capacities (Bromley, 1966; Hendricks and Hendricks, 1977).

Age, like kinship, is never merely a biological fact of life. It is everywhere a pervasive element in social organisation, an element which takes on cultural meanings and thus influences social definitions of people and behaviour (Eisenstadt, 1956; Simmons, 1945; Tibbitts and Donahue, 1962; Kaplan and Aldridge, 1962). In this respect - that of the universality of age as a criterion in social organisation - there is little difference between modern and pre-industrial societies.

As we move through life we tend to interact by choice mostly with those who are approximately our age and of similar circumstances (Rosow, 1967). In this process, age norms evolve and exercise considerable influence on all members of a given age category (Eisenstadt, 1956; Rosow, 1967; Neugarten et al., 1968). For the most part, age norms do not specify exact role definitions, but they do delineate general areas of age-appropriate behaviour and hence are an essential part of the socialisation process. This formulation of age norms does not, of course, occur in isolation. It is in itself a process undergoing redefinition as the individual moves through the life-cycle and is formulated in relation to earlier and later age-grades. For example, the age-norms relating to the parent-child relationship will be different for the parent and child when the latter is pre-adolescent and when he is adult.

Most societies have some form of age-grading, in the sense that certain kinds of activity (voting, child-rearing, hunting, retiring) are appropriate for people within a certain age range. Rites of passage are one of the mechanisms denoting movement from one phase of the life-cycle to the next. Such rites are frequently formally marked by highly ritualised ceremonies which provide an institutionalised means for ceasing certain prior behaviour and introducing a set of new expectations. Familiar examples include the use of circumcision rites to initiate young males in some tribal societies, or the Barmitzva or university graduations to indicate the transition to new statuses in modern society. Not all points of status transition are so formalised but they all include some social redefinition of the participants and usually imply increasing maturity and responsibility (Van Gennep, 1960; Rosow, 1974).

Some societies have evolved an institutionalised age-set system whereby all men born in a given period belong to the same age-set, move through the different age-grades as a set and remain in it until death. In such societies, often pastoral, age-sets are

an important mechanism for social cohesion and provide a significant base for political authority (Eisenstadt, 1956; Gulliver, 1968).

In many small-scale, preliterate societies, seniority per se often earned respect. Since the mortality rate was often high, the very fact of having reached relative old age was in itself an achievement which merited deference. Research has shown that in some hunter-gatherer societies where survival is precarious, the elderly may be abandoned or may ask to be sacrificed to ensure the survival of the group (Simmons, 1945). Even so, the aged were the source of knowledge of the society's cultural heritage owing to their greater experience of tradition and because of the lack of written records. Most importantly, people in this age category were regarded as repositories of wisdom and had defined roles to play - of elders, advisors, judges, guardians of custom and ritual - in brief, as the experts in the culture of that society. As Goody expresses it, "In oral societies....the aged...remain 'useful' not simply as repositories of family lore but as repositories of social life itself" (Goody, 1976: 128). Consequently, their status was unquestioned and their power considerable (cf. Wilson, 1951; Spencer, 1965). This prestigious status, with its associated functional roles, was not merely the end-stage in the inevitable process of aging, but a true culmination of that process, with known, defined roles. What is more, in such relatively slowly changing societies the old-age model present for younger people was a realistic one which they could expect to emulate themselves in due course. Many such societies have an ancestor cult in which various powers are ascribed to the ancestors. Not only does this promise continued relevance after death, but since the elders are closest to ancestorhood, their status is enhanced.

Throughout history, societal reactions to the aged reflect fluctuations in mortality and longevity. Until the mid-seventeenth century societies experienced very little population expansion owing to a combination of uncontrollable diseases, poor nutrition and inadequate health and medical knowledge.

Until after the Middle Ages, life expectancy, it would seem hovered around 35 years (Hendricks and Hendricks, 1977, ch II). As life expectancy has increased, gradually at first but dramatically since the turn of the century owing largely to developments in science, so have the proportions of the aged in any given population. The rate of increase has not been equal for all the world's populations but has been greatest in societies exposed to western medicine and technology.

In South Africa, the white birth rate has declined about 25% since 1910, and the death rate 10% (Droskie, 1977). Life expectancy for whites has been considerably extended: for men, from 55,6 years in 1920 to 65,08 years in 1970; and for women, from 59,18 in 1920 to 72,96 in 1970 (ibid.).

Demographers assess the age of a population on the basis of the percentage of people in it aged 65 and over. A population is usually considered young when less than 4% of the total population are aged 65 or over; mature, if between 4% and 7% of its members are in this group; and aged, when the population has over 7% aged 65 or more (United Nations, 1956). In these terms, the South African white population is mature (see below).

In Britain in 1901, 4% of the total population of just over 37 million were aged 65 or more. In 1971 this age group comprised 13,3% of a total population of 54 million (Jeffreys, 1977). In other words, for a total population which had not yet doubled in this period, the aged population had trebled and the classification had changed dramatically from young to aged. In the United States, the percentage of those over 65 has risen from 4,1% in 1900 to 10,5% today (Ball, 1977). This latter figure refers to an absolute number of 23 million people (as reported in Exton-Smith and Evans, 1977).

In South Africa in 1921, 5,7% of the total white population were aged 60 or older (S A National Council for the Aged) and in 1970 10,3% were over 60 (Droskie, 1977). In other words, the

proportion of over 60s in the white population had doubled in fifty years. In a table extracted from the 1970 Population Census (Report O2-01-01), Slater (1972) shows 6,68% of the total white population as 65 years and older. For the Cape Peninsula (Economic Region 01), which is of most relevance for this study, 8,36% of the white population are 65 years and older (ibid.).

An appreciable increase in life-expectancy is one factor affecting the age structure of populations. A simultaneous decline in infant mortality however, would serve to maintain the age structure or even to inhibit the aging of the entire population by swelling the numbers of the very young. A crucial variable then in shifting the age structure upward, is a declining fertility rate. The combination of an extended life-expectancy for more people in society and a declining birth-rate would explain the increased age of the populations of most western, industrialised societies (United Nations, 1956).

We have considered the inevitability of aging, the universality of age grading and attendant age norms, and have noted the dramatic increase in the relative and absolute numbers of aged in modern (particularly western) societies.

Below is a summary taken from Cowgill and Holmes (1972: 321) of some universal features of aging and some of the aspects which vary with modernisation, with supportive references. These statements will be considered again in Chapter Two.

Universals of Aging.

- The aged always constitute a minority within the total population.
- In an older population, females outnumber males (Simmons, 1945; Burgess, 1960; Cowgill and Holmes, 1972; Shanas et al., 1968; Kaplan and Aldridge, 1962).

- In all societies, some people are classified as old and are treated differently because they are so classified (Murdock, 1945).
- There is a widespread tendency for people defined as old to shift to more sedentary, advisory, or supervisory roles involving less physical exertion and more concerned with group maintenance than with economic production (Simmons, 1945; Cumming and Henry, 1961; Radcliffe-Brown and Forde, 1950).
- In all societies some old persons continue to act as political, judicial and civic leaders (Simmons, 1945; Bromley, 1966).
- In all societies the mores prescribe some mutual responsibility between old people and their adult children (Young and Willmott, 1957; Townsend, 1957; Simmons, 1945; Shanas and Streib, 1965; Shanas et al., 1968; Rosenmayr and Köckeis, 1963).

Cowgill and Holmes (1972: 13) postulate as their major hypothesis that "the role and status of the aged vary systematically with the degree of modernisation of society and that modernisation tends to decrease the relative status of the aged and to undermine their security within the social system".

This framework, while not intending to do so, reflects a middle-class view and since this is the focus of this study, it seems entirely appropriate to note some of its findings, particularly in regard to the status of the aged in modern society:

- the status of the aged is high in primitive societies and is lower and more ambiguous in modern societies (emphasis added)¹.

1. This statement is recorded here as a general proposition put forward by the authors, but the relatively high ages of many world leaders, particularly in the political and religious spheres of public affairs, must be noted.

- the status of the aged is highest when they constitute a low proportion of the population and tends to decline as their numbers and proportions increase.
- the status of the aged is inversely proportional to the rate of social change.
- the status of the aged is high in those societies in which they are able to continue to perform useful and valued functions; however, this is contingent upon the values of the society as well as upon the specific activities of the aged.
- the status of the aged is high in societies in which the extended form of the family is prevalent and tends to be lower in societies which favour the nuclear form of the family and neolocal marriage.
- the individualistic value system of western society tends to reduce the security and status of old people (ibid.: 322-323).

Since South Africa is a developing and industrialising society undergoing rapid social change, with increasing numbers of aged in its white population and a tendency to favour the nuclear family structure in the urban environment, the status of its aged as a category is not high. This in turn relates to current stereotypes about the aged and to the high value placed on productivity in the economic system.

In this society the official definition of 'old' is given as age sixty-five for men and sixty for women. This is the accepted retirement age and that of eligibility for receiving a government pension.

Old age, however, does not only comprise a category of persons; it is also a concept - a multi-faceted concept of mostly negative connotations. The stereotype associates old age with physical and mental decline, with non-productivity and with increasing dependency upon other people or institutions for the fulfilment

of basic functions. It implies that old people are obsolete in most contexts - leadership in public life being the notable exception. This is the negative stereotype of this age grade (held by many age groups, including many aged) and is reinforced by media articles and programmes which focus on the 'plight' of the aged and tend to emphasise dependency.

With increased life-expectancy, many more people are reaching chronological old age and many reach it with their physical and mental capacities relatively unimpaired. While this latter quality is crucial, it has only very recently been given due weight in literate societies which place both emphasis and value on technological change. Rapid technological change contributes to the improved functioning of the elderly (spectacles, automatic gear transmission in cars, wheelchairs, etc.), yet at the same time, notably in industry, it renders obsolete those adult before the change.

It is inevitable that the position of the aged should be relative to the dominant values of the society. The key role in Western society centres on a man's occupation (Weber) and temporally, on the years in which he works. He uses roughly twenty years preparing for that phase and approximately forty years in it so that proportionately it is hardly surprising that those years are his main concern. The dramatic change that has occurred is that he can expect to have another twenty years afterwards. With the international trend towards an earlier retirement age, it is possible that the future will bring a situation where a man has as many retirement years as he has working years - but if both emphasis and value remain focussed on occupational roles, what meaning will those years have for him?

A more positive conceptualisation of old age is associated with the status of grandparenthood. It is a status with positive connotations in many societies. There are many ethnographic examples of the structural identification of alternate generations

in preliterate societies (see Radcliffe-Brown and Forde, 1950), and some studies have shown the significance of grandparents in the family life of working class communities in industrial societies (Young and Wilmott, 1957; Townsend, 1957). Nevertheless, in western society, this positive view (often presented as an ideal type) generally tends to be a personal evaluation of 'my grandparents' rather than a generalised attitude towards old people. For very many people in western society the aged as a category are irrelevant, evaluated negatively, or viewed as a problem category. Because the aged are absent from most work situations, are usually removed from the immediate setting of the nuclear family, and are not highly visible in the course of daily social interaction, they are often overlooked or ignored as a social category in the average person's conception of his social universe.

The dominant stereotype of the aged in western society is negative. It has a high correlation with negative connotations of the word 'old' - decrepit, useless, feeble - and elicits expressions of repugnance. Such stereotypes reflect prejudice.

Why should the aged have become a target for prejudice? Probably because of the emphasis on productive activity and technological expertise. Or perhaps out of a thinly veiled attempt to avoid the inevitability that we shall all one day grow old and die. There is also the fact that much of the research about the elderly that filters through the mass media is concerned with that minority of old people who are sick, poor and dependent. This is a stereotype which has evolved with the increasing awareness of the aged as a problematic social category - the concern of the Department of Health, Welfare and Pensions and of charity organisations. It is an image reinforced through the mass media - advertisements featuring the aged promote cough syrups, vitamin pills and treatment for varicose veins. In South Africa there are CARE shops and a CARE FOR THE AGED WEEK. Newspaper articles

about the aged focus on Old Age Homes or the difficulties in coping with the increasing cost of living on fixed Old Age pensions. Articles about retirement deal with the problems of retirement.

It is only in the last decade that those concerned with retirement and pension schemes - employers, retirement councils, seniors' clubs, welfare organisations for the aged, insurance companies - have become concerned with the aged who are well and able, and even then there is an implicit distinction drawn between the 'retired' and the 'old', with the assumption that 'old' is undesirable.

In summary: for many, the aged are an irrelevant category. For those who are aware of their existence the category is seen as problematic. Young people who have had little contact with the aged or the over 60s give little thought to the last years of life, and if they conceptualise those years at all, they do so in terms of the romantic, idealised stereotype above. Those who are consciously aware of the aged, while concerned for their welfare as a group, evaluate them in negative terms.

The over 60s themselves subscribe to the same value system as the other members of the society to which they belong and hence reflect the same kinds of attitudes and project the same kinds of negative stereotype. There is one major difference, however. As a category, that is, with reference to an etic concept, the aged share the negative stereotype. But many old people do identify themselves with segments of the aged population; that is to say, an emic perception of particular groups - pensioners, senior citizens, etc.

This negative stereotype, like most, is usually held about others so that when the individual is himself approaching or is in the category so characterised, he must modify the stereotype or consider himself an exception.

What then are some of the aspects of the reality of old age and retirement in our urban society? The most general statement covering this phase of the life-cycle is that it has no defined role in our society - neither for the individual nor for the group category.

In terms of rites of passage, becoming socially defined as 'an old person' presents something of an exception to the previous pattern of transitions. Although this transition also entails alterations in social relationships, the point of transition is seldom formalised as a rite of passage (with the exception perhaps of the institutionalised retirement dinner). Becoming old is a phase most often experienced as an unscheduled gradual passage, yet emotionally potent because it does signify so clearly what most perceive to be the final phase of the life-cycle. It is unlike all previous transitions because instead of expanding one's alternatives, old age tends to have a constricting influence over the structure of opportunities.

This is most clearly highlighted in the area of work. "A value system which emphasises ego development and individualistic achievement places the older person at a disadvantage....". In western middle-class society, the Protestant ethic has tended to stress the work role and to encourage individual striving within a competitive situation. In such a society the older person tends to lose out in the struggle and to be pushed aside by younger competitors and consequently to be downgraded in status.

A crucial variable in the formulation of an image of the aged is the assumption that the aged are non-productive in economic terms. Every society has its own criteria by which it measures an individual's worth or value. These criteria will be in accordance with the prevailing norms in the society which, in turn, are determined by the ideology. In small-scale societies, a man's worth is often measured by his position in

relation to the ascribed hierarchy of status-holders. The smaller the group and the more precarious its physical survival, the more likely it is that the individual's worth will be assessed in terms of his economic productivity, i.e., his economic contribution to the group. It is somewhat ironic then, that in industrialised western society with heterogeneous groups, diverse ideologies and an economy way beyond subsistence levels, that a man's worth should so often be measured in terms of his economic contribution. Productivity means the production of goods and services and in an industrialised society this means goods and services in and for the impersonal commercial market. The aged as a category do not work for remuneration, do not have jobs, and are thus not seen as productive. In most social contexts the question: "What are you?" means: "What do you do?", or, the more common question: "What do you do?" carries the implicit meaning: "What are you?" - i.e. the human value is defined by the occupational role. If the answer is: "I do nothing" - and this is an assumed reply for the aged, whether or not the actual question is put - then the implication is that you are nothing. Modern industrialised society has no ascribed productive role for the aged person and has thus rendered him statusless. Cases where old people are still working or continue to be consulted even though retired, frequently elicit surprise because this is assumed to be rare - except for political or religious leaders, as noted previously.

As with the under 60s who assume that all aged are unproductive and therefore useless, so the over 60s in my sample distinguish among themselves between those who are active and those who are not, since activity is considered characteristic of relative youth. The over 60s accept (rather than evaluate negatively) that most of their peers do not work and instead of evaluating them:

WORK - YOUNG - GOOD VS DON'T WORK - OLD - NOT GOOD
 have projected the same kind of evaluation on to 'keeping busy'

'being active':

ACTIVE -- YOUNG - GOOD VS INACTIVE - OLD - NOT GOOD
 i.e.: they have substituted activity for productivity as a value.

In industrial society, progressively more areas of social activity and interaction exclude the family. In any middle-class family of three generations, by the time the grandparents are in their sixties and their children are in their thirties or even forties, the frequency and intensity of interaction between the first and second generations has already been on the decline for some ten years. However, for the elderly or aging, this is precisely the time when increasing withdrawal from the occupational sphere, gradual curtailment of outside activities, and/or the death of a spouse, may cause them to seek emotional security within the family, leading to inter-generational conflict/strain in goals and activities. This relates again to the notion of facing inevitable death. The problem of death is that it is the ultimate relinquishing of the self, a notion many people face with the utmost reluctance. One cause of the difficulties of this life-phase is that the individual at this point is thrown more on the self because in our society he is relatively alienated from the family and from the mainstream of productive life. At this time he has to learn to enjoy and accept the self in order to release it.

A major factor contributing to the difficulty of 'enjoying' or 'accepting' the self at this stage lies in the fact of not having had the time to learn to do this earlier - and this again is because of the emphasis placed on the short-term and often material goals of the work-years. In fact, in the context of accepting the self, in order to relinquish it more easily at death, there is a very real conflict of values. On the one hand, life per se is valued - spiritually, ethically, and medically - and on the other hand, there is disdain for an unproductive life. This conflict is reflected in the current medical dilemma: the absolute value of life versus the

questioned value of maintaining a decrepit life.

Being statusless in the sense of being non-productive may contribute to a generalised feeling of anomie or alienation but does not affect the individual's day to day concrete decision making in the same direct way as do physical and/or financial problems.

Residence as a response to health and/or wealth is a crucial factor in the individual's self-image, society's image of him and in the opportunities it allows or the constraints it imposes in the attempt to live an independent life style in accordance with the values of the society. This is the focus of the following chapters.

The Role of Anthropology

Over the last two decades much has been written about aging and the aged. New disciplines have emerged. Social gerontology is now a specialised field in social science and departments of geriatric studies have appeared in medical schools all over the world.

The specialists most concerned with the phenomena have been from the service professions - medicine, nursing, social work, physiotherapy, occupational therapy, and clinical and developmental psychology. The demographers too have been watchful, as have departments of health, welfare and pensions, and insurance companies concerned with life expectancies. Organised labour has also been an interested party and official retiring ages of 60 for women and 65 for men are almost universal.

All the above have a common perspective on the aged: a

problematic category in society, increasing in number and dependent on the resources of the wider community while contributing little to it. Thus, most published studies set out to test very specific hypotheses relating to very specific problems and use methods designed to yield highly quantifiable data. Other published works attempt, with varying success, to present a comprehensive account of all the features of aging. And there is a growing body of theoretical writings in social gerontology.

All these studies constitute a valuable contribution to our knowledge of the problems for society of having growing aged populations. But we know very little about what aging is like for the old - how it looks to those most concerned.

During the period of doing this research among the aged I have frequently been asked whether this is really anthropology. In my view it is legitimate for anthropology to map out any unknown social world, and despite the increased interest and the mass of published literature, the world of the aged remains relatively unknown. Aging, with its powerful negative connotations, is a subject particularly in need of the emic perspectives of anthropology. The method of participant observation, or, perhaps more accurately for this study, observant participation, offers a holistic perspective and is well suited to the relatively small populations of the specialised residential settings which form the focus of this study. In addition, an anthropological perspective offers a means of questioning the stereotype.

Methodology

I have been involved with work among the elderly for some four

to five years, although intensive and systematic fieldwork was carried out only during the latter part of that period.

I began work initially in white middle-class urban Sea Point, a relatively densely populated suburb on the sea front. The geographical area was defined by the limits of the political constituency. A list of retired and pensioned persons was drawn from the voters' roll and a sample extracted from this list. As the voters' roll does not record specific age (the lower limits for my study were 60 for women and 65 for men), I supplemented the sample with people still employed, self-employed or non citizens from the personal networks of informants and from medical practitioners in the area. Only part of this data was finally incorporated in this report (see Chapter Four).

Since the sample did not constitute a community, work at this stage consisted in administering questionnaires (see Appendix I), conducting repeated interviews and taking life histories. Some informants also kept diaries for me for a specific period. I also met and talked with as many kin, friends and neighbours as I could.

I participated in the lives of the informants by visiting frequently, attending tea parties, card and bingo games, church services and seniors' club meetings, and accompanying informants on walks and while they did their shopping. I also spent hours in the most popular tea rooms and sat on benches on the beachfront simply observing.

During interviewing it became so clear that residences for the aged were an important focus of concern for the aged themselves, that I decided to include a study of three such residences in Cape Town. During the course of field work the latter became the prime focus resulting in the initial sample being more of a control group for comparative purposes.

The particular residences were selected because they are all situated near the central city area, are near one another, and were those most often referred to by informants.

Eligibility to enter any of the residences is governed by the Aged Persons Act 81 of 1967 - i.e.: females - 60 years or older; males - 65 years or older; couples - at least one of the spouses must be eligible in terms of age. Other relevant criteria for entrance to the particular residences will be discussed in Chapter Five.

Fieldwork in the residences included administering questionnaires, conducting interviews with residents and staff, and taking life histories. My participation in and observance of the daily lives of the residents was far more intensive than it could be for the Sea Point informants. Although (for domestic reasons) I was unable to move into any of the residences, I was able to visit at all hours of the day and night, to attend many functions, to participate in many organised activities and to observe most others.

Stonehaven, a Catholic institution, is the smallest of the three homes, with 124 residents, and there I was able to get to know everyone. City Place has 241 residents most of whom I got to know, at least superficially, in the dining room and lounges. Pinewoods, a Jewish institution, is physically much larger than the other two, and a greater proportion of its 260 residents is chronically ill. Although I was able to talk to most of the mobile residents in the dining room and lounges, formal interviews were conducted with a smaller proportion of the total population than at the other two residences. Altogether, I managed to record approximately 80 life histories and complete twice as many questionnaires.

Fieldwork Problems

Gaining Access: Within two weeks of beginning fieldwork in Sea Point I discovered that making appointments by letter or telephone led to more refusals than (even grudging) acquiescence. The solution was simply to knock on doors and hope people would be home. This method resulted in only one refusal in the entire period, but was very time consuming and frequently frustrating. The time factor was problematic in other ways too. Very many elderly people, particularly those living alone, maintain a highly regularised daily routine which frequently includes early meals, an afternoon rest and a relatively early retiring hour at night. This applies equally in the institutions where, by definition, the routine is even more rigorous. This severely limited my periods of access. On the other hand, a feature shared by many aged is a residue of spare time with no one to talk to and interviews frequently lasted up to three hours with one marathon of four and a half hours.

Access to residents in the institutions was easier than at Sea Point. Firstly, there were always many people 'at home', and secondly, I was usually introduced by a staff member or another resident.

Gaining Trust: In Sea Point I was initially surprised at the ease with which people let me into their homes. I ascribe this to three factors: a letter on a university letter-head establishing my bona fides; the fact that so many elderly people do have so much unstructured time; and the often expressed curiosity about what I could possibly hope to learn from their 'ordinary' lives. Many people were flattered by my interest, all were reluctant to discuss income and most of the married men were better informants when their wives were not present.

Each residence presented certain specific problems (discussed more fully in Chapter Five) in regard to allaying suspicion, but one initial uncertainty common to all was my role in relation to staff. This was usually overcome with time through a number of devices: I always explained that the research had been initiated by me and not by the institution, that I was responsible only to the university and that the report would use pseudonyms. In addition, I minimised the visibility of my contact with staff and discussed information received from staff with informants.

Retaining Trust: The most difficult aspect of fieldwork was allocating my time so that the gaps between visits were not too great. When a person has related his life history a relationship is formed which is inevitably more personal than merely completing a questionnaire. I had to make quite clear to people at the initial contact that I might not be back.

The residences posed a particular problem in this regard because I had to be seen to be sharing my time more or less equally among all the residents. This was partially overcome by conducting all interviews in the residents' own rooms and either joining a particular activity or group, or moving about a great deal in the public areas.

CHAPTER TWO

THEORIES OF AGING

This chapter will, very briefly, present and review the principal theories of human aging and the aged in social science in recent times. This will be followed by a brief account of the theoretical framework of this study.

Social Problem and Scientific Issue

As indicated in the previous chapter, the changing demographic structure of populations in western industrial societies was a common point of departure for those who were alarmed by the social implications of increasing life expectancy and the resultant increasing proportions of the elderly in these populations. In the 1930s the adaptation and social integration of old people was viewed as quite problematic (Binstock and Shanas, 1976). Personal troubles associated with later life were being frequently described as a social problem and the aged were described as a problem group (Tibbitts, 1960; Maddox, 1970). This social problem perspective influenced the emergence of stereotypes about the aged discussed in Chapter One. A core idea of this perspective is the perception of unnecessary suffering which can be remedied by organised social action. Human suffering among the aged in the form of incapacity, isolation and poverty were considered to be prevalent enough to warrant social concern and social action (Burgess, ed. 1960). According to Maddox and Wiley, "the early discussion of aging as a social problem identified most of the contemporary issues in the social scientific study of human aging: the social and cultural as distinct from the biological meaning of age; age as a basis for the allocation

of social roles and resources over the life span; the bases of social integration and adaptation in the later years of life; and the special methodological problems of studying time-dependent processes over the life cycle and of interpreting "deserved stability and change" (1976: 3).

The way a society defines its social problems and proposes solutions reflects, at least implicitly, a perspective. One such perspective with reference to aging and the aged has its roots in biology (extended to psychiatry) and explains social problems in terms of flawed individuals. This perspective concedes that social conditions influence the behaviour of individuals but in the final analysis, for a healthy society, it is the individual who must be treated. Encounter with Age (Borowitz and Semple, 1976) is one illustration of this perspective.

A second perspective relates to the pervasiveness and power of social norms. This perspective is concerned with the socialisation of individuals to the age-appropriate norms of their society. Neugarten (1972) discusses age-appropriate behaviour and has documented the social norms constraining the behaviour of individuals through the life-cycle. Knowledge of the norms, the ability to act accordingly and the motivation to do so affect the social evaluation of the aged as well as their self-evaluation. Rosow (1967) has argued that prevailing expectations about old age tend to be negative and that elderly people tend to avoid applying the label 'old' to themselves. He interprets this avoidance as an accurate perception of prevailing negative stereotypes. My data will show that this avoidance, while generally expressing this shared value, is nevertheless situational. Elderly people frequently speak of themselves, collectively and jocularly, as 'us oldies' when wishing to explain behaviour construed as weakness (such as needing to rest frequently) or as 'senior citizens' when claiming privileges (reduced bus-fares or theatre concessions).

A third perspective locates the social problems of aging and the

aged in the structure of society and is concerned with the distribution of social resources (cf. de Beauvoir, 1972). Related to this is the notion of values which a) determine social consensus about the desirable distribution of resources and b) dominant middle-class, middle-aged life styles and values are used to judge the behaviour of the elderly (Rose, 1968; Rosow, 1967). Theoretical approaches concerning social structure, social change and values will be discussed later in this chapter (see Section I below).

The core issue of social scientific studies, which emerged in the 1940s, and which is still a major preoccupation, was adjustment or adaptation to age roles, its determinants and consequences (Maddox and Wiley, 1976: 7). Tibbitts (1960) documents, however, that most studies of aging prior to 1950 were inventories, surveys and observations intended primarily to help solve practical problems of health and welfare among the aged. Through the 1950s and 1960s several major publications¹ appeared and these, together with the Journal of Gerontology and Gerontologist reflect two on-going trends in the social scientific study of aging: a) the fusion between basic and applied research, and, b) the application of multidisciplinary and interdisciplinary approaches to complex scientific and social phenomena.

Principal Theories:

We now turn to several major theories and approaches concerned with aging and the aged. Essentially they comprise two streams. The cross-cultural and sub-cultural perspectives (1 and 2 below) are concerned with how the aged, as a category,

1. Birren, 1959; Tibbitts, 1960; Burgess, 1960; Simpson and McKinney, 1966; Riley and Foner, 1968; Palmore, 1970; Shanas and Streib, 1965; Shanas et al., 1968; Tibbitts and Donahue, 1962; Neugarten et al., 1968.

are defined. They also consider the structural position of the aged category in the total society.

The second stream (3 and 4 below) may be termed the processual approach. It is concerned with the adaptation of the individual to that phase of the life-cycle called old age. Three styles of adaptation are presented: disengagement, activity, and coping.

1. Aging in Cross-Cultural Perspective

In the attempt to arrive at a body of theory (with predictive ability) which would include valid generalisations about universal aging and aging in particular societies, some writers are concerned with a cross-cultural perspective (Simmons, 1945; Burgess, 1960; Shanas et al., 1968; Cowgill and Holmes, 1972). Such theory aims at a statement of those aspects of aging that are universal and those that derive from the society and culture in which they occur, irrespective of inherent aspects of the aging process itself. The approach aims not only to identify variations in the human experience but also to specify the conditions which produce or are associated with the variations.

The general argument of Simmons' (1945) review and interpretation of available anthropological material is that a) the status of the aged varies among societies, and b) the allocation of resources and honour to older people in a given society is negatively related to the development of technology and occupational specialisation.

In similar vein, Donald Cowgill (Cowgill and Holmes, 1972) (see also Chapter One, p6-7) has presented a list of 'universal' statements based on data from about twenty separate societies as well as from data previously presented in a cross-cultural framework (Simmons, 1945; Shanas et al., 1968), and a list of 'variations' in relation to "an independent variable which may be roughly identified as the degree of modernisation" (i.e.: the level of technology, degree of urbanisation, rate of social

change). Both Simmons' work and that of Jack Goody (1976) suggest that some of Cowgill's statements (of 'universals' and 'variations') are over-generalisations. In relation to withdrawal from productive activity, which Cowgill states as a 'universal', Goody shows that withdrawal is not always possible; that some people simply cannot retire and survive. The universality of this proposition is therefore questionable. Cowgill further maintains that "all societies value life and seek to prolong it, even in old age" (op cit. : 321), whereas it is quite clear from Simmons' illustrations (notably, 1945, Ch. 8) that some preliterate societies have institutionalised strategies for disposing of the aged. Those who view old-age homes as 'dumping grounds' may consider the last point equally applicable to 'modern' societies.

In essence this approach asserts that modernisation causes a progressive decline in the status and social integration of the aged. Literacy has undermined the status of the aged as repositories of wisdom; modern medicine has caused the increase in the proportion of the aged in any given population, thus making the aged category a social problem rather than a scarce resource. Industrialisation has had many effects. It has increased geographic mobility, thus decreasing the importance of the extended family and the senior generation within it; it has rapidly changed technology, thus rendering the expertise of the aged obsolete; it has created general problems of employment, alleviated for younger people by compulsory retirement ages for the elderly; it has decreased the importance of land as a source of social status and hence the status of elders deriving from power over land; and it has drastically altered social structure and cultural values.

On the basis of evidence from Japan, Palmore and Manton (1974) suggest that as societies move beyond a transitional stage of rapid modernisation, discrepancies between the status of the aged and the non-aged decrease, and the relative status of the aged

appears to rise. However, Japan may be a special case. The tradition of respect for the aged has been explicitly perpetuated in the industrial context in two significant ways. The first is the establishment in 1963 of Respect for Elders Day as a national holiday (Palmore, 1975 : 100). The second is the explicit attitude incorporated in the National Law for the Welfare of the Elders:

"The elders shall be loved and respected as those who have for many years contributed toward the development of society, and a wholesome and peaceful life shall be guaranteed to them. In accordance with their desire and ability, the elders shall be given opportunities to engage in suitable work or to participate in social activities" (cited in Palmore, 1975 : 99).

In relation to status, Cowgill states: "The status of the aged is high in primitive societies and is lower and more ambiguous in modern societies. In primitive societies, older people tend to hold positions of political and economic power, but in modern societies such power is possessed by only a few" (Cowgill and Holmes, 1972 : 322). Since nowhere does Cowgill define precisely what is meant by 'primitive' society, it is difficult to criticise these statements, but Goody does show convincingly (1976 : 120-122) that retirement, in the sense of transfer of control (and hence status), while rare in the 'simpler societies', is a marked feature of both peasant and pastoral societies: ".....the accumulation of powers (in the most general sense) by the older generation (the 'elders') is always modified by the process of senescence. Even where there is no relinquishing of rights by the very old, the exercise of those rights is qualified by physiological fact" (ibid. : 122); and, quoting from Stenning: ".....an old man is regarded as of little use. Old people in this situation spend their last days on the periphery of the homestead..... They sleep, as it were, over their own graves, for they are already socially dead" (1958 : 98-99). Whereas Cowgill overgeneralises the 'primitive' situation, his

statement may be modified to suggest that proportionately more of the aged category hold positions of power in preliterate than in modern societies.

Cowgill further states that: "the individualistic value system of western society tends to reduce the security and status of older people" (op cit. : 323). However, Shanas et al. (1968), working in Denmark, Great Britain and the United States, have convincingly shown an unexpectedly high degree of social integration and life satisfaction.

The present study does not attempt macro-generalisations about western society or about South African society or even about white South African society. It merely documents the adaptation processes of those in the sample (from life-histories) and sketches the current life styles of these elderly in their respective residential settings. However, insofar as many of Cowgill's statements assume middle-class characteristics and since the sample for this study is composed of white South Africans who by structural definition are middle-class or at least lower middle-class, this study's frame of reference includes the following cultural values: a preference for youth, for nuclear (and small) rather than extended families, for productivity, for individualisation, for independence, for activity, for upwardly mobile education and occupational expectations resulting in a degree of discontinuity between the generations. This context helps explain why the increasing proportions of the retired and elderly are not being housed and integrated, or re-integrated, into the family lives of their descendants, and it is these retired and elderly who form the focus of this study.

Finally, a few sociologists and anthropologists have utilised the participant-observation methodology used in this study and have reported their findings in relatively recent publications (Townsend, 1957; Hochschild, 1973; Jacobs, 1974; Ross, 1977). Whereas this study does not in itself purport to present cross-cultural analysis, some comparisons will emerge in relation

to the concepts of community formation and the contemporary emphases on the dynamic, situational and transactional aspects of inter-personal relationships (Goffman, 1959, 1961 and 1967).

2. The Aged as a Sub-Culture

Arnold Rose (1965) offered the concept of an aged sub-culture in an attempt to clarify the social relations between old people and the rest of society. According to Rose, whenever members of one category interact more among themselves than with people from other categories, a sub-culture is generated. He pointed to a variety of demographic and social trends that contribute to an identifiable aged sub-culture "effectively cutting across all previous statuses to impart to the elderly a sense of group identity over and above earlier memberships". For example, retirement communities, residual rural communities created when younger people migrate to the cities, institutionalised retirement policies, specific social services, etc., all promote increased identification and interaction with an aged peer group. He claimed that through these demographic and social trends (including the increasing publicity given to problems of the aged) an aging group consciousness has evolved promoting awareness of, and feelings of solidarity with, a particular group and not merely a chronological category.

My data support the evidence that there is a strong relationship between peer group participation and the adjustment process of the elderly (Streib, 1965; Hochschild, 1973), but whereas this may be one principle of cohesion cutting across many others (kinship, ethnicity, religion, class, a wide variety of interest groupings), the validity of treating an essentially horizontal segment in any community as a segment of the same order as a vertical one, must be questioned. All the evidence I have supports the notion of the aged as a category, not a group,

and certainly not as a sub-culture, since such a category includes members of several sub-cultures within any complete society.

3a. Disengagement Theory

One explicit explanatory model in social gerontology appeared in the form of disengagement theory. This theory refers to the aging process as: "...an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to. The process may be initiated by the individual or by others in the situation. When the aging system is complete, the equilibrium which existed in middle life between the individual and his society has given way to a new equilibrium characterised by a greater distance and an altered type of relationship" (Cumming and Henry, 1961).

According to Cumming and Henry, disengagement can occur on three levels: physical, psychological and social. Physical disengagement means a reduction in the amount of physical activity expended, a slowing down and conservation of energy. Psychological disengagement refers to the withdrawing of concern from the wider world to primary concern for people and things directly affecting the self - a shift from concern with the outer world to the inner world of one's own feelings and thoughts. This involves the reduction of mental and emotional energy. Social disengagement means the reduction of social activity and involvement, a "mutual withdrawal or 'disengagement' between the aging person and others in the social system".

Two main parts of the theory have become controversial (see, for example, Palmore, 1975; Shanas et al., 1968; Havighurst et al., 1969). The first part states that disengagement is biologically inevitable and independent of ill-health or poverty

as a person ages; and that this process of mutual withdrawal normally occurs in order to ensure both "an optimum level of personal gratification" and an "uninterrupted continuation of the social system" - i.e. that disengagement is good for the aged and for society. It is good for the aged because it is the best adaptation to the declining abilities of old age; and it is good for society because younger people can take over the functions previously performed by the aged and society can thus avoid the problems/disruptions caused by the increasing incompetence or inevitable death of the aged.

The weight of evidence is generally against both parts of the theory; at least, in the unequivocal form stated in the original publication. Disengagement is not inevitable and some people even show increased engagement (Havighurst et al., 1969; Palmore, 1969; Maddox, 1970). As to disengagement being beneficial, most evidence indicates that disengaged older people tend to be lonelier, unhappier, and suffer more from ill-health than more active ('engaged') older people (Havighurst et al., 1969; Palmore, 1970; Blau, 1973). The Clark and Anderson study, as reported in Maddox and Wiley (1976), showed that although the cultural values of the United States make growing old a difficult challenge, most of the elderly people studied appeared to show a "rich and wide variety of adaptations.... Social integration of older persons they found, is not only possible, but also probable...." (ibid., : 11).

The evidence then suggests that the relationship between physical, psychological and social disengagement is not a priori predictable. Retirement may be perceived as a relief from burdens and freedom to pursue new relationships and interests, as will be seen in the following chapters.

3b. Activity Theory

A second theoretical model or perspective had received implicit emphasis in gerontological discussions prior to the publication of disengagement theory but received most explicit attention in reaction to it. This was the emphasis on active involvement on the part of the elderly as a means of sustaining high morale. The central thesis of activity theory can be summarised as follows: "...the greater the number of optional role resources with which the individual enters old age, the better he or she will withstand the demoralising effects of exit from the obligatory roles ordinarily given priority in adulthood" (Blau, 1973). In other words, this perspective acknowledges a reduction in activity levels and a decrease in the range of social interaction but does not see this as 'natural', rather as rooted in societal aspects: "...upon reaching that socially prescribed stage of life wherein they (older people) are commonly divested of many of the roles that have been so central to their lives for years...." (Hendricks and Hendricks, 1977 : 111). Activity theory also denies that disengagement is beneficial: in fact, it presumes almost the converse: i.e. that restitution, in the form of compensatory activities, must take place; that by keeping active, people will remain socially and psychologically fit.

This perspective implies a judgment of what is worthwhile: i.e. the longer the individual can keep busy and involved and thereby deny old age (presumed to be symbolised by disengagement), the happier he will be. Whereas many studies (as cited above) show a positive relationship between role involvement and life-satisfaction, the concepts of 'active' and 'involved' are themselves highly relative and subjective: behaviour that is highly active for some old people may be relatively passive in the perception of others; in addition, people's capacities for, and disposition towards activity vary greatly as will be shown below.

Although both longitudinal and cross-sectional studies of old age have repeatedly found a positive association between morale, personal adjustment and activity levels (Havighurst et al., 1969; Palmore, 1970), little attention has been given to the constraints on the individual to perform or select those roles. In addition, not all activities necessarily contribute to a positive self-image or to a sense of well-being. If the activities engaged in are meaningless in terms of dominant cultural values (in which old people still share), busying oneself with them may not in itself contribute to positive adjustment.

Activity and disengagement then, are not really competing theories of universal aging. They are rather alternative modes of adaptation to the aging process and are best viewed as opposite ends of a continuum. The position of any individual along the continuum will depend on many variables - physical, psychological and social - and will be further influenced by the values of the individual and of the society in which he lives.

4. Individual Coping Ability

There is another group of gerontologists who contend that in order to understand why some people have difficulties adjusting while others do not, what is needed is an appreciation of the interplay between biological, social and personal changes as they are expressed in an individual's own coping style (author's emphasis). Not only do people develop distinctive coping styles through a life-time, but these evolve in response to a unique configuration of events i.e. the coping patterns are stable features of the self - yet they are also dynamic and perpetually evolving (Birren, 1964; Havighurst, 1968). In relation to adaptability, those who focus on the persistence of personality traits assert:

"There is considerable evidence that, in normal men and women, there is no sharp discontinuity

of personality with age, but instead, increasing consistency. Those characteristics that have been central to the personality seem to become even more clearly delineated, and those values the individual has been cherishing become even more salient. In the personality that remains integrated - and in the environment that permits - patterns of overt behaviour are likely to become increasingly consonant with the individual's underlying personality needs and his desires" (Neugarten, Havighurst and Tobin, 1968).

Although I do not have the necessary training to assess personality traits, the method of taking life histories has yielded some data on individual's personal coping patterns over time and has provided some insight into persistence of coping styles. One important dimension in this regard seems to be the degree to which people have experienced crises or adjustment hurdles in the past, and whether a consistent response pattern has been established over time. On the whole, those people in my sample for whom both conditions are present and who have experience of successful past adaptations, adjust smoothly to old age. However, in spite of continued coping, some people express 'tiredness' - a wish not to have to make any further adjustments. There are also some people for whom old age looms as a spectre and for such people this image neutralises the value of their own past adaptations.

5. Aging and Environment

To try to bridge the gap between theories that stress social factors and those that emphasise personal factors, some writers are calling for a close look at the reciprocal relationship between aging and social environment.

The particular social environment provides the range of legitimate/socially acceptable alternatives to which the individual adapts and adjusts, so to understand adjustment

the range must be known. Three elements form the base of such a model:

- an emphasis on normative expectations derived from particular contexts
- attention to individual capacities for interaction/activity
- a focus on the "subjectively evaluated correspondence between ability and expectations in a particular situation".

The success of adjustment will depend on maintaining a supportive environment and on individual resources for manipulating situations (i.e. transactionalism: maximising rewards and minimising costs).

Several (selected) conclusions may be summarised from this chapter:

- i) The meaning of 'old' varies by social and cultural context.
- ii) Aging connotes three distinct but interrelated phenomena: the physiological capacity to survive; the psychological capacity to adapt; and the sociological capacity to play social roles.
- iii) Chronological age is a useful general index of life expectancy and a convenient reference for administrative classification. It does mark substantial variation in capabilities and behaviour, but has very limited use in the understanding or prediction of adult behaviour.

In addition, the published social scientific literature on aging encompasses two separable streams which I have called the structural and the processual. The former emphasises the ways in which the aged as a category fit into the total society, whereas the latter explores the individual adaptation to this phase of the life cycle.

By focussing on adaptations within particular social environments, this study will attempt to demonstrate that the process of adaptation by individuals themselves is a significant factor in their position in the total culture. Within the limits of the social fields delineated in the following chapters, this study will emphasise the relative constraints and advantages of specific physical and social environments.

PART TWO

CHAPTER THREE

RESIDENTIAL ALTERNATIVES

One frequently heard observation about old people is that "he/she is just like a child" or, more harshly, is "going through a second childhood". The kernel of truth in this stereotyped observation is that many elderly people after a life-time of physical, financial and social independence, do become more dependent upon the individuals round them, or upon the agencies and institutions of society, than they had been at any previous time in their adult lives.

The middle-class value system in western society (see Chapters One and Two) emphasises the worth of the individual and in so doing lays great stress on the concomitant value of independence. To be fully adult, children are expected to become increasingly independent. While financial dependence may continue into the first years of marriage, residential independence is occurring earlier than it did, even for unmarried children, only a generation ago. Parents consider it their duty to educate their children to "stand on their own two feet" and children expect to support themselves and to make decisions by themselves.

Any society is a composite of all its generations so that independence as a dominant value in western society is shared by the elderly as well. The fact that an image of dependency is a major aspect of the negative stereotype of the aged (as indicated in Chapter One), held as vigorously by them as by others about them, demands that a great deal of the time and energy of old people be devoted to denying dependency and

promoting either real expressions of independence or, most significantly in the present context, pretences of it.

One crucial dimension of the expression of independence is reflected in the type of residence. Those living in private dwellings whether owned or rented, generally consider themselves more independent (and more fortunate) than those living in total institutions¹. This view is also shared by the majority of those resident in such institutions. Since this is the majority view, and since most adults in western middle-class society live in independent housing we need to consider at what point the elderly begin to question the suitability of their residential setting, the reasons for that questioning, the alternatives available and the kinds of constraints influencing decisions about those alternatives.

Our first question then, concerns the awareness of changed circumstances and the awareness of the need to take action.

Most of my informants, whether living in special residential settings or elsewhere, said that old-age "took them by surprise". That is, they recognised that they were old, or defined themselves as old, in response to a particular event or situation. The most common such events were formal retirement, death of a spouse, or sudden gross ill-health, most often a heart-attack. It was only after this recognition that the realisation set in that old-age posed problems that needed solutions, together with the realisation that changes had to be made to their current life-style.

1. The use of the concept 'total institution' in this study follows Goffman (1961) and will be explored more fully in Chapter Five. In sum, he suggests that every institution (in the everyday sense of social establishment) has 'encompassing tendencies' but some are "encompassing to a degree discontinuously greater than the ones next in line" (ibid. : 15). He notes that "in modern society the individual tends to sleep, play and work in different places, with different co-participants, under different authorities and without an overall rational plan. The central feature of total institutions can be described as a breakdown of the barriers ordinarily separating these three spheres of life" (ibid. : 17).

I was able to formulate a generalised idea of old age through taking life histories and asking questions about expectations for old age, but I also learnt that this ideal had been formed retrospectively by the aged themselves. That is, there seem to have been implicit assumptions and expectations about old-age, but their explicit articulation was for the most part evaded. However, when faced with the reality of old-age, and for most people some degree of disillusion, those previously implicit expectations became formulated as a 'missed' ideal - a statement of how things should have been. So that in an important sense, the ideal was formulated in response to the reality.

Clearly, this ideal will be very different in its detail for each individual, but one crucial dimension is common to all: the high value placed on independence as the ideal state of 'aging gracefully'. In all cases where any preparation for retirement or old-age had occurred, this was only in terms of financial planning - insurance policies, investments and savings. Health was never considered - until it declined; socially, people expected to maintain ties with their kin, friends and neighbours, and no consideration was given to family or friends perhaps not maintaining their relationships. Residence, too, was taken for granted until some particular event rendered the current style less viable.

A retrospective reconstruction of the ideal then would be i) to maintain good health; ii) to be able to afford to live in an independent residence and continue to maintain the standard of living to which one had become accustomed, and, iii) to continue one's existing network of kin, friends and neighbours. For not a single respondent at the time of the study were all these components present in their current life styles.

The Decision to Move

According to the Proceedings of the 1971 White House Conference on Aging (1973), "aside from his spouse, housing is probably the single most important element in the life of the older person". Whether the initial idea of making changes in living arrangements comes from the elderly person or perhaps from a relative, the actual decision is seldom taken lightly. This is essentially because the change, however minor, involves an acknowledgement of some degree of diminishing independence. At this point, although continuing to articulate the social value that total independence is good, there is simultaneously an evaluation of reality: the (actual) situation demands modification.

The following were reasons frequently given for residential change, although in most cases a combination of factors was found. Declining health or energy was the commonest cause of some residential modification - that is, the sheer physical demands of maintaining a totally independent residence had become too great. The death of a spouse, whereupon the residence seemed too large or too empty or too painful a reminder of the loss, generated feelings of loneliness or isolation. Such feelings were also frequently the consequence of retirement - and thus a contraction of the social network - or the result of the last child leaving home, or because friends and neighbours had died or moved. A reduction in income because of retirement was also a prime motivating force (whether that was owing to reaching retirement age or to the ill health of any of the earners). Finally, the impetus to modify residential style might simply be the recognition of having reached a life-crisis and deciding that change would 'offer a new lease on life'.

A common theme running through all these reasons and made more or less explicit, depending on the personality of the informant,

was the notion of fear: fear that one may suddenly take ill and be unable to call for help, fear of injuring oneself in some routine domestic chore. Many informants related stories of elderly people falling and breaking a limb and being quite helpless until found - which could take hours, or even days. The fear of dying and not being found for quite some time was the ultimate horror for many.

There is also the fear of being alone after the routine of many years of sharing one's time, energy and experiences with others - particularly the spouse and children. Finally, there is the fear of loneliness. I found the fear of loneliness far more prevalent than the actual incidence of loneliness and can explain this only in the context of old people's expectations of the society in which they live. Since they share, at one level, the negative stereotype of old as decrepit and undesirable, they expect to be abandoned and neglected, and quote newspaper horror stories on the subject as proof that their fears in this regard are justified. They also constantly compare themselves with their peers as regards the attention paid them by kin and friends and describe themselves as 'one of the lucky ones' if the results are favourable to them. If not, they tend to accuse the 'modern generation' of indifference, implying that the current parent generation has not reared its offspring with proper respect for the aged. Often they consciously blame their own descendants, but do not take the logical step of examining their own responsibility for socialising them in this way.

Exploring Alternatives

Once the individuals themselves, or those who care about them, have realised that some change in residential style is either desirable or necessary, the range of available alternatives is

explored and evaluated. However, it would be quite false to assume that the full range of alternatives is known to everyone, let alone equally attainable by everyone. Only two people in this entire study had made anything approaching a thorough investigation of alternative housing.

Various organisations established to assist the aged provide information about housing as an essential part of their services. The most prominent of these in Cape Town are: The Department of Social Welfare and Pensions, the South African National Council for the Aged, and the Cape Peninsula Welfare Organisation for the Aged. All these associations employ social workers who recommend and assist in obtaining suitable accommodation. Information can also be obtained from the Western Province Retirement Council and from the different religious organisations. Hospitals and medical practitioners also refer people to social workers and frequently directly to specific old age homes. However, very many middle-class whites either do not know about these organisations or consider it stigmatising to apply to them, and hence rely on word of mouth references from peers or kin, or occasionally respond to media advertisements for specialised housing.

The kinds of housing available for whites in Cape Town fall into two distinct categories, with a third, rather blurred, intermediate category:

'Normal'¹ HousingIntermediateSpecial Settings for
the Aged

i) owned house	i) boarding house	i) privately owned flats in maisonette complex and additional facilities for aged (run by private enterprise and perceived as independent)
ii) rented house	ii) residential hotel	ii) registered private homes (i.e. economic units)
iii) owned flat	iii) serviced flat	iii) serviced apartments and rooms for the well aged and additional facilities (economic units run by welfare organisations) (part institution)
iv) rented flat	iv) apartment block that has become <u>de facto</u> old-age residence	iv) registered homes a) as iii) but sub-economic (part institution) b) old age homes for sick infirm (run by welfare organisations but sub-economic) (total institution)
v) serviced flat	v) part institution ²	v) old age homes for sick/infirm (state run) (total institution).
vi) shared house or flat, owned or rented (see below)	vi) with kin	
vii) residential hotel		
viii) boarding house		

1. i.e. where the age of the resident is not the defining characteristic

2. An institution having some of the characteristics Goffman presents for total institutions; or having all the characteristics for only some of the residents. For further discussion, see Chapter Five.

Serviced apartments, residential hotels and boarding houses appear as 'normal' housing because none of these kinds of accommodation is, as a type, exclusive to the aged. They reappear in the intermediate column because many of these in Cape Town are de facto homes for the aged. Since where one lives is a highly visible factor in one's image and since 'normal' housing implies, as least to the casual observer, independent living, it is very important to the elderly to be seen to be living in housing that is at best totally independent and at worst has ambiguous status. Residences of this intermediate or ambiguous category are often derisively labelled 'old age homes' or 'old fogeys homes' by outsiders and even those few informants who were good-humoured enough to make this kind of reference themselves, always seemed to do so either in a jokingly defensive manner or in order to put the interviewer at ease by saying it first themselves.

The shared accommodation in the column of 'normal' housing is also a category that can be differentiated with reference to perceptions of independence. The situation where an elderly person owns or rents accommodation and has a paying companion, or a paid companion (perhaps kin) is rather different from the situation in which a person has to go to live with someone else. Which of the participants will actually be more dependent will depend on criteria other than whose home it is, although this may be the most significant variable to outsiders.

Which kinds of housing an individual perceives more suitable in the consideration of alternatives seems to be a function of whether or not the person is retired. Those who still work, with rare exceptions, do not appear to consider specialised housing of immediate relevance for themselves, although all recognise its existence, express the hope they will never need it, and admit that it may be an eventual necessity.

Being still employed, then, seems to be a factor, independent

of the other reasons given for residence change that creates a sub-category among the aged in relation to attitudes to housing. This sub-category tends to select (and perceive) a modification of residential style within the 'normal' - intermediate range rather than a drastic change to institutionalised living. This is perhaps best illustrated by the following statement from an informant:

"We'd lived in this beautiful seven roomed house on the sea (Indian Ocean) for 25 years. Our three children had all left home - the youngest only left last year - and are all living overseas. One day my wife asked me to fetch something from one of the rooms upstairs. As I walked into the room I realised I hadn't been in it for more than eight months - and neither had anyone else - except to clean it. I went downstairs and said to my wife, "We must be mad!" "What do we need this place for? You're always trotting off to see one of the kids and we really don't need to run a hotel for the maids and cats and dogs". Within three months we'd sold the house and all the junk in it. Just kept the few things we really liked and we've been very happy here for about a year now. ('here' is a luxurious two roomed flat overlooking the Atlantic). I'm 66 and I don't intend to stop working until I have to. It takes me a little longer to get to work and back but I'm not in a hurry anyway".

Factors Influencing Decision

Whatever the factors that initially cause the retired elderly to start considering alternative housing and whatever form of independent housing they may consider most desirable (and some other form of independent housing is always the first consideration) two questions are always asked: "Can I afford it?" and "Will I be able to look after myself?". If both these questions are answered in the affirmative (and the assessment is in fact sometimes tragically inaccurate) then other criteria are evaluated in making the decision. The actual proximity of kin though always an important consideration does not always

have top priority rating - despite the widely held conviction among the younger generation that their parent(s) would like to live with them. The overwhelming evidence for western middle-class society shows that the elderly prefer to live near, but not with, kin (Shanas et al., 1968; Cowgill and Holmes, 1972). In Cape Town, where most white middle-class, middle-aged and young people own cars, proximity is not a problem. The most important criteria influencing choice are:

~~1~~ i) the type of accommodation - the following comments are a fair cross-section of attitudes:

- "I can't be bothered with the maintenance of a house. A two-roomed flat is just my size...."
- "All the modern flats have such poky rooms -- a little cottage with a bit of garden is what I really want. This pre-war (ground floor) flat has a little garden out there and was the closest I could find"
- "After the children had married I wanted to move into a residential hotel, but my husband wouldn't have it. After he died I felt guilty about giving up the house, but I never did like housework....."

ii) locality - this has at least three aspects: geographic, socio-economic, and familiarity.

Geographic location is important in Cape Town where the climate can vary considerably from place to place on the same day. The topography is also important, particularly if the individual does not drive or own a car. Distance from the city centre, from the sea or from family and friends, is the third component of this aspect. Many Sea Point residents agreed with the informant who told me "I'm only 15 minutes from town by bus and half-an-hour from my daughter. There's no wind here most of the time and it's flat - I go for long walks on the beach-front most days".

The socio-economic aspect relates to the general 'tone' of the

area: whether it is mostly residential or commercial, whether the buildings and public amenities are well kept or run-down, whether the shops are cheap or 'classy', and, in general, whether the individual concerned sees the change as a 'come-down' or not. Whether one wishes to remain in a familiar area or make a complete change is a very individual matter and relates closely to the two following criteria.

iii) the availability and accessibility of facilities and amenities. Among the most important of these are transport and shops, which are, of course, important to everyone. However, for the elderly, and particularly for those who live alone, the availability and accessibility of these have an added significance. For many elderly people, especially those who have moved away from the area in which they spent most of their adult lives, the bus and the telephone (if they have one) are the only means of maintaining old ties. And the daily visit to the shops is often the only social contact for many. If one is coping on a tight budget it is very convenient to have a wide range of shops close at hand so that one can compare prices and take advantage of the competition of the market-place. The availability of other facilities, such as a library, post-office, seniors' clubs, cinemas, restaurants, tea-rooms, bridge-clubs, a hospital, and police station, although not all exclusive to the elderly, certainly make life easier for people who are less active and less mobile than they used to be.

iv) proximity to friends, neighbours, kin. For old people of all income groups, in whatever state of health and of whatever degree of gregariousness, this factor is always of considerable importance in the decision to modify or drastically change residence. Because of the expectations of abandonment and loneliness outlined above, people tend to move to those areas and residences where they already have friends, acquaintances or kin, and to use those people's opinions and attitudes as the information on which to base their decision.

One tendency, suggested by my data, is that for more affluent people this factor carries less weight than for those in more circumscribed financial circumstances. Since social networks usually comprise people whose socio-economic position is similar, this would mean that if a person could not go to see her friends because of illness, they could probably afford to visit her more frequently and perhaps more regularly than someone whose friends budgeted for every train journey. Close proximity of friends and relatives also means that peers and younger people can 'pop-in' more frequently. Time is the thing that most elderly retired people have a surfeit of, and when younger people, whose time is usually more pressurised can conveniently visit at odd times, this is highly valued by both. In addition, the literature suggests (and is supported by my data) that most old people enjoy the supportive company of peers so that even if one moves away from a familiar area, the tendency is to move to an area of residence which has the reputation of providing opportunities for the formation of new peer relationships.

We now turn to a second configuration. If both or either of the two questions: "Can I afford it?" and "Will I be able to look after myself?" are answered in the negative, decision-making will include additional considerations. Thus far I have presented the decision-making process almost as though all old people investigate housing alternatives and question themselves without consulting others. Of course, this is not usually the case. When individuals are really destitute and alone, official bodies of one sort or another (hospitals, police, welfare organisations) most often come to the rescue and the person is placed in the most suitable institutional care available - unless the major fear comes true too soon, and he dies alone and uncared for. Most people, however, have someone to consult - kin, friends, neighbours, ministers of religion, their own ethnic welfare organisations, etc. And very often the questions about finance and self-help are

answered for the elderly individual by others.

If an individual cannot afford to continue his current lifestyle and has kin willing and able to support him, the decision will nevertheless depend more on the attitudes of the person and his kin to institutionalised living and the presumed attitudes of others in their immediate community, than on the actual availability of finance. The same is true if the trigger problem is health. People who need constant care, even at a professional level, can have it at home as long as someone can pay. In addition, most people in total institutions have arrived there only after some prior residential modification, so that the total institution is a last resort in more than one sense and is usually considered to be the only option left by all concerned, even when that consensus is 'forced' upon the individual.

Some Selected Cases

This chapter has been concerned with individual adaptations to the realisation of changed or changing personal capacities, the high value placed on social independence and the relationship between these factors and residential arrangements. The issues raised can perhaps best be seen in all their complexity and variety through a brief consideration of some specific cases. In this Chapter I have limited that consideration to examples from the two most distinct categories: independent housing and total institutions¹. Each case reflects the individual's coping strategies developed over time. The variety of adaptations demonstrates that although independence

1. I have selected two cases from each category to show the bases upon which people make their decisions about residence and how they cope with those decisions. Case 2 is particularly intended to highlight the value of independent living where good health and financial resources are not abundant.

as symbolised through residence is highly valued, successful (or miserable) adaptation can occur in an independent or institutional environment. The crucial factor seems to be whether the individual is able to come to terms with the discrepancy between what is good as an ideal in the abstract - i.e. an independent life style - and what is good in this particular phase of his own life-cycle. Furthermore, the cases support the contention of the previous chapter that age, per se, is a very weak indicator of actual behaviour.

Case 1. Mrs Schultz is a 70 year old German-born Jewess. She is childless and a recent widow. She came to South Africa in 1948 when she married and claims to have led a "bitter, boring, miserable life" and to "suffer from bad nerves because of my unhappy life for the last 29 years because my husband and I were totally incompatible". She has no contact with her only sister who lives in Cape Town and claims to have been "done out" of her share of the inheritance at their mother's death. Since her husband's death, she has cut even the weak ties she had had with his kin. She belongs to no clubs or associations nor has she ever done so. She is very concerned with money although she lives in a well-kept, well furnished flat and seems able to satisfy all her material needs more than adequately.

Adjustment to widowhood: Mrs Schultz's daily routine has not changed. She is as fastidious in her care of the flat now as she was before and still cooks a full meal though now it is for her alone. She says she is lonely but said the same when I first met her before her husband's death. The death of her spouse has meant the loss of the one person she could and did regularly complain to and complain about. Her only close regularised human interaction is gone and she is left with the cat for company.

Social Network: Mrs Schultz has no viable social network but her life history since leaving school reveals this as her norm. She considers the German-speaking community in Cape Town "snooty and insulting" and has never associated herself with the Jewish community. She claims that she is not a member of the local synagogue "because my husband would never pay for the seat and now I cannot afford to". The latter assertion is clearly false as it is not necessary to pay for a seat in order to be a member of a congregation. The least impersonal social contact she has since her husband's death is with a neighbour. Since he is almost totally deaf, and is very involved with his hobby of electronics and since she visits him only when his wife is out, even this relationship is somewhat superficial. All her other social contacts are

fleeting and impersonal - with shopkeepers, the doctor, the librarian and the like.

Activity: Mrs Schultz is sprightly and energetic. She is an "avid reader" and up-to-date on current affairs. She does crosswords and enters newspaper competitions regularly (and has won a few). She listens to the radio whenever she's at home (which is most of the time) and attends a matinee at the local cinema once a week. She used to do pewter work, pottery and painting but stopped some years ago "because I was never encouraged and everyone needs encouragement".

Attitudes to Residence: Mrs Schultz has lived in her current home for 17 years. She says she will not consider changing her life-style (although she clearly has considered it, since she has her answers quite ready and worked out) unless she is "no longer in control of my mind and then they'll carry me out". Sea Point is "flat and so convenient - everything I need is just round the corner or a short bus-ride away". She despises people in total institutions or intermediate residences unless they are "very ill or vegetables" on the grounds that they are "lazy, spoilt or were too stupid to provide for their own futures".

Mrs Schultz is unusual in the degree to which she seems to have deliberately cut herself off from all social ties, yet her daily routine is not that different from other similarly situated widows in Sea Point. She has a high degree of self-sufficiency and is proud of maintaining what she calls 'standards' - of dress and general personal appearance as well as the appearance of her home. Yet she acknowledges that "my life is empty" and sees herself as the victim of prejudice. During all my conversations with her she was constantly relating past slights, insults and rejections from people who had featured in her life. Although she herself considers her past 'bitter' and scathingly continues to blame her husband for this, she nevertheless dwells on the past. Despite her seemingly successful maintenance of self, she is lonely, neurotic and bored and visits her doctor frequently. She also fusses over her cat, takes him to the veterinary surgeon about once a fortnight for no good reason and says she hopes she will die soon after her cat does. (The cat is 16 years old). Her doctor has suggested that she put her name down for the new (economic) residence planned for Sea Point, but she has rejected

this on the grounds that pets are not allowed.

The frequency and manner in which she seeks out her neighbour and the way in which she related to me as a casual visitor, would suggest that her 'disengaged' life style is not self-satisfying, despite her self-sufficiency. Had I merely conducted a survey and administered a superficial questionnaire, I might have concluded that her life style was a function of age. Instead, it is clear from her life history that she has always conducted her life in a 'disengaged' manner and to the extent that she continues coping, it is a successful coping style for her. It seems likely that she would be happier in an intermediate residence, but her well-developed past prejudices make her perceive such an action as the relinquishing of her greatest value and strength: her own self-sufficiency. If she should become physically unable to cope alone, she would have to enter an institution since she has no social resources whatsoever. To her this would symbolise a living death. She, on the other hand, is determined that she will die in her own home when her cat does ("of a broken heart if nothing else") - as independently as she lived.

Case 2. Mrs Bright is also a sprightly, energetic widow of 74. Her husband died 22 years ago and her daughter, an only child, is a widow with five children who lives in Ladybrand, and visits her mother once a year. Mrs Bright was an active, busy housewife for the first 18 years of her married life. She had trained and worked as a librarian before her marriage, returned to work in 1952 "to help with the house" and retired in 1968. She lives in the dark, spotless house her husband had bought four years before his death, and has had a lodger (no board) "to make ends meet", ever since his death.

Adjustment to retirement: When Mrs Bright retired she joined the local seniors' club. "I knew that when I retired I would have a pension - what I didn't realise was that all the little ailments one ignores when working suddenly make a take-over bid..... It's so important for the old aged to find a niche for themselves - a place where you're missed if you're not there.....". This club later became incorporated into the local Service Centre and Mrs Bright is one of its most active members. She is on the House Committee, runs the office of the club, and is in charge of all club 'statistics'. She also does tea duties and is one of the founder members of the

Drama Group. She takes her office duties very seriously and regards them as work - and she is there daily. She also enjoys complaining mildly (and humorously) about the "odd ways" of some of the members, but on the whole is sympathetic to the adjustment problems of those members who are also residents. She emphasises how busy she is and then adds, "those who keep busy and active, remain well". She enjoys the Drama Group and considers that it is "good for discipline and excellent for character building. We put on wigs, and for brief hours become young again, and the realisation that we can accomplish this, must boost the morale".

Social network, activities and associations: Mrs Bright has always been a 'joiner' and an active 'committee person'. Apart from her 'work' at the Service Centre, until six years ago she was also an active and life-long member of the St John Ambulance Society. She left St John's because "When I got to 68, crawling around on the floor got a bit too much". A born Anglican, she became Methodist when she married. Her husband was a Methodist local preacher and they were both very involved in the church. In 1966 she became a Seventh Day Adventist and is very observant, dedicated, and actively involved. She has always been on good terms with her neighbours, draws the pension for one 'elderly' couple and organised meals-on-wheels and a disability pension for another widower whose son lives in Germany. She writes to her daughter about once a month and sees the family once a year when they visit the Cape. She has many friends at the club but doesn't invite them home. The focus of her life is the club and her religious activities, with housework still taking much time but being of secondary importance. Her income is small and her budgeting has to be done very carefully so that she limits her club involvements to those activities that cost nothing, except for the one organised bus trip that she allows herself each year.

Mrs Bright could easily be a fully integrated member of the residence to which the service centre is attached. Her financial situation would be much the same, but she would be relieved of household tasks and the maintenance of the property. Why doesn't she choose this option? In her own words: "I wouldn't live there although I go there so often....the daily walk is good for me.....this is my home.....it's mine and my husband and I made it together....My religious life means a lot to me and there I'd be the odd-man out....I might even be called a crank and a fanatic.....it has no appeal for me....I don't know how long I can continue, but I would like to be independent for as long as possible....I think it's good for the self....."

Although their life-styles are so different and the slightly hunch-backed Mrs Bright has achieved what Erikson has called 'ego integrity', she and Mrs Schultz manifest certain common traits. Both maintain staunchly independent life-styles and wish to do so for as long as possible, and both show coping strategies consistent with their past behaviour and their middle-class values. Mrs Bright's active and 'engaged' life-style, her orientation to the present, her wide range of friends and interests would tend to confirm the activity theorists' position that increased 'engagement' leads to increased life satisfaction.

Case 3. Mr Brown is an 81 year old who looks much younger. He is an amputee who entered an old-age home three and a half years ago because he needed daily professional nursing care, and financial resources were limited. The Home was the 'no option' solution. He is married, but his wife lives in the flat they shared before he entered the Home. They have no children.

Adjustment to illness: Mr Brown's medical problems originate from a leg injury sustained during active service in the first World War. However, he had had no problems until shortly before retiring at the age of 73. Within four years he had undergone four operations and the final amputation. The illness and the amputation were traumatic. His wife suffered a nervous breakdown and although his physical adjustment was rapid, he is still bitterly resentful of his situation and blames the army and the hospital for his plight.

Past life-style: Prior to retirement, Mr Brown had enjoyed his job as a fancy-goods salesman with the same firm for over 40 years. His wife did not work and they had an active social life. They both enjoy music and were members of the S A Association of Arts. They had both been active in many charity organisations and maintained close ties with his siblings (scattered all over South Africa) and their families. He used also to walk six miles a day. He did not enjoy retirement but increased what his wife calls his 'high-brow' activities and his charity work, to compensate.

Adjustment to the institution: the suddenness and trauma of Mr Brown's situation were very difficult for him. His wife now has to work and although she visits him regularly and frequently, their relationship is marred by frequent bickering. He strongly resents being an invalid and although he knows it

will not be possible, constantly nags his wife and the staff to be allowed to return home. He is disparaging about the other residents and participates very little in the many activities offered. He associates with only two or three of the other residents: "...some of the people here are half crazy and most of them are uneducated....the majority of people here are from Russia and haven't developed a western European way of life....their mannerisms are the same now as they used to be....I like to talk to people I can learn from..."

Mr Brown maintains a facade of independence by distancing himself as much as possible from the other residents and the social facilities of the Home. He appreciates the formal aspects - the standard of nursing, the quality of the food, and the services. However, he will not use the library but prefers to badger old friends to visit him and bring him books, and generally focuses his attentions and energies on 'outside' activities: visits from his wife, phone calls and private activities such as reading and listening to the radio in his room. His reluctance/refusal to integrate is his only means of adapting with some measure of preserved self-esteem to what he sees as a thoroughly 'miserable fate'. However, his past coping style and his past interests and personal resources have facilitated an adaptation which is not apathetic resignation - so common with 'no option' institutionalisation.

Case 4. Mrs Lambert is a 91 year old widow who has been resident in an old-age home for ten years. In this group of case presentations she is the only one of the four whose significant adjustments over the past 15 years have been directly related to chronological-age-linked frailty and illness - but then, she has been in the aged category for 31 years.

Her life history contains an ongoing series of adjustments to dislocating events, beginning with her arrival at the Cape "as a young child, one of a family of nine....refugees from the Boer War". She had little formal education but held good jobs, first with a local newspaper, then at a Bloemfontein college, then at a Transvaal university, and after an illness, returned to the college. She left work at the age of 39 to marry. Her husband was a retired widower with two married children and several grandchildren.

They went to live and farm at George and Mrs Lambert "took to farming like a duck to water ----- I always liked to do things properly so I did courses in poultry ----- learnt about the soil ----- and won prizes for poultry and butter". At this time Mrs Lambert was also responsible for the upbringing of her nephew who had been orphaned at the age of seven.

They farmed happily for 23 years, but when Mr Lambert became ill they moved to a cottage at Great Brak River. The quiet, isolated life-style was a great adjustment for Mrs Lambert and after her husband's death two years later (she was now 63), she settled his affairs and went off to join her brother who was a government representative in Rome. Italy was "fun for a holiday and good for recovery from my bereavement, but too foreign to stay". She lived with a married brother in Cape Town for a while "but that wasn't good for anyone" so moved into a hotel in the same suburb. When her arthritis really began to trouble her, she decided to "be sensible" and moved into an old-age home in Bellville. At the age of 80, she decided to look for "more central accommodation so I could dispense with the car".

Mrs Lambert was born into the Dutch Reformed Church but had "become Presbyterian when I married Mr Lambert, who was a Scot". She had a friend who was a "keen Catholic - and when she heard I was looking around without much luck she brought me to see this place and sort of sponsored me in.... I'm very happy here and I've been very frugal so I don't have to ask anyone for any favours.....but I'm getting tired now and I don't want to become more of a burden, so I'm hoping to be called soon....."

Social network and current life-style: Mrs Lambert has always made friends wherever she has lived and has maintained her many friendships by correspondence over the years. Today she lives a very quiet life particularly since she had a fall about 18 months ago. She reads a little but "I try to preserve my eyes and never read by electric light.....I don't do needlework anymore either....but I can sleep like the devil....". She pays one of the staff to do her laundry but makes her own bed "because one must do something". She goes for a short walk daily, weather permitting, but does not watch television "because I must cross (to another building) in the wind at night". She has a number of 'outside' friends who visit her regularly but she insists that they phone first (she has her own telephone) "in case I don't feel like visitors....at my age I'm entitled to do as I feel...". About three times a year she is fetched by the daughter of an old friend (deceased) to visit one of her few remaining peers in Stellenbosch. She has one close friend at the Home who 'pops in' daily for a chat and does small chores for her in town. She has breakfast in her room, but takes her other meals in the dining room, though she uses a walking stick and her steps are no longer very sure. Her room is full of

photographs and mementoes of family and friends and she loves talking about them though she can no longer see them too clearly. She is very conscious of family history and very proud of family connections although she regrets family rifts that have occurred through differing political allegiance. She has one remaining brother in Rustenberg who visited her last year (he is the youngest) and he has invited her to spend some time with his family, but she's decided to "put it off for a while".

Each of these four cases in its own way highlights the great individual variation in adaptation to the aging process through the life-cycle. However, whether the current adjustment is satisfying as in the cases of Mrs Bright and Mrs Lambert, limiting as in the case of Mrs Schultz, or frustrating as in the case of Mr Brown, each individual has in some measure done a cost-benefit type appraisal in terms of the overriding value of independence. The suggestion running through this chapter, that residence is a crucial dimension in the total configuration of the individual's self-image, is supported by these four illustrations. Each of the four has had to evaluate the actual situation while continuing verbally to articulate the social value that it is best to be independent. For Mrs Schultz this valuation has resulted in her maintaining her life-style of past years because, in her case, good health and adequate finance have allowed the benefits to continue to exceed the costs. Aging itself has not demanded any particular adjustment other than the (for her) relatively minor one of adjusting to widowhood. Since her social world has always been ego-centred by choice, she has no particular difficulty in continuing this life-style although there is some evidence that since her husband's death she has been seeking more contact hours with those in her restricted network, but she is limited in this by her own coping style and the high value she places on self-sufficiency.

For Mrs Bright, too, although the physical and financial costs of maintaining an independent residence are much greater than

for Mrs Schultz, the benefits still exceed the costs. Her choice not to change is influenced not only by her desire for independence, but also in terms of her current residence corresponding to the factors described in the text. Mrs Lambert, who is old enough to be the mother of Mrs Schultz, perhaps best illustrates the process over time: independent living is best, but when circumstances change, find the best possible compromise using the criteria described earlier in this chapter. And when dependency becomes inevitable, as it must do if one lives long enough, find an optimum solution "while you can still decide for yourself".

Mr Brown provides an extreme example of the drastic adjustment necessary when circumstances demand that 'choices' be made for an individual by others. Age itself is a factor here for had Mr Brown's leg been amputated when he was young enough to be working and earning, institutionalised living would not have been his only available option.

Finally, one other clear aspect emerges. In each of these cases, in common with the middle-class generally, the individual is born into a two-generation unit, marries, and creates another and formerly, with lower life expectancy, died in one. It is this last component which has disappeared with increased life-expectancy, and for which a substitute is sought when dependence is inevitable. However, kin are not always so conspicuously absent as in three of these four cases, and this will be one of the aspects dealt with in the next chapter.

CHAPTER FOUR

THE INDEPENDENTS

This chapter will describe those old people in the study who live in the wider community in 'normal' housing (as defined in Chapter Three). They are all middle-class and relatively affluent. The presentation will be a profile of 50 informants and will include data on state of health, wealth, occupation, and the reasons for choice of residence.

As indicated in the Methodology in Chapter One, the study began by drawing a sample from the voters' roll of a particular constituency. Once the decision was taken to change the focus of the study to institutions, I did not continue working through the sample, but continued visiting those 50 informants for whom I had complete questionnaire data. The group of people described in this chapter does not, therefore, constitute a sample in any statistical sense. However, the description has been retained in the study for a number of important reasons. Firstly, the area acts as a 'feeder' area into the institutions to be discussed later. Secondly, since the study set out to investigate the process of aging for ordinary people in the aged category, and not only those seen as having problems, it was felt that this description would afford a valuable comparative category. Thirdly, and perhaps most importantly, the bulk of the published material about middle-class, old people in 'normal' housing was not collected using this kind of methodology. Most of this literature is concerned, at the macro-level, with providing a profile of the aged population of any given country and utilises survey methods. Those studies that do use a participant-observation methodology have tended to concentrate exclusively

on special settings for the aged. This study, though small in scope, attempts to compare residential settings.

A major theme of this study is the notion that independence is highly valued. In the context of this chapter, the importance of projecting at least an image of independence will be shown. Since the aged share the dominant attitude of 'old = dependency = bad' (as stated previously), and since they are well aware of their increasing age, this chapter will show the ways in which they attempt to maximise an image of independence in their everyday lives. After presentation and discussion of the above factors (health, wealth, work, residence choice), data concerning social interaction patterns (with kin and non-kin) and other activity patterns will be presented. These will be related to the theoretical frameworks presented in Chapter Two: activity, disengagement, personal coping, and environment.

A Profile of the Group

All those in this group of 50 people over the age of 60 live in 'normal' housing in a seaside residential area of Cape Town. Some moved into the area after the age of 60, others have lived there much longer. This will be discussed further in Section E below. All may be described as middle-class in terms of values and life-styles, and eleven of them have professional qualifications. Table A shows the sex and age distribution and marital status of the group.

TABLE A: SEX, AGE DISTRIBUTION AND MARITAL STATUS (TOTAL : 50)

YEARS	MALE				FEMALE				TOTAL	
	MARIED	WIDOWED	NEVER MARRIED	DIVORCED	MARIED	WIDOWED	NEVER MARRIED	DIVORCED		
I 60-64	3	2	-	1	4	-	3	-	1	7
II 65-69	7	6	1	-	7	-	7	-	-	14
III 70-74	3	2	1	-	9	1	3	4	1	12
IV 75-79	6	5	1	-	3	1	1	1	-	9
V 80-84	2	1	1	-	2	-	-	1	1	4
VI 85-89	1	-	1	-	2	-	2	-	-	3
VIII 90+	1	-	1	-	-	-	-	-	-	1
TOTAL	23	16	6	1	27	2	16	6	3	50

Table A represents heads of households, with the exception of three cases: one where the husband refused to be interviewed, a second where the informant's mother refused, and the third where the wife was the effective household head because the husband was totally incapacitated. Although all tabled data in this chapter will refer to this group, unless otherwise indicated, most spouses and other members of the households were also interviewed.

In common with other industrial societies, South Africa has more females than males in the aged population¹. In addition, disparities in the survival of the sexes are paralleled by disparities in their marital status (Jeffreys, 1977 : 7; Riley and Foner, 1968 : 158-160). Although the group presented in Table A does not constitute a representative sample, it is nevertheless striking to note the proportions of married and widowed informants in relation to sex (married males 32%; married females 4%; widowed males 12%; widowed females 32%). Moreover, single females (widowed, never married, divorced) constitute 50%, single males 14%.

B Health

The occurrence of certain chronic diseases, impairments and disabilities, increases with age, although this increase begins before old age. It is the chronic nature which is particularly characteristic of the aged category and which sets it apart from other age categories as regards health. In old age, disability is inversely related to income, but this is true of all ages (Sweetser, 1975 : 102). The direction of causation, however, is uncertain. The Duke Longitudinal Study (Palmore, 1970) found that in groups matched for age, sex and race "fewer limitations on physical functioning

1. See also Droskie, 1977, for details of life-expectancy for white, elderly males and females in South Africa; Jefferys, 1977, for Britain; Ball, 1977, for the U S A.

were present in persons of higher socio-economic status" (ibid. : 32). Riley and Foner have noted that the death rate of adults has usually been observed to rise as occupational status drops (Riley and Foner, 1968 : 34-35, 213), which suggests that socio-economic status is the cause and poor health the effect. A greater number of longitudinal studies would have to be available for comparison before this observation could be considered more than a correlation.

The informants in this study were given health ratings by the researcher on a five point scale: good, fair, poor, very poor, invalid. The health ratings were, irrespective of age, based on the degree to which the person's state of health affected performance of everyday activities such as walking, dressing, household chores, shopping, etc. A rating of 'good' means that health does not restrict the successful performance of such activities. 'Fair' indicates occasional limitations and/or the restriction of some activities. 'Poor' indicates frequent restriction and/or the limitation of many activities. 'Very poor' means that health is the primary consideration in the undertaking of any of these activities. 'Invalid' describes those informants whose physical capacity is so severely restricted that full-time nursing and technical aids are required. The results are tabled overleaf:

TABLE B: HEALTH RATINGS ACCORDING TO PHYSICAL CAPACITY TO PERFORM DAILY TASKS

	MALES										FEMALES					
	AGE GROUP										AGE GROUP					
	I 60- 64	II 65- 69	III 70- 74	IV 75- 79	V 80- 84	VI 85- 89	VII 90+	Total	I 60- 64	II 65- 69	III 70- 74	IV 75- 79	V 80- 84	VI 85- 89	Total	
GOOD	2	2		2	2		1	9	4	3	3		1		11	
FAIR		1	1	3				5		3	5	3		2	13	
POOR	1	3	1	1		1		7			1				1	
VERY POOR		1						1							-	
INVALID			1					1					1		3	
TOTAL	3	7	3	6	2	1	1	23	4	7	9	3	2	2	50	

The three people described as invalids have suffered strokes and all have full-time professional nursing care at home. Mr King, 70, is unable to do anything for himself, but is able to walk with the support of his nurse and a stick. His speech is quite severely impaired and although he is still able to make himself understood, this frustrates him terribly. He suffered the stroke when he was 68 and his life was irreversibly changed overnight, as were the lives of his family. Mrs Cool, 68, was considerably less severely stricken. Her speech is normal, she is mentally alert, and although she can walk with support, prefers to use a wheel-chair for greater speed and efficiency of movement. Mrs Charles has been ill for some years and spends most of her time in bed. She is listless and often confused, with occasional, but irregular, periods of lucidity. All three cases will be referred to again later in various contexts.

Of the whole group, 40% rate 'good' health, whereas 60% range from 'fair' to 'invalid'. Yet, almost 50% of those rated in 'good' health are 70 years and older. While it would be inappropriate to generalise from this group, some consistency with the findings of others does appear.

Although there is a generalised tendency for health to decline with increasing age ('good' health as described here fits a particular criterion and is not intended to imply that health has not declined from previous levels) nevertheless, the whole range of ratings may be found within each age-grade. That is to say, chronological age per se is not a sufficient indicator of health status. "As a consequence of numerous societal and pathological circumstances, wide discrepancies between chronological and physiological age are not at all uncommon. Chronological age, therefore, is but a facade, it cannot be relied upon as an accurate indicator of physiological aging" (Hendricks and Hendricks, 1977 : 99).

A more detailed presentation of the financial and educational statuses of the informants will be given in the next section. For the purposes of this section, in the attempt to relate

these factors to health, this group may be divided into three financial status categories and three educational categories. The three financial status categories are: a) affluent (irrespective of source of income) - that is, an adequate or more than adequate material standard of living according to informants' own evaluations; b) budgeting - a financial state which requires establishing priorities for spending and which demands considerable care in the allocation of funds. People in this category may have to forego entertainment and similar luxuries frequently or even totally, but with careful reckoning generally manage to afford essential goods and services; c) battling - a financial state for which budgeting is an inadequate strategy. People in this category frequently have to forego even essential goods and services in order to survive independently. Some examples are: eating fewer meals, managing without hot water to save on electricity bills, walking to save bus fares. These financial measures often contribute significantly to health deterioration. The three educational status categories are: a) 12 or more years of formal education; b) 8-10 years; c) 7 or fewer years. The following tables show each of the three financial categories relative to educational level and health rating:

TABLE C: THREE FINANCIAL CATEGORIES IN RELATION TO HEALTH AND EDUCATIONAL STATUS

Years of Schooling	TABLE C (i) Coping or Affluent					TABLE C (ii) Budgeting					TABLE C (iii) Betting					TOTAL	
	Good	Fair	Poor	Inv-aid	Total	Good	Fair	Poor	Very Poor	Inv-aid	Total	Good	Fair	Poor	Inv-aid		Total
12+	7	5	1	-	13	1	2	-	1	-	4	2	1	2	-	5	22
8-10	7	3	1	2	13	-	3	1	-	-	4	-	2	2	-	4	21
7 or less	3	1	1	1	6	-	1	-	-	-	1	-	-	-	-	-	7
TOTAL	17	9	3	3	32	1	6	1	1	-	9	2	3	4	-	9	50

In terms of Table C (i), 64% of the whole group (32 individuals) are affluent. Within the affluent sub-group, 53% are in 'good' health, whereas only 11% of those in Table C (ii) and 22% of those in Table C (iii) are in 'good' health. This may suggest a relationship between health and financial status, although the numbers are too small for any generalisations to be drawn.

Of the 22 people who have 12 or more years of schooling, 19 are in 'fair' health or better, but the group is too small to allow of any further interpretation of the educational data. The educational details have nevertheless been retained in the table since one objective of this chapter is to provide a full descriptive profile of the group.

Older people rate their health as generally good or excellent less often than do younger people, but again, after allowing for actual health status, a better self-rating of health is associated with higher socio-economic status (Sweetser, 1975 : 102). This association is true for this group and is important in that how people evaluate their own health affects activity patterns, morale and life satisfaction. Shanas suggests that "old people in the United States, more than old people in Europe, seem to feel that to admit illness or incapacity is somehow psychologically wrong" (Shanas et al., 1968 : 46). This is closely associated with individualistic values of independence and is frequently expressed in the notion of 'standing on one's own two feet' literally and metaphorically. For this group it was found that apart from the association between a better self-rating of health and higher socio-economic status noted above, people were perfectly willing to discuss specific health problems but would always add assurances that whatever the problem, they could nevertheless cope. The assurances of coping were almost always related in some way to household chores - in other words, to the ability to maintain independent residence. It must be remembered that 18 of the group are married and hence have at least one other person

to help with chores. In addition, as is common for white South Africans, most households employ a full-time or part-time domestic servant. In only 5 households was this not the case.

C Financial Status

Adequate data about income were the most difficult to obtain, for most informants were unwilling to disclose specific figures, with the result that final judgment about adequacy of income had to be based on information from indirect questions. Many informants were quite willing to discuss monthly expenditure and most were willing to indicate the source of income. Since all informants were interviewed more than once in their own homes, and since many of the questions were concerned with life-style, it was possible to assess standard of living - albeit somewhat crudely. However, one complicating factor in the absence of actual figures is the problem of relative notions of sufficiency. For example:

Mr Turner, owing to ill-health, was forced to retire at 64 years of age. His wife had never worked, and they were both unwilling for her to do so. He considers his pension inadequate, yet he has sufficient capital assets to be ineligible for the state old-age pension. He owns his house, bond free. He drives a car, has a telephone and a television set, employs a gardener once a month, and has domestic help once a fortnight. His home is well furnished and he has no debts. His daughter is financially independent, and although she lives overseas and does not contribute, his son lives at home and does contribute part of his earnings. Mr Turner knows his income is more than adequate for his needs - he has done the calculations many times. But he feels dependent on his wife and son. Although he can drive, he has respiratory problems and cannot walk much, and this adds to his feelings of dependency and resentment, so that he views his reduced income as quite insufficient and his final misfortune. In his own words: "too old and sick to work, too young to die - and what do we live on meanwhile?".

Mr Price, on the other hand, is 67 years old and has drawn a disability pension since the age of 49 when he was forced to retire through ill-health. He and his wife both draw state old-age pensions and these three sums constitute their sole income. They have no children and live in a dark, two-roomed, pre-war flat. Their pleasures are reading the week-end newspapers, listening to the radio, walking their dog, and

watching the activity on the main road from their balcony. He says: "We manage. I don't owe anyone anything and I'm not asking anyone for anything. As long as we have enough for the rent and food and to get to the hospital once in two months, we're all right". His only worry is that if he dies before his wife she will have to manage on one pension. However, he told the social worker: "We haven't been a nuisance, always nagging you for things -- you'll look after the old girl when I'm gone, won't you? --- perhaps get her a place in one of your homes---".

The problem of subjectivity in assessing adequate income was dealt with by comparing informants' material situation with their stated expectations and ambitions in this respect, and by comparing their present material situation with their past. Having owned a car in the past, for instance, and not owning one now, was not counted as a material loss if the informant was no longer able to drive or no longer wished to do so because of failing health.

Financial status in the first instance, then, was rated according to the above-mentioned categorisation of those who were coping or affluent (irrespective of the source of income) i.e., those whose present material life-style was largely the way they wished it to be and was for the most part consistent with past material life-style, even if they had experienced a drop in income. 64% of the group were in this category, which is probably consistent with the known relative affluence of the residential area under consideration.

The second category in this consideration was composed of the 18% who had to budget very carefully in order to cope with a reduced income and yet maintain the standard of living they desired. For some people in this group, standards had had to be compromised but a tolerable level (from their own point of view) was still maintained. Two of the nine in this category were themselves still working and four had working and contributing people in their households. Only two of this group had 12 or more years of schooling, and one of these, a 70 year old widow, still works part-time, though not at her old profession. The five widows and one divorcee in this

category have had to budget carefully for many years, that is, this financial circumstance is not a function of old age, but rather of their marital status. Three of the women were widowed while they still had dependent children at home.

The third group in this categorisation comprised 9 people who have to struggle to make ends meet and who have had to adjust to being without many of the goods, pleasures and services to which they had previously been accustomed. In two cases this was owing to early forced retirement through ill-health and the resultant meagre pension. Three cases were women with professional qualifications who had not made adequate provision and who were disadvantaged by their ages at the time contributory pension schemes were introduced into their respective work situations. Two of the nine still work irregularly and two spinsters, aged 74 and 76, are employed full-time.

Two of the cases in this last category are particularly interesting, as they highlight the relationship between financial status and morale, and also relate to attitudes towards independence.

Dr Daly, 78, married with two children, has been a general practitioner in private practice for many years. His wife had never worked. They had lived a modest, but comfortable, life but Dr Daly had one passion: horse-racing. Over the years he squandered most of his savings on the race course and continued to do so even after he retired from his practice. To supplement his income after retirement, he worked part-time at a hospital, and his wife went out to work for the first time since their marriage. Eventually, owing to declining health, he had to retire from that too, so that now their income derives from a small pension, meagre savings and his wife's salary as a saleslady in a department store. He was one of 7 children and has 5 surviving siblings to whom he is very close and who are wealthy. They in fact supplement his income on a regular basis - including indulging his passion for horse-racing - but both givers and receiver regard the contributions as gifts, although both know that without them, he and his wife would have to enter an old-age home. Dr Daly's morale is generally low and his health is poor. His social network does not extend beyond kin and he blames himself quite bitterly for not having been more careful of money in the

past. He is still able, however, to assert independence and some power in a number of ways, which allows him some degree of self-respect. He is the oldest male of the siblings and they consult him frequently on many aspects of their lives. He is respected and loved by his children and says with a wry smile: "at least it's not for what they can get out of me---". He still lives in the house in which his children were reared and so with some extra scrimping and some timely 'gifts' he can play host to his married daughter, her husband and their children when they come on holiday once a year, with fair dignity. Until very recently he still maintained interest in his profession and visited the medical library quite frequently. In this manner, he is able to project an outward image of independence, but his morale is lowest when he speaks of what "could and should have been our golden years", and it is then that he says he despises himself.

Mr Light, 64, also had a close-knit family, and was the second of 6 children, of whom only 4 survive. He never married and lived with his 88 year old mother. He was able to retire at about 40 owing to the most successful sale of the family business, and never worked again. He took extended annual overseas holidays and enjoyed giving generous gifts to all the members of his family. When in Cape Town he lived simply, but always enjoyed "only the best, everything of the best". He had one financial disaster on the London stock market as a young man and had been very cautious but successful with his investments ever since. However, "in a moment of madness - could only have been senility" he lost everything in a second "flirtation with the market". His siblings rallied and supported him and their mother - essentially so that the mother would never know. In an attempt to retain some measure of independence, he looked for work and was fortunate enough to find employment. At the time of fieldwork, he was ill and struggling to maintain the job. I maintained contact after the study was completed. His mother died shortly afterwards. He went to Johannesburg in search of a better job, contracted pneumonia, and was brought back to Cape Town. He was so ill that his family put him in an old-age home on the grounds that he needed professional care, but when he recovered somewhat, and realised that he was to remain there, he was a broken man. His only resources were his past memories but though he would begin reminiscing happily he would end up bitter and depressed. He always expressed gratitude to his family, saying that they had no choice, but he had nothing left to live for, and died soon afterwards.

In both these cases the men were incapable of adjusting and adapting to drastically changed financial status. The people who could and did give them financial support were the very people who could see right through any facade of

independence they might project.

The above analysis of affluence, budgeting and battling was originally devised in order to relate financial status to health and morale. However, if we consider the group in terms of financial self-sufficiency, a rather different picture emerges. Of this group, 41 people are self-sufficient; 24 are self-sufficient and affluent (in terms of the above definition); and 16 are self-sufficient but not affluent, i.e. they are either budgeting or battling. One 68 year old man would belong to this second category if he lived alone (self-sufficient but not affluent), but he lives with his married son and therefore has none of the usual basic expenses of rent, food, electricity and water. This man, together with two of the 16 in the second category, were included in Table C (i) as affluent because their families supply various 'perks' which, though irregular and informal, justified so classifying them in that context.

Nine people in the group are not self-sufficient at all, yet 5 of these have an affluent life style and were also included in that category in Table C (i). Three of the five have never applied for state pensions, although they would be eligible, but are fully supported by their children, all of whom consider this their proper filial duty, can afford it, and consider that applying for a state pension on behalf of their parents would reflect badly on them. One of the three, Mrs Prince, lives with her son and his family and works in his business. She draws a salary, which she agrees to do "only for tax purposes" but insists on handing it over in full to her son. She made this a condition of her living with them, and since all desire this living arrangement, it is a most successful modus operandi. According to her son, although she works purely for enjoyment, she is one of his most valued employees. This arrangement then allows her full independence and complete security, leading to exceptionally high morale. The two

who have old age pensions applied for these as a matter of principle - they consider it their right as citizens - but are fully supported in an affluent life-style by their kin.

The four remaining informants are neither self-sufficient nor affluent. Mr Price (see p 67) has his pension as his sole source of income. Mrs Smith's husband has a pension, but if it were not for small but regular contributions from their two sons, they would simply not manage. Mrs Brand lives with her 65 year old spinster daughter and they survive on the daughter's pension, with occasional assistance from her married son. Mr Light (see p 70) accepts the very minimum needed for survival from his siblings.

This discussion shows the tremendous range of financial coping strategies even in this relatively affluent middle-class group, and it must be noted that even in the affluent group of 24, seven are widows who never worked after marriage and whose good fortune is the result of careful planning and investment by their late husbands and, in some cases, late fathers.

D RETIREMENT

Income security in old age is clearly related to the retirement and pension policy of any country, as well as to pre-retirement income levels. Where eligibility for a state pension is dependent on a means test, as is the case in South Africa, and not on age alone, income during old age is clearly related to past earnings. As Atchley (1972) expressed it: "The idea that the right to current income without current employment must be earned is related to the fact that retirement is reserved for only older workers".

Retirement is a phenomenon of modern industrial society. Other socio-economic systems, as indicated in previous chapters, have

had varying numbers of older people, but none has ever had the number or proportion of aged present in the industrialised societies of today. More importantly however, older people in those societies, with close-knit kinship systems, almost always had defined and valued social roles, even if they no longer contributed directly to economic production.

At the present time, the proportion of the aged in the international work force is declining, although there is some evidence that more older people, particularly women, are beginning to seek work as inflation rates erode the value of fixed income (Sheppard, 1976). Although state pension plans in Britain and America have shown some success in abolishing poverty (Ball, 1976; Jefferys, 1976), income security for most people is not defined in subsistence terms. For most people security means having an income which makes it possible for the individual to maintain a level of living near that attained while working.

In South Africa in 1976, approximately 140 000 whites received old age pensions (Droskie, op cit., 1977). In the same report it is estimated that, compared with 1970, the value of the Rand is about 45 cents, and this means that the old age pension of R72,00 per month (1977) for whites is worth only R31,00, compared with the pension of R55,00 paid by the state in 1970. The state views social pensions only as a supportive aid paid to poor people to augment their income, but it has been found that with no compulsory pension schemes, national or private, very few old people have had the opportunity to save for retirement. Also, although pensions schemes are more common now, very few employers had offered pension schemes to this generation of aged. The old age pension was R79,00 per month as at October 1977 and will increase to R88,00 per month from October 1978. There is some indication that the state is aware of need and of the effects of inflation. This is further borne out by the fact that expenditure on old

age pensioners rose threefold from 1967 to 1977. This is partly accounted for by the increase in the numbers of eligible aged, but it also reflects raised pensions.

As indicated in the previous section, the group of aged in 'normal' housing in this study is relatively affluent and this is partly the result of a relatively high proportion of the group (or the husbands of the widows) having been self-employed: 23 of the 50.

In this section, retirement is discussed with greater emphasis on the part work or retirement plays in enhancing informants' feelings of independence and security and, therefore, life-satisfaction. Men and women will be discussed separately and age grades are relevant here.

TABLE D: PRESENT EMPLOYMENT PROFILE FOR 23 MALES

Age-grades Years	Self-employed		Employed			Retired	TOTAL
	Full Time	Part Time	Full Time	Part Time	Irregularly Full/Part Time		
60-64	2				1		3
65-69			1		1	5	7
70-74		1				2	3
75-79						6	6
80-84	1					1	2
85-89						1	1
90+						1	1
TOTAL	3	1	1		2	16	23

Of the four self-employed, one is a 71 year old high school teacher who first retired from government school teaching at the age of 55. He then taught at a private school until

he was 67 and then retired because of ill-health. Since recovering, he has been teaching privately for the past three years. He does not need the money but both enjoys the contact with young people and says it makes him feel good to know he can still provide a valued service for which people are prepared to pay.

One of this group is Mr Rose, an 82 year old businessman. He and his wife both work in the family business and, although he can afford to retire, he enjoys working and wishes to continue "as long as possible". His health is failing but he says: "I would die much sooner if I stopped working". Many people, men particularly, often continue working if at all possible, whether they enjoy it or not, simply because they envisage completely empty lives if they stop. Mr Rose is unusual in this regard because he has many and varied non-business interests and is actively involved in many associations and charity organisations. He says: "When you're active, you feel alive and young - but when you're working you also feel independent and that, at my age, makes you proud". Some years ago his sons persuaded him to retire and he took their advice and was out of the business for two years. In that period he bought a new house, renovated it, established the garden and then "got bored" and went right back to work.

The two remaining men in this category are both in the youngest age grade and are both professional. Both are in good health and both intend working for as long as possible. Neither has made any preparation for old age, except in terms of finance, and both avoid discussion of perhaps having to retire through some unforeseen circumstance. The doctor expressed his attitudes this way:

"Compulsory retirement is probably necessary for industry and other occupations highly dependent on developments in technology. On the other hand, in my practice I have treated many people for what I call the 'post-retirement blues'. An experienced general practitioner, if he loves his work as I do, always has a positive contribution to make. I am aware, though, that experience

is not enough, and I spend about four hours a week in the Medical Library keeping up to date. I also subscribe to a number of professional journals. I shall only retire in one of two circumstances: either if I can no longer work satisfactorily or if my children live all over the place and I need the freedom to visit them to remain friends with my grandchildren".

The one person in full time employment is a 68 year old invoice clerk/packaging manager. He has no pension, will not be eligible for one in terms of the means test and is afraid of losing his job. His health is poor but he both needs to and wants to work. He is a man with few personal resources and according to his wife, spends his annual leave impatiently waiting to get back to work. He is a very conscientious and reliable worker but is well aware that his employers could employ a much younger man to do his work at a lower salary. He would like to work for as long as possible, but has calculated that, if forced to retire, either through ill-health or by decision of his employers, at the age of 70, he would probably be able to cope financially. His wife, 59, has always worked (by choice, as well as need) and she will have a small pension, small because she had her own business for 25 years and joined a pension scheme only at 48. Mr Gold spends a lot of time calculating and recalculating his future financial needs and does not feel secure. Despite his married children's assurances of any assistance he may need, he has always enjoyed the fact that in the past they have been able to call on him for aid, and he very deeply wishes to retain independence.

The two people who work irregularly do so for entirely different reasons. One is Mr Light, described above, who needs to work, for money and for his own self-esteem. His security is in fact guaranteed by his kin, but he does not see it that way. He has had great difficulty finding work. Although only 64, his health is poor, he had not worked for many years and has no formal qualifications. The other

man, Mr Ruby, retired at 55 in order "to live a little while I was still young and healthy enough to enjoy it. I worked very hard all my life from the age of 16 and never really had time for pleasure". He and his wife travelled extensively for five years and then he decided that at that rate of expenditure he might outlive his capital. Now he lives more modestly, seldom travels and occasionally 'helps out' in the businesses of friends and acquaintances "at my convenience and only if I have the inclination". He clearly enjoys this and says with pride "to be asked to work a 15 hour day at 68 I see as a compliment".

The 16 retired people reflect the notion that financial status and health in old age are closely tied to pre-retirement occupational status (Sweetser, op cit. : 102), but also reflect the variation in attitudes to retirement. Riley and Foner show that higher status occupations exhibit relatively high rates of employment for men in later life (Riley and Foner, 1968 : 450-1) but this depends on many factors some of which will emerge in the cases below.

Seven of the 16 had been self-employed and one had first been self-employed and then employed. However, of the eight who retired at the age of 65 or below, only two were self-employed. Four of the eight are satisfied that they retired then, although this was a result of the firm's policy rather than by personal choice. Another man sold his business at 55 for health reasons, but retained control of several properties and claims that this continues to give him business interests although he does not actually work. Two were forced to retire early for health reasons and are unhappy with the situation. One of these is battling, and the other is Mr Turner, referred to in Section C above, who is in the budgeting category but has very low morale closely associated with his retired status. In every conversation he relates anecdotes from his past work situation - anecdotes which usually include reference to his own competence and efficiency.

The eighth man is Dr Daly, referred to in Section C, who retired from private practice at 60, worked full time at hospital until he was 65, and irregularly from 65 to 70. He is now 78 and deeply regrets not being able to work, which he still feels competent to do, and also chafes at the financial loss.

Of the eight remaining retired people only one had been an employee. He retired at 68 because of company policy and considers this "a great pity". He feels that he was put into a position of "waiting to die, although I'm not ready for that yet". He meets his colleagues as often as possible and still occasionally pops into the office for a chat. He is aware that he should seek new interests and activities, but says that nothing is as exciting as the business world. He is now 78 and fortunately for him many more of his colleagues have retired in the past few years and have maintained their relationships with him.

Three men, one of whom retired at 66 and two at 68, are satisfied with their decisions. They felt they had worked long enough and had earned their leisure. Mr King, the invalid referred to in Section B, was forced to retire at 68. He is quite unable ever to work again, and is frustrated and unhappy. Because of his health he is very dependent, but his mind is still very active and as he says "I know I'm useless, can't even speak properly, but my mind is bored and angry in this vegetable body". One 86 year old retired at 70 because "the children insisted", but now he says he was foolish to listen to them "because I still had ten good years left". However, he has a few close friends, visits the synagogue daily, and does not mind being financially dependent on his children "as long as they let me live my own life my way which they do". Another 76 year old sold his business at 70 and still retains some property interests. However, he feels he sold too soon: "Now I spend my life mostly with old people and there really are too many women around...".

Finally, the 90 year old retired at 77 "because I was tired. I'd worked very hard and it was enough". He plays bowls four or five times a week and "rests in between". He is quite satisfied with his life and grateful to be well enough to enjoy his children, grandchildren and great-grandchildren: "I'm healthier than some of my own children who retired much younger than I did and I'm sure there's some connection....".

Some of the men help their wives with domestic chores such as shopping, but none can be said to manage his household independently of female domestic help. It was the opinion of many of the social workers interviewed that older single men often choose to live in hotels (even if they can afford domestic service) because it relieves them of domestic chores, whereas women tend to choose hotels more for the social aspect. The social workers also suggested that single men are often admitted to institutions, irrespective of age or financial status, "because they can't cope domestically.....it's self-induced malnutrition..."

For women the situation is somewhat different. Many had never worked outside the home since marriage and even those who had, unless living in hotels, remain housewives and hence not fully retired. In South Africa, however, many, if not most, white middle-class households employ domestic servants, so that the role of housewife is less physically taxing than in many other countries.

TABLE E: PRESENT WORK PROFILE FOR 26 FEMALES

Age-grade Years	EMPLOYED			HOUSEWIFE		Retired	TOTAL
	Full Time	Part Time	Irregu- larly	Help Full/ Part Time	No Help		
60-64		1		3			4
65-69				6		1	7
70-74	2	2	1	2	2		9
75-79	1			1	1		3
80-84				1			1
85-89				1		1	2
TOTAL	3	3	1	14	3	2	26

Note: 1. The 27th female in the group is an invalid who has never worked outside the home and who is not responsible for the organisation of her household. The other female invalid has been recorded as 'housewife with help' because she organises the housework, draws up the shopping lists and generally supervises and is directly concerned with the running of the household.

2. Four of the seven women recorded in the employed categories are also housewives (with or without domestic help).

Mrs Johnson, 63, had to retire from teaching. She misses her work and for the first year thought that being a full-time housewife with no help and being involved in many activities and organisations would be satisfying. However, she soon discovered that her pension was simply inadequate, and, although she still pursues many of her interests, she also has a job selling household equipment at private 'home parties'. She feels unfairly treated by the Department of Education and regrets not having planned more carefully for her retirement, and not having troubled to find out what her pension would be. As she expresses it: "Of course it's nice to be independent -

but only if you're comfortable. Quite honestly, as a divorced mother, I've worked jolly hard all my life and I'd willingly be dependent on someone else - only I haven't found anyone willing to have me".

Miss Baker, 74, worked all her life, although she inherited a substantial amount of money and does not need to. However, she enjoys working and says it provides her only opportunity to meet young people. At 67 she asked her employer if he would keep her on part-time and the arrangement suits them both very well. She would like to work for as long as possible because, she says "when you're working, you've no time for aches and pains".

Mrs Woods, 73, is also a retired teacher. She retired at 60 and then taught at a private school for 8 years. She spent one year at home "doing all the granny things but mostly feeling lonely, much older, and useless". She is now employed in the school's library on a part-time basis and says: "I feel quite rejuvenated - younger than when I left. All my friends are here, I love the children and I know I'm doing a useful job which relieves the librarian a little. The most important thing though is that my children can stop worrying about me and trying to organise my life, and they needn't feel guilty if they don't see me so often. No, truly, I hope they carry me out of here - straight to the grave".

Miss Blake is a 71 year old retired school teacher who lives in an hotel. She had to retire at 60, did regular relief teaching until she was about 67 and now works irregularly at whatever job she can find because she needs the money. Her attitude: "You'll never catch me in an old age home - a lot of old fogeys making each other miserable. I keep up my contacts and so far I've found something that pays a little whenever I've needed it". Miss Blake could have had a job as a paid companion but preferred to live independently and

not be so tied to another person. She says, however, that if such an opportunity were offered again, she would gladly take it because at 71 it is difficult to find any kind of work.

Of the 17 housewives in the group, twelve had not worked outside the home since marriage. Eight of the twelve wish to remain independent housewives and avoided discussion of possibly not being able to remain so forever. Four of these women had already considered some other form of residence in order to be relieved of running a home but all said they would actually make such a move only if they felt physically unable to continue with their present arrangements. None wished to be 'a burden' to children.

Mrs Schmidt, 78, retired at 65 when her husband sold their business. He has since died and she lives with a widowed sister, is financially comfortable and has many hobbies which she says are her full time occupation. Mrs Bright, described in Chapter Three, retired at 65 and felt that that was too early but has kept herself very busy since with many activities. Miss Osborne, 72, retired at 57 through illness and although she has to budget very carefully, says she is not sorry: "I live a very quiet life - I meditate a lot and I have learned a lot since I retired. My job was not stimulating and I wasn't sorry to leave. I manage well enough - I don't think work is all there is to life...."

Mrs Joyce, 68, was widowed at 63. At 66 she sold the family business she had worked in all her married life and is very happy. She is not very well but she has many friends and enjoys socialising with them frequently. She is relatively affluent, and after a life time of work and nursing a husband who was in and out of hospital for 25 years, feels she has earned her leisure: "I worked jolly hard and while I'm not complaining about anything in the past, it is nice to have time for one's self. I'm careful with my diet and I rest every

day, but it's lovely to see friends and have tea parties as often as I like".

Mrs English, 86, lives in a hotel and retired at 40. She was widowed rather young and although her husband's life insurance was adequate, she decided to work to support her children until they finished school: "They say 'life begins at 40' so I retired then and did what I liked. I travelled extensively - I've been right round the world - and 20 years got used up just like that!" She gave up her flat at 60 and moved into a hotel: "it gave me more time to play bridge and to see my grandchildren". At 68 her son-in-law asked if she would help him in a new business and she worked until 82. She says: "I could have gone on, but one must be realistic....I used to go in and help when my daughter and son-in-law went on holiday, but my grandson does that now.... and I suppose that's the way it should be. I still travel overseas once a year, but it takes me longer to prepare for it and even longer to recover than it used to. That and bridge and visiting the kids are my main occupations now and I'm grateful to have been spared long enough to see three grandchildren married and one great-grandchild on the way".

Each individual in this middle-class group has worked out his/her own pattern of coping. It is this responsibility for the self that has enabled these people to see themselves at least in some degree, as independent, even when in some cases they are dependent on others for financial assistance or other forms of aid because of failing health. All but one female invalid strive to project an image of independence in interaction with others and all relate this closely to notions of self-respect. The overwhelming impression conveyed is that no matter what form or degree of independence is maintained, health and wealth emerge as crucial in this self-image and are closely linked to a key symbol of independence - remaining gainfully, or at least usefully, occupied.

E RESIDENCE

Chapter Three identified residence as an important variable in the lives of old people. It is an important element in their self-image because it is seen as one visible criterion of independence. It is important for their projected image and it is important as a component of life-satisfaction. Type of housing, locality and proximity to amenities, peers and kin were all seen as significant factors in choosing residence, given the awareness of a need to move and/or given the necessary financial ability and health to do so.

Shanas et al. (1968) have shown that in Britain, the United States and Denmark, the overwhelming majority of elderly couples live alone - 68%, 79% and 82% respectively, and significantly more of the single elderly live alone rather than with children, other relatives or non-relatives. These figures are explained by the shift to nuclear family households in industrial society. The cultural value is that independent nuclear families are 'normal' and 'healthy'. This does not necessarily mean that relatives, especially children, are not important. It simply means that the residential preference is to live 'near, but not with'. Palmore (1975) found that in Japan, by contrast, the overwhelming majority of elderly lived with their children - 79% of elderly couples and 83% of elderly single. He explained this in terms of tradition: "The Japanese tradition of filial responsibility and respect for the aged seems to be the main force maintaining integration of the aged in their families despite the counterforces of industrialisation" (1975 : 53). Japan is a relatively new industrial nation, and Palmore explains the comparatively high labour force participation rate for men (55% Japan, 32% U S A, 28% Britain, 38% Denmark) again in terms of tradition: "One tradition..(is)..that every able person should work as much and as long as possible" (1975 : 55) The other tradition is that of seniority and respect for the

aged which appears to prevent discrimination in employment such as is found in the other industrialised countries (1975 : 56).

In South Africa, a survey of the National Bureau for Educational and Social Research (1960) showed that 67,6% of white aged live alone in the community, 21,6% live with children, 5,4% live with relatives or friends, and 5,4% live in old age homes. This last figure has now increased to approximately 7%¹.

Table F shows household composition and the discussion which follows will emphasise duration of residence, reasons for choice, and the relevance of the factors described above.

1. I was unable to find a more recent or a more detailed breakdown of these figures.

TABLE F: HOUSEHOLD COMPOSITION OF THE GROUP (BY AGE AND SEX)

Age- grade Years	MALES					FEMALES					Total			
	With spouse 1	With child	With other kin	With full- time maid/ nurse	Hotel 2	Total	With spouse 1	With child	With other kin	With full- time maid/ nurse		Alone	Plus Lodger	Hotel 2
60-64	2		1			3		1		2	1			4
65-69	7(2°)	1				8		1	1	2	2		1	
70-74	2				1	3	1	1	2	1	2	1	1	9
75-79	5			1		6	1°		2					3
80-84					1	1		2						2
85-89				1		1		1					1	2
90+				1		1								
TOTAL	16	1	1	3	2	23	2	3	8	5	5	1	3	27

- Note 1. For this group, 'with spouse' indicates a full-time domestic servant as well, unless indicated.
2. Although an hotel is not a private household, this category is included in order to complete the residential profile of the group, and because hotels were included in the definition of 'normal' housing in Chapter Three.

The two men aged 60-64 who live with a spouse also have an unmarried child at home. In one of these households the man's 90 year old father-in-law shares the household. One of the couples in the age-grade 65-69 also has an unmarried son at home, but this is not simply because he has not yet left home, but because the father is a very ill man and the wife cannot drive a car and is afraid to be alone in case the father should suddenly need to be rushed to hospital (as has happened on a number of occasions). Another couple in the 65-69 group has a married son and his wife and infant son living with them, as well as a lodger. When both their children had left home, they let a room for the extra income. Their son, who is still a student, and daughter-in-law lived independently for 18 months, but once their child was born and they could not cope financially, they moved back home and the lodger stayed on as the extra income was needed even more.

It will be noted from the table that whereas five women live completely alone, there is no such category for men. This would support the social workers' comments about men's domestic coping abilities, reported earlier. It will also be noted that a number of categories on the table could form part of the 67,6% reported in the survey cited above as "living alone in the community".

It may cause some surprise, in the South African context, that living alone and living with a domestic servant are presented as separate categories, since domestic servants usually have separate living quarters from their employers, eat apart and use separate amenities. However, it was found that in a number of households this was not the case and in some households, even if the servant had an outside room, she was frequently regarded as a member of the household - a companion of the elderly person.

We shall now turn to the subject of changes of residence in old age. In the group, 24 people had not changed residence in old age, and ten of these were widowed while living in the same residence (one man and nine women). Of the ten, six were self-sufficient and affluent, all these had 'good' or 'fair' health, and five employed full-time domestic servants. Of the remaining four, one had taken in a lodger after the death of her spouse, and two had unmarried children living at home. Eight of the remaining 14 who had not changed residence in old age, had no desire to do so at the time of fieldwork, although two said they were planning to do so when and if their unmarried children left home. One, while not changing residence, had nevertheless changed the composition of the household by having a full-time, live-in nurse after he suffered a stroke. The couple whose married son and family were living with them had already reserved places in a residential hotel for the month after their son's graduation and planned to sell their house. The four remaining informants in this sub-category all wished to change residence but could not afford to do so.

Twenty-six people had changed residence in old age. Seven of these had changed only once - either at retirement or because of the death of a spouse. Thirteen had changed twice - the first move usually being at retirement or when the last child left home and the second after the death of a spouse. These kinds of move, often from a residence of many years standing, highlight the 'crisis' nature of these points in the life-cycle: retirement, death of a spouse, the last child leaving home.

Three of these cases were rather different. Mr and Mrs Ruby sold their house when he retired and moved into a two roomed luxury flat which they considered adequate for their needs. Neither of their children live in Cape Town and when their grandchildren came on holiday, they could not be accommodated. Mr & Mrs Ruby decided that that was foolish and moved into a much bigger flat so that they could see as

much of their grandchildren as possible when the latter visit Cape Town.

Mrs Short moved residence for the first time after the death of her husband. Some years later, when her daughter divorced, they wanted to be nearer each other, but did not wish to live together. They took two flats in the same building and as the daughter had to work, Mrs Short was able to care for her grandson.

Mr Townsend's first move took place after the death of his spouse. When he re-married, he and his wife moved to a larger flat.

Interestingly, the six informants who changed residence three or more times in old age all have some degree of financial difficulty and were categorised earlier as either battling or budgeting. Miss Osborne had moved twice in her home town and her present residence was her second in Cape Town. She says that this was also her last move as she has now found a flat with a view she enjoys at a price she can just afford. Mrs Carrel has moved five times: into a flat after her husband's death; with a married daughter when the flat was lonely; into a part-institution when she felt "in the way" in her daughter's home; into a second flat because her room was too hot and she "didn't like the people"; and finally into a residential hotel, but she is looking for another hotel "with better bridge players". Miss Newton moved twice to economise and the third time into her mother's flat to share with her spinster sister after the mother's death. Mrs English, 86, first moved in old age into an hotel "in order to have more time", although she had already moved rather extensively. In the 26 years since her first move in old age, she has changed residence five times: "I need a change every now and then - it's stimulating, keeps you young - you meet new people each time - and since I only live in hotels, it's not as though I have to pack lots of furniture each time".

Miss Blake moved for the first time when she retired. She shared a flat with a retired friend to try to rationalise her reduced income. However, she "couldn't bear the lack of privacy" and moved into a bachelor flat on her own. When she turned 70 she decided that to keep house for one was an unnecessary waste of energy and was rather lonely anyway, so she moved into an hotel. She is not very happy there and calls it a "seedy joint", but she has not been able to find anything more suitable at the same price.

Mrs Johnson decided to change her life completely when she retired and moved into a part-institution with an attached Service Centre, thinking that since all the facilities were close by, she would save on travelling and entertainment. She was 60 years old and the youngest (and very energetic) resident. She soon decided that she had made an error and "wasn't ready for an old age home" and moved in with her sister and brother-in-law. However, she found their life style too "formal and smart" and rented a flat near her married daughter. She took the cheapest flat she could find but the rents were raised and she has had to find work in order to cope financially.

The emphasis on apartment accommodation in the above description is partly as a result of the area of study, but is also a reflection, especially on the part of single people, of the wish to avoid isolation. Most of the informants felt there was greater safety in an apartment block since one could always call a neighbour or the janitor if in trouble. Some informants also commented that there was a greater chance that one would be missed if not seen for a few days.

The above descriptive sections all show the manipulations and the strategies old people use in their attempts to remain independent members of their society in 'normal' housing. The illustrations also show the variety and degree of the constraints relevant to the aged which operate in western,

urban society. One additional factor emerges very clearly. While no age category or age grade in society is necessarily homogeneous in any other respect, this is even more evident for the aged. With a lifetime of unique experiences behind them, old people manifest the very widest range of needs, expectations, preferences and living patterns. The implications of this heterogeneity for the policy makers who provide social services for the aged, is the need for policies to be flexible enough and services broad enough to enable the elderly to select only the assistance they desire, feeling as though the choice is theirs to make.

F SOCIAL NETWORKS AND ACTIVITY PATTERNS

By observing and participating in the lives of these 50 informants, it was possible to gauge some measure of their degree of social interaction with kin and non-kin, peers and other generations and to assess how time is utilised. 35 of the informants kept diaries over a three-week period which gave some indication of the range of relationships, the frequency of interaction and the kinds of activities most commonly undertaken. However, no formal network analysis was carried out.

It soon became very clear, when attempting to make sense of this data in terms of life-satisfaction and 'successful' aging, that two variables had to be taken into account over and above health, wealth and the constraints of the environment. These are individual interaction and activity patterns of the past, and the interaction and activity rates that satisfy different individuals. It is simply no use applying quantitative data, such as the number of visits, club memberships or outings, etc., that any individual has, to the qualitative concepts of life satisfaction or personal well-being. For any investigation to imply that Mrs Joyce who attends a tea-party with several friends every afternoon, is

any more or less happy than Miss Osborne, who spends most of her time in solitary meditation, would be to distort the facts of the matter.

There are, however, some relationships that are more diffuse and enduring than others, and in western urban society kinship and affinal relationships are the example of these par excellence (Schneider, 1968).

Only five people in the whole of this group did not rate relationships with children, siblings or affines (excluding spouses) of prime importance. It is worth noting these exceptions in some detail: three of the five are childless, three have no living siblings. The two who have children, have one child each - one living in the Orange Free State and the other in England. The two who have siblings never initiate contact with them and are indifferent when contact is made. Of course, one cannot have relationships with non-existent relatives, but what is interesting is that four of these five people are the least socially active and the unhappiest of the entire group. Moreover, through taking life histories it became clear that none of the four had had good relationships with their own parents or siblings while they were alive. It would seem that socialisation within the family has implications for wider relationships outside of it, and these implications extend through adulthood and into old age.

Seven other people in this group were childless too, but four of these lived with siblings and one with his mother. All informants (other than the four 'unhappiest') said their kin would be the first they would call on in time of need and many did during the course of fieldwork, with 'help' ranging from providing a lift to a concert, to consultation about a guest list, to borrowing money. Of this group, 85% (excluding the 4 and excluding those who live with children) had seen, spoken to or received letters from their children within the ten days before the interview; 96% within two weeks. This pattern

was more or less consistent throughout the fieldwork period. Of those without children, and excluding those living with kin, 75% had seen, spoken to or received letters from kin during the fortnight prior to the interview. The women were more active at initiating and keeping up contact - the men tended to await visits and phone calls and would then respond. Of the 22 informants who lived with neither spouse nor kin, nine had daily contact with kin.

What was noticeable, however, was the relatively limited contact with grandchildren, compared with children and other kin. This seems to be a function of a number of factors: proximity, age of the grandchildren, health of the grandparent(s); the atmosphere of the grandparents' home - forbidding or permissive -; the grandchildren's extra-curricular activities, and perhaps most important of all, the preparedness of the parent to co-ordinate visits to grandparent with the schedule of the grandchildren. Many informants 'explained' that their children, particularly daughters and daughters-in-law, came to see them "in the mornings, while the children are at school and out of the way". School-going children and particularly those of the relatively affluent middle-class in South Africa, have a great number of after-school organised activities and if grandparents do not live within walking distance and parents do not plan carefully, there is no time to see them. It was quite clear that those four informants who had grandchildren living close by or for whom grandparents' home was on the school route, not only saw their grandchildren more frequently, but had a much closer relationship with them than with their other grandchildren. This applies to the four three-generation households in the group too.

All those in the group with children in Cape Town see them regularly at week-ends. In some cases this is a regularised routine, with the older person spending the week-end or the day with the child and family or, in a few cases, going to a different child each week-end. In two cases, where the older people live in houses, their children and grandchildren

all spend Sunday with them once a fortnight. Birthdays and special occasions, such as religious holidays, are also for the most part celebrated with kin.

In relation to non-kin interaction, the group varied very greatly. Fourteen people have work relationships at least some of the time, but for only four of these people do these relationships have a personal and positive character. Three of the women among these four admit that their work is more than merely a job. Two of them do not need the money at all but they enjoy the social contact and the knowledge that they are being 'useful'. The third says that the money is important but the social contact is more important, and that her friends, after hours, are drawn from the work situation. One woman who returned to work solely for economic reasons has found that she enjoys the people she meets and now has the time to follow up and develop interesting relationships in a way she was not able to do when teaching full-time. Mr Ruby does not need the money he earns at his irregular jobs, but enjoys being in the work milieu occasionally, and in fact his occasional jobs are based on friendship ties and not the other way round.

Four people in the group do not have any friends. In the case of Dr Daly, this is compensated for by his extended kinship network. In the case of Mr Light it is his reaction to his new economic circumstances. He deliberately broke off contacts with friends because he says he feels ashamed at having 'disgraced' himself and he "can't face them or their sympathy". Mrs Schultz, described in detail in Chapter Three, has restricted her social interaction to infrequent and irregular visits to one neighbour, and Mr Price and his wife spend all their time together and have no friends. They see kin perhaps twice a year - visits always initiated by the kin - and Mr Price says: "We don't need anybody - we have each other. I used to see my friends from the race-course occasionally, but that was a long time ago. We just get along and mind our own business - friends only use up money anyway....".

Everybody else in the group has some friends and unless these are associations born of some specific activity, such as bowls, bridge, or other club membership, these friendships are expressed in visiting, telephoning and walking together. Most of this interaction takes place for most people during the day. All the informants say that they do not like going out at night because "it's not safe". Some do go out at night occasionally, when they have arranged lifts, but "I don't want to ask and be a nuisance" is an oft-repeated refrain. Those who have cars prefer not to drive at night.

Television has been welcomed by most informants precisely because it fills the evenings. All those who live in hotels watch television in the public lounges and this is an added opportunity for social intercourse. Eight people do not have television sets - four because they cannot afford them and one because "I am just not interested". Three people categorised as battling have television sets which they received as gifts from kin.

Most people see at least one friend on average once a week, but several people lead very busy social lives. Mrs Short, a widow, neither of whose children lives in Cape Town, says: "During the week I'm very busy, but the week-ends can get very lonely. For most people the week-end is family time and I don't like to be a fifth wheel. So I use the week-ends for chores and writing letters and I just stay at home quietly unless something special comes up".

In general, the women are more active than the men unless the latter have specific hobbies. Mr Isaacs, 90, plays bowls four of five times a week. Mr Jones is interested in electronics and has a room set aside for all his equipment, and Mr Gooding works for a number of welfare organisations. The other retired men do very little, but with varying degrees of dissatisfaction. Mr Cooper says: "I spend most days very quietly. I listen to the radio and read and go for walks occasionally - particularly when my wife has her friends in to

tea. It's quiet, but orderly. I like routine. I have my meals at regular times and the days pass". Mr Cooper's quiet daily routine is similar to that of many of the other informants, but for most, whether they are active or not, their current activity pattern is consistent with what it was before old age.

Although retirement from employment necessarily means less regular activity, the social interaction patterns of retired people are also consistent. Those who had many friends and interests still do, and those who had few, still have few. The one outstanding exception in this group is Mr King, the invalid described above. He had always planned to work for as long as possible. He was an aggressive man, full of energy, and sat on a number of committees, and enjoyed nothing more than a good argument "about anything, as long as he won - even if that was just because he shouted louder than anyone else", according to his wife. They entertained frequently, often went to the cinema and concerts, and took at least two holidays a year. All that has changed since he suffered the stroke. He has a full-time nurse who takes him for walks along the street once or twice a day, reads to him and bears the brunt of his bad temper. His wife too has suffered as a result. She lives on "valium" and says: "The worst thing is that his temperament hasn't changed. He'd like to be as bossy and aggressive as he used to, but he can't. He can't even get the words out fast enough or loud enough when he wants to complain or shout. It's very hard for him, but it's very hard for me too". Two of their children live overseas and the third in Johannesburg. The last has visited, with his family, on a number of occasions since the father's illness, essentially to relieve his mother. Mr King will not go anywhere, does not want visitors, and fusses badly if his wife goes anywhere except shopping. His illness and personality have utterly changed her life too.

In this chapter I have tried to show the range of adaptations in the aging process. The life histories show that people

who had high activity levels and high satisfaction maintain this, and those who had low activity levels and low satisfaction do not change markedly in old age. High activity and low satisfaction is rare, but low activity and high satisfaction is not uncommon. This last fact must be remembered. Satisfaction is, after all, a subjective evaluation by the actor and if it is achieved through a low activity level, this is nevertheless positive. Very often in the literature and in conversation with social workers and even with informants' kin, negative judgments are made about peoples' presumed satisfaction simply by observing their activity levels.

Personal coping strategies developed through a life time are not modified radically, and although circumstances might have changed, people who have had experience in adapting and who have always been resourceful, continue to be so and are the most anxious to maintain independence and minimise failure.

Those in hotels have recognised their limitations in some areas, but this is not necessarily related to age. In the words of Mr Weber: "If, God forbid, my wife had died when I was younger, I would still have gone into a hotel. I'm not interested in all the bits and pieces women like to have around them and I couldn't be bothered with shopping or organising a maid. This is convenient and leaves me free". All those in hotels stressed the convenience aspect and were all careful to emphasise that this form of residence was of their own choosing.

In fact everyone in this group, and many of their associates met during fieldwork, emphasised that independent living was what they wanted and anything else would be a 'no option' alternative. Several informants visit other old people in old age homes and always express pity for them or describe qualities about those people which suggest their helplessness. Many of the informants seemed to assume that all residents of old age homes are very old and/or ill. Several commented disparagingly about the kin of inmates they knew. The

opinion expressed was that with a little less 'selfishness' on the part of those kin, they could have prevented such a 'fate'. One frequently quoted expression by Yiddish speakers was "one mother can look after ten children, but ten children can't look after one mother".

Knowing that a new intermediate residence is being built in the study area, I asked informants whether they would consider applying. All but two answered that they had heard about the project, thought it was an excellent idea, knew people who were interested, but were not interested themselves. Mr Price expressed interest but said that it was only for the rich. When told that there would be some sub-economic units, he said he was sure "they wouldn't take dogs" (which is true) and so he "couldn't possibly go". Miss Blake, who is battling, said she intended applying and although she did not make it explicit, it was quite clear that in her view the fact of economic and sub-economic units in one building would allow her to save face.

Several children of informants living alone expressed concern about their parents' personal safety, particularly in terms of accidents in the home, but all reported reactions of anxiety when the topic was raised in conversation with their parents. There is no doubt that informants themselves feel some insecurity about living alone and about failing eyesight, hearing and general physical ability, but all seek to minimise or avoid these fears and maximise impressions of independent coping.

The evidence of the Duke Longitudinal Study (Palmore, 1970), as well as that reported in other studies using a participant-observation methodology (Hochschild, 1973; Ross, 1977), supports the evidence of this study that while disengagement does occur among some old people, it is neither universal nor inevitable. The disengaged state may also be the life-style of much younger people and is most likely to be observed among the very old, whose declining health reduces their capacity to play any social

roles successfully. It is also observed among those for whom disengagement is a life-style antedating old age.

CHAPTER FIVE

INSTITUTIONALISED LIVING

In Chapter Three we looked at residential alternatives in Cape Town and considered some of the factors influencing choice of residence in old age. Chapter Four presented a profile of the life-styles of 50 elderly people whose only shared feature, apart from being over sixty, was their residence in 'normal' accommodation. Through the case studies we saw the significance of type of residence for their daily routines, their social networks, their integration into the wider society and their feelings or fears of loneliness, isolation or rejection. One overriding feature to emerge through both chapters was the importance of 'normal' housing in these peoples' images of themselves as independent adults functioning normally in society. Most people were relatively able to assess realistically their own capacity (physical and financial) to continue maintaining 'normal' living. Residence was also a symbol of independence as a measure of self-worth, and was often a source of pride, particularly in those cases where simply maintaining an independent living arrangement was a daily challenge. 'Normal' housing serves as a symbol in two directions - both equally important to the individual actors: it is a crucial factor in the image of self and is perceived as a crucial factor in other people's evaluation of the self. Being able to live 'like anyone else', no matter how many compromises have to be effected to achieve this, is presumed to be a condition which makes a clear statement: this person can cope and is responsible for and controls his or her own destiny. Whatever the objective accuracy of such a statement, it was clearly a priority value for each individual in the group and residence seemed to be the clearest symbol embodying this ideal.

At the same time, as we saw through the cases presented, security was also a major concern - physical, financial or social. It is in the attempt to balance independence and security that these people manipulate their social situation and exercise varying strategies. For some people, however, security can be achieved only through finally abandoning, or compromising, that major symbol of independence - 'normal' housing. This latter category, of old people in specialised residential settings, constitutes the focus of this chapter.

As we saw in Chapter One, it has long been social policy in Britain to maintain the aged in their own homes in the community for as long as possible. In 1971 fewer than 3% of the aged population lived in hospitals and fewer than 3% in residential homes (Jeffreys, 1977 : 8). In the United States about 5% of the aged population are in long-term care institutions (Ball, 1977 : 20). In South Africa in 1970, 5,4% of the white aged lived in old age homes and it has been estimated by the South African National Council for the Aged that this has increased to some 7%. Since the establishment of the South African National Council for the Aged in 1956, it has been policy to maintain the aged in their own homes in the community for as long as possible. However, according to officials of the various welfare organisations, home-help services and facilities are still inadequate, so that the most efficient care is to be found in institutions for the aged.

In the Cape Peninsula, about 1 000 whites are accommodated in five residences run by the Cape Peninsula Welfare Organisation for the Aged¹. Another two residences are currently under

1. This Organisation distinguishes between 'Homes' - full-scale institutions which provide complete social and medical facilities for economic and sub-economic aged; and 'Residences', which may be economic or sub-economic, but do not provide medical facilities. I use the term 'residence' to cover all special residential settings for the aged, unless the particulars of each are stipulated and defined.

construction. In the Peninsula there are approximately 40 additional residences (affiliated to the South African National Council for the Aged, and registered with the Department of Welfare and Pensions) which are either privately owned and managed or run by churches, trusts or companies. In terms of the Aged Persons Act (Act 81 of 1967), all homes for the aged must be registered with the Department of Social Welfare and Pensions and must comply with certain regulations in order to be eligible for registration and therefore for subsidies. There are many other boarding houses and residential hotels in the Peninsula which, though not registered, nevertheless function as de facto old age homes without medical facilities.

The different residences for whites in the Peninsula offer different kinds of accommodation: single rooms/double rooms/flatlets; with/without private bathrooms; all meals/some meals, etc. There are also other and more important restrictions: some residences are restricted to men, others to women. Some are specialised according to other criteria - for example: retired nurses, the blind, a particular religion or religious denomination. Some residences are economic, others for sub-economic aged only, and a few combine both categories. Some residences have age restrictions at entry (e.g. - only under 70) but the resident may remain beyond this age. Some residences will accept only reasonably healthy aged, and if they become ill, they must leave. Many residences will not accept mentally frail or incontinent old people.

The range then for any single individual is not as wide as it at first appears. In addition, costs vary enormously and it is almost impossible to afford an economic residence if one's sole income is an old age pension. Alexander Frater, while preparing an article for 'Punch' magazine on the 'old folks industry' in Britain (Punch, October 19, 1977), invented an aged relative and attempted to find accommodation for him along

the 'Costa Geriatrica' (i.e. the Sussex coastal area). He varied the 'uncle's' condition from mild incontinence to advanced senility, and in an area which has over 4 000 private, charity and local authority homes, he was able to find only three willing to accept 'uncle'. According to various officials of the different organisations dealing with the aged in Cape Town, housing for whites in South Africa is adequate in terms of current availability and current building programmes. The problem for the old people themselves is not that there is nowhere to go, but the cost to self-esteem that is involved. They are often unable to afford the kind of accommodation they would like and view residences classified as old age homes as cutting off their independence and taking control of their lives. This chapter will examine the validity of this view in the context of two special residential settings for the aged in Cape Town.

PINEWOODS and STONEHAVEN

Pinewoods is a Jewish old age home set in large grounds on the slopes of Table Mountain. It accommodates about 265 male and female residents (including 2 or 3 married couples) in single rooms on three floors. Residents share bathrooms. There is a central communal dining room and lounge, as well as a smaller solarium, on each floor. It also has a synagogue, library, occupational therapy and physiotherapy rooms and a tuckshop. It has a hospital wing for the chronically ill and senile, which is partially segregated from the main building.

The official staff consists of an executive director, 8 clerks/receptionists, two social workers, a matron and a deputy matron, a part-time occupational therapist, a part-time physiotherapist, several fully qualified nursing sisters, as well as many trained nurse aides, cleaners, kitchen and maintenance staff. This work force of about 260 is further supplemented by a regular group of volunteer workers from various

Jewish women's organisations. The social workers arrange the programme of activities, with the help of the volunteers.

Eligibility for residence is based on religion and age, although at the time of writing there were four residents under the age of 60. Economic and sub-economic residents are accepted and fees are established by an admissions committee. Pensions are administered for the residents by the executive director by arrangement with the Department of Social Welfare and Pensions. If an applicant is able to pay at the rate at which assessed, he is not obliged to divulge his assets. If adjustments have to be made, he and his 'interested' kin, if any, have to submit a full record of assets for assessment. This aspect will again be referred to in this chapter.

Medical practitioners assess applicants for physical and mental competence on the basis of a scale established by the Department of Social Welfare and Pensions. This, together with the economic assessment, is the basis for any subsidy which may pertain. The medical grading also determines the physical placement of the resident at Pinewoods (1st floor, chronic wing, etc) - this too will be referred to again below.

Most of the residents at Pinewoods are widowed, but there are a few married residents whose spouses live elsewhere. All are considered (by their kin and by the staff) to be incapable of maintaining an independent life-style - for physical, financial or emotional reasons. The staff at Pinewoods, as well as the staffs of the South African National Council for the Aged and the Cape Peninsula Welfare Organisation for the Aged, have noted that in recent years applicants have been more dependent and more infirm at entry than previously. Since very many of the residents had undergone at least one, and often a series, of residential adjustments before applying to Pinewoods for admission, it would seem that social policy reflects the wish of the aged to remain in the wider community for as long as

possible¹. This in turn means that Pinewoods increasingly has the image of a last resort, a no-option, final refuge. The 'no-option finality' image was one which those involved with the running of Pinewoods had been very concerned to change. The name was altered a few years ago and much effort was expended in persuading at least the wider Jewish community of Cape Town that the residence was a home for aged parents rather than a terminal institution for the chronically incapable. A building programme for an additional wing for healthy aged is in progress and was part of this effort. Although this image-building campaign was deemed valid when initiated, it was not really successful and has since become inappropriate. Pinewoods is a total institution (see p 36) as we shall see below.

TABLE G: AGE DISTRIBUTION OF PINEWOODS RESIDENTS

Years	Under 50	50-59	60-69	70-79	80-89	90+	TOTAL
Men	1	1	10	34	31	3	80
Women	-	2	26	79	68	12	187
TOTAL	1	3	36	113	99	15	267

Stonehaven is a large imposing stone building also set in large grounds, at the foot of Devil's Peak. It is a Catholic institution - both an orphanage and a residence for the aged. Although the Mother Superior is the official head of both, the two sections are physically apart and are managed and function quite separately.

1. The increased number of institutionalised aged at the national level (cited earlier) probably reflects the greater number of very old people being kept alive through improved medical care.

The section for the aged divides into two clear units - one a total institution similar to Pinewoods (known as 'the House') and the other a part-institution (known as 'the Flats'). The latter will be discussed in the next chapter and compared with the other part institution in this study, City Place. The two units of Stonehaven are physically separate as well as having different internal organisation.

The first section, 'the House', is divided into male and female wings and accommodates about 70 men and women in single rooms with shared bathroom facilities. All the women (44) live on one floor and most of the men live on the same floor, but in a different wing. A few men live on the ground floor, but this is because of a shortage of rooms on the first floor rather than to deliberate planning. Each wing has its own dining-room, lounge and sick bay, and on the ground floor there is a large common-room for all residents (including those in 'the Flats'), and also a chapel.

TABLE H: AGE DISTRIBUTION OF STONEHAVEN RESIDENTS

Years	Under 50	50-59	60-69	70-79	80-89	90+	TOTAL
Men	-	2	5	18	1	-	26
Women	1	-	1	10	24	8	44
TOTAL	1	2	6	28	25	8	70

Stonehaven has a staff of 13 nuns (including the Mother Superior) and employs two trained nurses as well as kitchen, cleaning and maintenance staff. Different nuns are in charge of the different sections (male, female, 'the Flats') and each is responsible for the welfare of the residents in that section as well as for keeping their records. In

addition to the full-time trained nursing staff, the District Surgeon visits weekly, as is the case at Pinewoods.

Although this is a Catholic institution, eligibility for residence is based solely on age. At the time of fieldwork, eleven of the 70 residents were not Catholics. Economic and sub-economic applicants are accepted, but Stonehaven has a higher proportion of residents who were indigent at entry than Pinewoods. Most of the residents in 'the House' are in the sub-economic category, whereas most, though not all, of those in 'the Flats' are in the economic category. The basis for receiving a state subsidy for the residents is the same as that at Pinewoods - economic as well as medical grading.

There are several married couples in 'the Flats' at Stonehaven, but only one married man in 'the House', and his wife is not a resident.

Applicants to both Pinewoods and Stonehaven are usually interviewed prior to admission and view the premises and their prospective rooms. Sometimes people are admitted directly from hospital. At Pinewoods there are a number of residents who first applied some years before admission and then had to reapply. There are always more applications than admissions in any given year but there is no waiting list since the building is very large, the death rate is about 60 a year, and about 12 people a year enter for short term convalescence and leave again. Pinewoods has the facilities to accept residents no matter what their physical or mental condition. Stonehaven, however, is much smaller and because residents are not discharged, no matter how ill they may become, prefers to accept people who are not chronically ill at entry. It does have a short waiting-list.

Stonehaven also has a 'no-option last resort' image, but this is viewed as a fact rather than as a problem, as in the case of Pinewoods. I see this as a function of the way in which the

two institutions are managed and of the communities they serve. The daily management of Pinewoods is in the hands of paid professional staff, but finances and policy-making (all really major decisions, in fact) are managed by an honorary committee. This committee is drawn from the wider Jewish community which was also the source of the original funding for the residence. Additional funds are raised from annual subscriptions and donations, as well as special appeals which coincide with Jewish festivals throughout the year. In addition, the Jewish community has a general fund which operates in a similar manner to Community Chest and very many of the 9 000 Jewish families in Cape Town contribute to this. Pinewoods does not receive an allocation from this fund, but many people are under the impression that it does and hence feel involved with the institution and care about its image (and occasionally even interfere in its management), although they have no direct connection.

Stonehaven, on the other hand, does not serve a particular and defined section of the community in the same manner. The Mother Superior and the nuns are not answerable to committees with greater authority, and their chief sources of funds are the annual street collection and bequests. No particular segment of Cape Town's population feels responsible for the residence in quite the same way and there is far less general community involvement in activities at the residence.

The preceding two chapters have suggested that the nature of a residential setting influences peoples' life-styles to a considerable extent. For people in 'normal' housing the effects are, of course, reciprocal, since the current life-style or the desired life-style will also influence the choice of housing. When we are concerned with special settings as the residential framework, we must investigate the characteristics or dimensions of that setting before we can evaluate

the effects on the inhabitants.

Peter Townsend, in an article entitled: "The Purpose of the Institution", makes the following comments:

"The institutional community is one which is relatively closed and artificial. Closed in that it tends to be set apart from the rest of the community as a more or less self-contained unit in buildings of an identifiable kind; artificial in that it is not a representative cross-section of the general community; it does not consist of people of both sexes and all ages, or of people held together by a network of family, occupational and neighbourhood ties. Residents are usually strangers from a wide area" (in Tibbitts and Donahue, 1962 : 392).

Kleemeier (1961, Chapter 10) discusses three aspects or "descriptive dimensions of special settings" which he names as: a) the segregate - non-segregate continuum. That is, residences are distributed along this continuum in terms of the opportunities they provide for interaction with all age groups in the community; b) the institutional - non-institutional continuum. This is the control dimension and is concerned with "the varying degrees to which the individual must adjust his life to imposed rules, discipline and various means of social control used by the administration and staff, and by the residents themselves to bring about desired behaviour patterns"; c) the congregate - non-congregate continuum. This is concerned with the group aspects of the setting - the size of the group, the closeness of individuals to each other, and the degree of privacy attainable in the setting.

Goffman (1961) is concerned with the same dimensions when he discusses total institutions thus:

"The central feature of total institutions can be described as a breakdown of the barriers ordinarily separating these three spheres of life (sleep, play, work). First, all aspects of life are conducted in the same place and under the same single authority. Second, each phase of the member's daily activity is

carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together. Third, all phases of the day's activities are tightly scheduled, with one activity leading at a pre-arranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials. Finally, the various enforced activities are brought together into a single rational plan purportedly designed to fulfil the official aims of the institution" (Goffman, 1961 : 17)

Kleemeier's first continuum: segregate - non-segregate, incorporates Townsend's concepts of 'closed' and 'artificial', and these aspects refer mainly to the external characteristic of an institution - its relations with the wider community. Kleemeier's second and third dimensions (the institutional and congregate continua) are concerned, as is Goffman, with internal characteristics.

The following sections will examine the above aspects in relation to Pinewoods and Stonehaven, drawing on case material and attempting an on-going comparison.

The Segregate Dimension

Both Pinewoods and Stonehaven are set in large grounds clearly demarcated from surrounding properties by walls and fences. Both are situated in residential areas overlooking the city and each complex of buildings is set in attractive gardens with excellent views of mountain and bay. The buildings themselves, both in size and architecture, could not be mistaken for a private home or estate and Stonehaven is a particularly imposing edifice. Both have entrances reached by a driveway and on approaching, one has a distinct sense of entering a special, set-apart environment. Both residents and visitors report this feeling.

For some, this separation is pleasurable and positive; for others, it symbolises their special (negative) needs: Mr Tomlinson often strolls quietly round the gardens at Stonehaven or sits on a bench near the entrance. He says:

"I like to walk about. I've always lived in semi's....there's different things here - trees, flowers - or the docks....and it's quiet, you see - you can even hear the birds - I never heard the birds like that before I came here. And it's safe, too - the 'bergies' (vagabond mountain dwellers) don't dare come through those gates - they can see it's an important place".

And Mrs Abrahams at Pinewoods says:

"Sometimes I sit here under the trees and write letters.....it's so nice and open and in the morning you can even smell the pines....mind you, it can blow here too.....but then I just go in...."

Mr Jacobson, on the other hand, sees neither the pine trees nor the bay:

"This drive-way, and the cars....I always feel like it's a hospital.....you know - special parking-bays for doctors and for the ambulance... once you turn the corner it's just like going to Groote Schuur...."

At Pinewoods, the sense of isolation and segregation is exacerbated by poor public transport. The bus service is very irregular and the walk to and from the bus stop is rather steep, even for those who walk without aids. There are no public amenities close by, so there can be no sense of being even an observer of the passing world going about its affairs. The entrance hall, porch and garden are quite busy during the day, with visitors and personnel coming and going, and many residents enjoy sitting in the front lobby where they can see the 'goings-on'. For the observer and for regular visitors, the sight of a row of old people on the porch or lining the walls of the foyer serves to emphasise the separation of the 'inside' world from the 'real' world. But for the residents this human traffic is important as a source of entertainment and novelty, a source of information, to be discussed and passed on. Delivery men bring medicines and parcels to the reception desk and the residents speculate and gossip about them: "See that cake? It must be Mrs Behr's

birthday". "I told you Mr Levy wasn't well...there he comes now, back from the hospital".

Not all Pinewoods residents use the front areas as their contact point with 'outsiders' - and this will be referred to again later in this chapter - but several wheelchair patients frequent the area and specifically ask to be taken there. At Stonehaven there is no reception area and residents' vicarious 'participation' in the 'outside' world is much more dependent on individual physical condition. On the other hand, for those who are ambulant and well enough to move about independently, outside amenities are more accessible. The bus stop is at the main gate, and a library, post-office and several shops are in the immediate vicinity. In addition, the bus service is more frequent and more regular in this area.

Visitors are welcomed by all at both residences and the staff encourage relatives and friends to visit frequently. Visiting hours are not restricted, although most people visit during the day and avoid meal-times. Townsend suggests that "perhaps the most distinctive feature of institutionalised populations - is the absence of close relationships between three generations" (in Tibbitts and Donahue, 1962 : 393). Of course this is so since institutions tend to be segregated by age or sex or both. And in specialised homes for the aged, the inmate population are all over 60 and the staff all adult. However, whether the fact of living in an institution necessitates less frequent interaction between the generations, is questionable. The age structure of the social networks of informants at Pinewoods and Stonehaven was no different from that of the 'independents' discussed in Chapter Four, and in some cases the residents' range of social contacts with outsiders was expanded. Childless people, or people whose children do not or cannot visit frequently, often show keen interest in the children and grandchildren of other residents.

I am not suggesting that institutionalised living for the aged leads to greater integration between the generations. Old age homes are, by definition, segregated living arrangements for older people and, in terms of frequency, there is more interaction with peers than with other age groups. The above comments simply make the point that this situation often pertains equally for elderly people in 'normal' housing.

There are two physical features shared by both residences which contribute significantly to the sense of separation from the wider community - and neither is related to the institutional aspect per se. Firstly, both residences are situated on the slopes of Table Mountain and since the majority of residents of both homes are relatively physically frail, and do not drive, the steepness restricts them to the grounds of the respective homes. In the case of Pinewoods, the largest garden area is itself steep and sloping, and though very pleasant, it is never used. Secondly, both areas are notorious for strong south-easterly winds, particularly in the summer. Both factors keep people indoors or within a very limited area and contribute significantly to feelings of being separate and restricted.

I asked staff and residents at both homes whether it would make any difference if the residences were situated in Sea Point - which is flat and has a temperate climate. This was the only question asked on which there was unanimous agreement. All agreed that if the residences were in Sea Point, people could and would go out more often. The point most frequently made by staff was that residents would be able to do more for themselves - bits of shopping, visits to the chemist, hair-dresser, post office, etc. - instead of being cared for and catered to by having things delivered. It would broaden the range of independent action for very many more residents. The point most frequently made by the residents themselves was that in a flat, windless area like Sea Point, they would be able

to meet friends at 'ordinary' (normal) places such as cafés, the cinema, a bench on the beachfront, instead of being dependent on lifts or other people's time schedules. In other words, they would be able to visit, to initiate actions and programmes independently and outside of the physical boundaries of the institutions instead of being visited and waiting passively for the initiative of others.

But perhaps the most important component of the segregate dimension lies in people's perceptions, rather than in objective circumstance. Residents, staff and visitors all used language that indicated clear perceptions of 'inside' and 'outside'. The most frequently used word to describe that distinction was 'here'. My field-notes are scattered with such phrases as "It's different here"; "you see, here we eat early"; "here, we just sit round"; "you can't really do that here"; "it's very comfortable here"; "no-one wants to come here". All these comments, and many more, carry a clearly implied contrast between 'here' and 'there' - 'inside' and 'outside'. It is noteworthy that the phrasing denotes place rather than expressing what Ross has called 'we-feeling' (Ross, 1977 : 5). This notion will be discussed again later when we consider whether the populations of these residences operate as communities in any other than the territorial sense. For the moment it is sufficient to note that at both Pinewoods and Stonehaven it is the staff who imply communality when speaking of the residents, and not the residents themselves.

There are additional factors which contribute to the perception of Pinewoods and Stonehaven as segregated entities. Most residents were strangers to one another on admission and, as has been indicated above, most entered in 'no-option' circumstances. The files at Pinewoods record very clearly the reasons for entry: failing health, inadequate income, mental frailty, abject loneliness believed by family or medical practitioner to be contributing to mental/physical decline,

kin no longer able/willing to support the applicant, a desire for the company of peers in a protected environment. Stonehaven has much the same record but proportionately more residents who were abandoned/rejected by kin or referred by the police or hospital services.

Whatever the particular individual reason for entry and irrespective of the success (or otherwise) of individual adaptation to the new environment, all but the most senile residents are fully aware that entry into these institutions marked a new and final phase in their own life-cycles - that of dependency. However dependent individual residents may actually have been prior to admission, the fact of living in independent housing allowed some measure of feeling integrated into the wider society. Whether residents resent the dependency or accept it graciously, admission to a total institution is a cut-off point in their lives. Some residents (only a few, as we shall see later) play down the segregation aspect and talk of integration into a new way of life, but all are aware that their special needs as a group, make them a 'society apart'. Mr Levinson put it this way:

"You've got to be strong in your mind as well as your body if you don't want to let it get you down. You see, even if you are feeling well and fine and you go out for the day, you still have to come back here....and then....you have to come back early, if you don't want to miss supper....and Mr Levy's coughing keeps you company.....and the nurse brings Mrs Abel to the lounge in a wheelchair....although she was walking with a stick only this morning. You see, you can't really get away from it here.....even if you're feeling fine....and sometimes you can get very depressed...."

Pinewoods has one other aspect related to perceptions of segregation not shared by Stonehaven. Most of the Jewish community know of its existence and very many have had relatives or friends, or friends of friends resident there. They have been to and seen or heard about the place and the people and have formulated some idea of 'there'. It is not surprising

then, at entry, that they continue to dichotomise and 'there' translates into 'here'. Several residents at Stonehaven had never seen any old age home prior to their own entry and most had had no connections whatsoever with Stonehaven itself.

Clearly, from the above description, neither Pinewoods nor Stonehaven can be placed at the extreme segregate end of the segregate - non-segregate continuum. A maximum security prison would probably be the institution closest to that position. But equally clearly, both residences have a segregate dimension in objective as well as subjective terms and this dimension is perceived more or less consciously (explicitly) by residents, staff and others concerned with the institutions and the people they house.

The Institutional Dimension

Total institutions for the aged are established essentially to care for old people considered to be both incapable and harmless. Since the residents are considered incapable of caring for themselves or managing their own affairs, there must be a body of people to do this for them. Thus there is a basic dichotomy between the managed, dependent group, the residents, and the managing, capable group in control, the staff. However, since the residents are also deemed to be harmless, the formal control framework of rules and regulations need not be too limiting and these are usually explained as being 'good for them'. Other regulations flow from the very nature of the institution: "the handling of many human needs by the bureaucratic organisation of whole blocks of people.....is the key fact of total institutions" (Goffmann, 1961 : 18). On the other hand, most modern residences for the aged are called 'Homes' and the staff emphasise the need and the desirability of making the residences as home-like as possible.

Neither Pinewoods nor Stonehaven has elaborate formal rules of conduct. Residents are told that valuables should not be kept in their rooms, that cooking in the rooms is not allowed, that medicines must be taken under supervision, and that a senior member of staff must be notified of a resident's intention to stay out overnight or go away on holiday. Most controls relating to the total inmate population involve the regulating of the use of space and time, but others, though less formal, concern individual decision-making.

a) Control of Space

At both Pinewoods and Stonehaven, rooms are allocated to residents by staff on arrival. There is rarely any choice in the matter. At Pinewoods, a person is allocated to a particular floor on the basis of health status; at Stonehaven, according to sex. At neither residence are people allowed to bring large pieces of their own furniture with them (beds, dressing tables, etc). It was explained to me that a) "we don't know what condition their beds are likely to be in", and b) many old people have large and heavy pieces of furniture which are too bulky for the rooms and which would make cleaning difficult. Both residences encourage people to bring smaller, favourite pieces (a mirror, a chair, paintings, etc.) and residents may arrange these as they please. At both residences the women's rooms contained more personal effects. Many displayed their own handwork in rugs, bedcovers and cushions, and often during interviews, photographs would be brought out and discussed, or some object in the room would be the spark for a string of associations. The men's rooms, in general, reflected less of their personalities or their past histories. The less stark men's rooms had usually been arranged by a female relative, one exception being a man at Pinewoods whose cluttered room bears testimony to his many activities. He serves on various outside committees and attends to much correspondence for these, and also enjoys 'fixing things' for many of the residents.

The spatial arrangements at both residences are designed to facilitate the supervision of residents by staff. This applies to the private area - the resident's own room - and the public areas - the dining-room, lounges, etc. In a total institution where, as we have said, all aspects of an individual's life occur in the same place, this supervision is not to be likened to that in a work situation, for instance, where it may take the form of guidance or periodic inspection. Here, it is rather surveillance - a constant, watchful eye checking that the resident is where he should be, doing what he ought.

At Pinewoods, residents are assigned to floors according to their health status - the crucial feature of which (for this purpose) is to determine the degree of dependency. The medical (or hospital) nature of the allocation is underlined by the fact that the person responsible for each floor is a nursing-sister assisted by nurses and nurse-aides. All at Pinewoods know that if their physical condition deteriorates they may be moved up one floor, or two, or possibly 'removed' to the chronic wing. Residents do not want to move. They have often formed friendships on their own floor, they prefer the surroundings that have by now become familiar, and moving up physically really means deteriorating (or moving down) in terms of independence and general self-control. The institutional dimension lies in the fact that they have no control over this decision. They do not move - they are moved.

The system is based on two factors. This arrangement facilitates practical efficiency for the nursing staff who care for the residents with a similar degree of dependency in a 'batch', as it were; and, more importantly from the residents' point of view, the sick are not quite as constantly on the view to the well as a possible reminder or warning of what may lie ahead for them.

Meals are served in the communal dining-room for residents who do not need feeding, and several wheel-chair residents from the upper floors are wheeled there by nurses. Each of the upper floors has a large room called a solarium, which serves as a dining-room/lounge for the residents on those floors. Many of these residents need help and supervision at meal times.

The institutional dimension regarding meal-times will be discussed in the next sub-section - but in this context, it relates to two aspects. Firstly, the food itself and the predictability of menus. Food becomes very important in institutional settings. Elderly people have much leisure time, and meal-times are one way the day is regulated. Secondly, meal-times are social occasions and the food served always provides a topic of conversation even beyond the bounds of the dining-room.

Very few residents at Pinewoods complained about the food - most said the quality was satisfactory and there was always plenty, but almost everyone interviewed mentioned the boring predictability. One resident was most dissatisfied and insisted that her daughter accompany her to a meal and then write a letter to management to complain. This occurs from time to time, but is usually settled amicably. Mrs Lessing summed up the situation:

"The kitchen staff have a hard job to prepare meals and teas for so many of us - and don't forget lots of people here have special food....there's nothing wrong with the food.....it could look nicer, I suppose....but it's not a fancy restaurant after all. The only thing is, that after you've been here a while, it all tastes the same. The first few weeks are quite exciting - specially for me.... I didn't bother much with cooking when I lived on my own and I put on quite a lot of weight when I first came here.....but then you get used to it and you know it's always fish on Fridays and lunch is this or that or the other. But my daughter always brings me something nice and I go to her on Sundays... I've got no complaints really - but some people

complain all the time - you'll find that those are the same ones who complain about everything... some people are like that....nothing pleases them...".

The dining-room at Pinewoods is large and airy, and tables seat four or six. At meal-times the room is filled with bustle and chatter as residents discuss the food, the news of the day, and argue about whether or not to attend the activities advertised on the notice-board.

Residents are allocated to tables at both Pinewoods and Stonehaven and, according to management, this reduces friction and potential squabbles. Residents can ask to change if they are unhappy but all know that this is frowned upon and only done 'with good reason'. Serious quarrels do occur occasionally and then changes are made by the catering supervisor and the welfare officer, but many people have eaten together for some years and some very close friendships have grown out of dining together.

The public areas - all the lounges and the gardens - are open to the residents all day and there is little formal supervision in these areas, except for those residents who need to be wheeled out or who have 'special' nurses assigned to caring for them 24 hours a day. Several residents who are not ambulant complained to me that they often had to wait in their rooms for a long time before attendants fetched them or saw to their needs. This would seem to be a feature of their dependency rather than institutionalisation, although the number of residents and the length of the corridors are perhaps factors contributing to their perceived discomfort (sometimes articulated as neglect) in this regard. Other aspects of the communal rooms I shall discuss in the section on the congregate - non-congregate dimension.

One other factor has great importance for residents and refers directly to the institutional dimension. At admission, financial arrangements are made with the admissions committee.

Residents who control their own legal and financial affairs are aware of the measure of independence they retain by so doing and consider themselves part of a small and unspecified elite. Very few residents are in this position and this is related to reasons for entry and the responsibility for the decision to enter. Mr Harris expressed his feelings in this way:

"I was living at the Savoy Hotel in Sea Point, but I wasn't very well and needed some hospital treatment. While I was in the nursing home I had some discussions with my children and we all thought Pinewoods might be a good idea because we all knew it wouldn't be the last time I'd need a hospital.... so my son came to see them here and he said it was O K and I came straight from the nursing home..... I pay my own way, thank God, I don't need anything from my children - so I didn't tell the committee all the details about my personal affairs....as long as they get my cheque every month they don't worry me and I don't worry them. Some people here have really got nothing and it's hard on their children - but what can you do? Thank God I don't have to ask.....and my children can look forward to a good inheritance too....."

Most people are not as fortunate as Mr Harris. If their relatives can pay the full rate, no questions are asked, but if not, they must give full details of their financial affairs so that the appropriate rate can be established. Some residents simply accept this as the duty of children and kin, others are sad and bitter about it. Mrs Liebermann rationalised it thus:

"My daughter said I should come and live with her, but I knew that wouldn't work and she knew it too... Young people must live their own lives....so her husband....he's a good man.....and my son, together they made the arrangements. It would cost them if I lived with them and here at least I'm no trouble to them if I get sick....I have a little money of my ownenough for what I need.....you know they say if parents have to support children, they both smile, but if children have to support parents, they both cry....I'm lucky, my children don't cry, so I don't cry....."

Many residents are unaware of the costs involved. They are simply told that everything has been arranged and that the

Home will manage their pensions. This latter fact gives the desired impression that the pension covers costs and the matter is not referred to again. Several kinsmen of residents have instructed management to inform them directly of any material needs so that the residents will not know the source of payment and will not feel beholden.

The reception office administers 'pocket-money' for residents and also hands out cigarettes which are donated to the Home. Residents who manage their own finances do not use this service. It is intended for those whose kin leave a fund for this purpose and the home provides such 'pocket money' for those who have no resources. The amount that may be drawn at any one time is limited ("for their own good, because many are careless and forgetful") and has to be requested from the reception desk in the lobby. Occasionally, relatives have forgotten to replenish this fund and residents themselves often forget that they have already drawn their day's allocation. Money may be drawn only until a certain time in the afternoon. Since many residents are hard of hearing or confused about the precise regulations, hardly a day goes by without long and loud 'explanations' overheard by all who happen to be in the foyer at the time. Mr Jacobson commented thus:

"I'm sure they could find some other way of handling the 'pocket-money' business....it's not so much that I mind some of the others hearing Mrs R telling me there's no money left.....we're all in more or less the same boat here - except for the few very rich... it's being treated like a child that I resent.... you have to ask and you have to take their answers - what else can you do?.....some of the people here are like children.....Miss Aronson goes to get money four or five times a day....she doesn't understand how it works.....but we're not all the same..... we're not all children.....".

Two aspects emerge from these comments - the first concerns perceived wealth differences and the second, the way in which administrative decisions are accepted by residents.

Several residents implied differential attitudes from staff in the following ways: "You get better treatment here if you're rich", or: "Miss Gutkind's brother is on the committee, that's why she's got a bigger room", or: "if you've got money or important friends they speak different to you - maybe they think you'll tell your friends...". A few 'outsider' friends and relatives of residents made the same sorts of comments but could not or would not cite specific examples. Residents, too, never made these observations when chatting in the public areas or in groups, but only in conversation alone with me. Throughout the entire period of observation at Pinewoods I was unable to find evidence of preferential treatment of this kind, and staff would become most indignant when questioned, although the welfare officer volunteered the information that such opinions existed.

All residents are allocated rooms and treatment according to their reported health status - but there are two distinct areas where dissatisfaction can occur. There is a very large staff of nurses and attendants, and some are more attentive than others, as in any establishment with many employees. Most residents - even those who complain - accept that this is not the fault of management, although it is the latter who receive, and deal with, the complaints. The second area is not clearly perceived by the residents themselves, but several of the staff expressed concern about it. This relates to the recommendations emanating from the medical report itself. Several residents are attended by private doctors who are under pressure from residents' kin not to allow the residents to be moved - particularly not to the 'chronic' wing. Somehow, this is seen to reflect adversely upon the kin, and as it is the doctor who makes the recommendations to the matron and to the Executive Director, there are several residents receiving private medical care who, in the opinion of many of the staff, should be accommodated elsewhere.

The second factor, which, albeit indirectly, stems from Mr Jacobsen's comments, relates to the manner in which residents accept decisions and procedures. The passive manner of quiet acquiescence is a factor which contributes significantly to the institutional atmosphere. Things are done to and for residents with very little initiative shown by them. This would seem to be a function of the very state of dependency which brought them to Pinewoods in the first place, coupled with a fatalistic attitude that they have no option. I found no indication that punishment or negative sanctions by staff would follow if residents objected or suggested alternatives and, in fact, the records show that about twelve people a year leave the home - a few because they are not happy. However, it is true that most people do not have anywhere else to go (of which they are well aware) and passive acquiescence would seem to be an easy method of adjustment. I do not wish to suggest that very many residents would voice objections if they had an alternative, but I am suggesting that advancing age combined with some considerable degree of dependency in the institutional setting serve to create and reinforce a tendency to maintain the status quo.

Mr Roberts is an exception to the above. He writes many letters to the Director and to the Welfare Officer suggesting changes and criticising various aspects of the formal organisation. He writes in the name of 'the residents' but, in fact, is a self-appointed spokesman. He often urges action among a little group of intimate friends and has asked for representation on the committees, but, though his friends nod and murmur support for his various causes, they are not really interested enough to initiate action. Many of the staff consider Mr Roberts a bumptious nuisance, while acknowledging that his interest and involvement in the affairs of the home are "good, and healthy, for him".

At Stonehaven, an atmosphere of passivity is even more noticeable. This is partly related to the smaller number of

residents and staff which creates less noise and bustle, and partly to the residents' use of space, although this latter aspect does not seem to be directly regulated by staff.

At Stonehaven, residents are accommodated in male and female wings. Each wing has its own dining-room, sun-porch and sick-bay, and men and women always eat separately. A tray is taken to those residents who need feeding and they are helped in their rooms. The lounge is in the women's wing on the same floor, and several men gather there to watch television in the evenings. The activities and opportunities for social interaction will be discussed in the next section.

The institutional dimension here, as at Pinewoods, lies in the regularity of meal-times, the food served, and the supervision. The average age of the women at Stonehaven is higher than Pinewoods (82 and 78 respectively), and the women tend to remain in their own rooms more than at Pinewoods. The matron's office looks onto the sick-bay and the sunporch, so that one is always conscious of a watchful eye. The sick-bay is pleasantly furnished and has more of the appearance of a colourful dormitory than a hospital - but the atmosphere is always very subdued no matter how many or how few people are in it at any one time.

The chairs in the lounge are arranged in rows for television and I have never seen anyone use the lounge during the day. A few women sit on the sun-porch, chatting now and then, and the rest simply remain in their rooms doing handwork or resting, while a few help the staff with various light chores. Many of the men, too, remain in their rooms, while others are to be seen wandering about the building or the grounds or sitting and smoking in the garden. More people, proportionately, at Stonehaven are involved in tasks and chores which contribute directly to the running of the home than at Pinewoods, but the general level of activity is lower (see next section).

All residents must inform the sisters if they wish to leave the premises for any reason, but some residents have created problems in this regard. Several residents have had to be brought back by the police because they have wandered away, become confused and not known where they were. One man has a tendency to wander about at night in his pyjamas. As a result of these various cases over the years, as well as the greater pressure on the smaller staff, surveillance is more blatant at Stonehaven than at Pinewoods.

In addition, several of the Stonehaven residents, both men and women, had drinking problems prior to admission. I gained this information from the staff and from hints by one or two residents about others - never directly from those alleged to have this problem. The sisters keep a careful watch for excess alcohol on the premises and attempt to overcome the problem by "giving them their little drink" every evening at dinner.

Residents at Stonehaven are even more aware than those at Pinewoods of the 'no-option' nature of their situation. Five of the residents were themselves reared in the children's home of the same institution - in Cape Town or in Port Elizabeth - and two have had their children reared in the home. At Stonehaven 14% of the residents have no kin at all - compared with 4% at Pinewoods - and 23% have no kin in Cape Town, compared with 16% at Pinewoods.

The most striking difference that emerged in interviews was the difference in attitude to the respective residences. All the residents interviewed at Stonehaven expressed profound gratitude to the institution "for taking me in" and no-one volunteered complaints or grumbles. Mr Brown's attitude was fairly typical:

"I was living in this boarding-house, see....it wasn't up to much but I made do....then I got sick and the ambulance took me to hospital and

the landlady at the boarding-house wouldn't take me back.....said I'd only get sick again and she didn't want the trouble.....so I landed up here.....it's a good place.....the sisters are so kind.....I keep to myself and I haven't been too sick since I've been here so I'm not too much trouble.....don't know what I'd have done if they hadn't taken me in.....".

Mr Brown has one daughter whose address is unknown and who contacts the home once or twice a year to find out whether her father is still living, but she never visits.

At Pinewoods, although residents compliment the home on its care and facilities, there is much more expression, or near expression, of resentment at being there. The resentment is diffuse - directed at themselves, their families, the world in general, and not articulated very explicitly, but it is nonetheless there. There seems to be a contradiction between the principle of an old age home, which is deemed positive, and the attitude towards personal experience, which is mixed but almost always has some negative component. It is as though Pinewoods residents are saying: charity is good and necessary - for others; whereas Stonehaven residents seem to be saying: how fortunate for us that charity exists.

b) Control of Time

At both residences time is formally structured for the residents round meals, and parts of the day are frequently referred to as 'before' or 'after' meals. As in most institutions, meal-times are comparatively early to allow the staff to leave at a reasonable hour. Residents at both homes reported difficulty in adjusting to the earlier times, particularly when they were first admitted, but all agreed that "you get used to it eventually" like all the other facets of institutional living. Mrs Lane reports:

"At first I felt like a baby - eating my lunch at 12 and my dinner at 5 - but you get used to it.... and as Sister says, the staff also have families to go home to.....".

Miss Parkins says:

"At first I just couldn't get used to eating so early.....I used to run a boarding-house myself and I always ate late....I thought I'd enjoy being waited on for a change, but it took a while before I got my appetite working at the right time!".

Several residents at both homes echoed Mrs Weinberg's sentiments:

"I don't mind eating early - I'm used to it now - but it's a nuisance when you go out - you must always be home earlier than other people....."

This factor was mentioned by all the people interviewed who do leave the residences fairly regularly, whether they are taken out or go out on their own. The early meal-time serves as a constant reminder that they are not in complete control of their own lives - a reminder of their actual dependency despite the illusory independence of their few hours' outing.

Since all rooms are serviced, residents are disturbed by cleaning staff in the mornings at a particular time - over which they have no control. The time between meals is, of course, 'free', but certain regular events occur at both residences which structure the week, and round which residents schedule their other activities. Such events are the visit of the district surgeon, the hairdresser, the physiotherapist and, at Pinewoods, the daily occupational therapy sessions. Television time and activities programmes are also part of the routine. This regular scheduling of events and activities for residents by staff and management is a key feature of all institutions, and to a considerable extent symbolises residents' dependence and underlines the fact that others are responsible for making decisions about when one should do what. Yet, compared with the 'independents' discussed in the previous chapter, this aspect of institutional living for the elderly is welcomed. Miss Fayman, who had kept house for her bachelor brother for many years, expressed the matter

this way:

"I ran the house and sometimes helped him in the shop. We never made much from the shop so there wasn't much to do.....then we retired and there wasn't any money to spare so we never went anywhere really, and with just the two of us at home, the days just passed.....on and on... and then when we came here....there was so much going on.....always something.....and no worrying about money or whose turn to do the washing up..."

Miss Fayman seldom participates in the organised activities, but like many others takes pleasure in anticipating the events, weighing up whether to go or not and discussing them with others. Many of the 'independents' maintained an equally rigid daily schedule because setting a time for something to take place - even if that something is an afternoon 'nap' - structures the day and seems to give it some purpose.

The Congregate Dimension

As stated above, this dimension refers to the group aspects of the setting - the opportunities for interaction on the one hand, and the possibilities for retaining privacy on the other. It is particularly in the context of this dimension that individual preferences and past behaviour patterns have to be taken into account when attempting to assess the effects of institutional living. It seems clear that the more the institution is segregated from the wider society, the more it symbolises the residents' dependent qualities and their distinction from others of all ages. For most of the people interviewed in this study - other than the handful who had attended boarding-school or served in the army - the segregate and institutional dimensions offered a new framework for experience. The congregate dimension, in the sense of providing opportunity for interaction and group activity,

is something everyone has experienced in one form or another, but it is also an area where personal disposition and past interaction strategies manifest most clearly. By entering a total institution, willingly or reluctantly, the individual must eventually come to terms with both the segregate and institutional dimensions. By virtue of his continued residence he has little choice in either of these spheres. The congregate dimension, by comparison, (other than meals) offers the greatest scope for individual decision-making and the decisions the individual makes will depend on his energy and his behaviour repertoire (following Kleemeier, 1961).

In both homes the only way privacy is attained is by remaining in one's room. At both homes bathroom facilities are shared, meals are communal, and any actions or activities outside of one's own room are clearly visible to all. Most residents at both homes consider their own rooms private territory and others are not encouraged to enter one's room without knocking and seldom without an invitation. Indeed, one major cause of complaint by some residents at Pinewoods was that "some of the people here are confused most of the time and go about barging into other people's rooms. They don't mean to intrude....but if you can't have privacy in your own room, what's left?".

Most residents at both homes rest in their rooms after lunch - a habit common to most of the 'independents' too. Other than that period, however, there is a striking difference between the two homes which is evident to even the most casual observer: more of the residents at Stonehaven stay in their rooms for more of the time than at Pinewoods. The difference is noticeable immediately. The corridors at Stonehaven are empty and quiet, the lounges empty and only two or three people are to be seen in the sun-porches or in the grounds. Two or three more help with various tasks and chores on a regular basis, but the rest can be found, alone, in their rooms. Some

residents seem to rest all day, for no matter what time I would visit, that was all I ever saw them do.

At Pinewoods, on the other hand, (other than after lunch) the foyer is always crowded, several people line the porch, there is always someone in the lounges and on each floor people are in the corridors or the solarium - usually both.

Of course, the respective groups are vastly different in number. There are only 70 residents at Stonehaven, but 267 at Pinewoods. But certainly part of the reason lies outside of group size and is related firstly to the individuals themselves, and secondly to 'unwritten' policy. The two aspects themselves inter-relate to produce 'subdued' and 'busy' effects, respectively.

Kleemeier (1961, Chapter Ten) suggests four combinations of high and low energy expenditure with high and low behaviour repertoire. The stereotype of the normal older person is closest to the low energy, high repertoire combination. Such people are content to follow imposed routines because energy demands are small: they are also responsive to appropriate activity programmes designed for low energy such as are traditional in old age homes. Many of the 'independents' we saw in Chapter Four fall into this category, where low energy results in diminished activity but high repertoire allows satisfactory levels of compensatory adjustment. A second combination - low energy and low repertoire - comprises people most needy of the care (services) of a highly institutional setting since they have neither the energy nor the initiative to cope independently any longer. The two categories comprise the bulk of both residential populations.

During the first period of fieldwork, I gained the impression that Pinewoods had proportionately more residents in the first category and Stonehaven more in the second. After extensive interviewing however, and particularly through the taking of life-histories, I concluded that the differences in atmosphere

suggested above, lay not in different behavioural repertoires of the residents through some freak self-selection process, but rather in the opportunities for the expression of those repertoires. And this relates to the second feature mentioned above - that of 'unwritten' policy.

Stonehaven seems to have a 'laissez-faire' policy. No activity programmes are provided for residents during the day on a regular basis. There is an annual outing arranged by one of the Lions' clubs and a film evening once a month. Residents are not encouraged to attend concerts or theatres for which they are eligible to receive pensioners' concessions, because transport would be a problem. (They are also not discouraged from doing so - these events are simply not brought to their attention). Those residents who volunteer assistance in the various tasks and chores are warmly thanked and encouraged in these activities, but residents are not actively recruited to help. In other words, the 'unwritten' policy states that physical care and the retarding of further deterioration is the prime aim of the institution and the implicit assumption is that those residents who do not initiate activity are happiest left alone. The sisters frequently 'pop in' and visit the residents in their rooms, ask how they are, chat for a few moments, admire a piece of handwork or enquire about a relative, and are off about their duties again. There are far fewer visitors and visits are far less frequent at Stonehaven than at Pinewoods. Visitors are certainly encouraged, but a larger proportion of residents have no kin in Cape Town and a larger proportion have been abandoned by kin and friends.

The situation at Pinewoods is very different. These people are actively encouraged to leave their rooms and often almost forced to attend the various activities provided. There are daily occupational therapy sessions in a room set aside for this particular purpose, frequent physiotherapy sessions (once

a week at Stonehaven), a weekly 'short story' group (reading aloud), a weekly classical music afternoon, weekly film shows and exercise classes. Special day-outings are offered a few times a year and residents are encouraged to attend concerts and plays and are transported in the home's own bus. Most of these activities (including a hairdresser, beautician and chiropodist) are arranged by the Welfare Officer, but carried out by volunteer workers drawn from the wider community. A few of these volunteers have relatives or friends who are residents.

Despite this very active programme, only 50 or 60 of the Pinewoods residents regularly participate in these activities. The effect generated, however, is one of busyness and the provision of talking points and observation for the non-participants.

This effect carries over into the dining-room, which is the most congregate dimension of both residences. The hum and chatter at Pinewoods have been referred to above. The contrast with Stonehaven is evident. There, residents sit quietly, seldom more than two or three at a table and retire to their rooms equally quietly. There is little to discuss on any given day and little news to share. 'Keeping to oneself', if not positively articulated as a value, is certainly observed.

The personal choice factor operating within the congregate dimension and referred to above, is seen more clearly in the almost coercive activity atmosphere of Pinewoods. At Stonehaven, residents seem lulled into non-activity by the lack of demand to be active. Yet not one resident complained of boredom or inactivity. The most frequent sentiment expressed, as I have already indicated, was that of gratitude for the security offered at Stonehaven. And since less is done for residents than at Pinewoods, there is greater semblance of

independence - albeit passive independence. Mrs Longman epitomises this balance:

"I do what I can to help sister....different jobs... depends what needs doing.....the sisters are so kind here, they really love everyone.....the least I can do is to help where I can.....the rest of the time I read or knit or just rest.....I do whatever I feel like doing.....no, I'm never lonely..... sometimes I visit Miss Rose down the passage....or I pop along to the sick-bay to cheer them up....I just do whatever I feel like doing....that's one good thing about being old - no-one minds if you don't feel like doing much...."

At Pinewoods, several informants expressed much the same basic attitude as Mrs Longman, but often a certain self-consciousness about inactivity or non-participation was implicit. Mrs Berson expressed her preference in the matter quite explicitly:

"At my age (87) I'm entitled to do as I like - I like being alone a lot of the time - I always have..... I can entertain myself quite well, thank you.... I usually have a little chat with a few of the ladies in the afternoon, in the lounge - and if I'm not in the mood for them, I just stay right here in my room. My daughter always nags me to join in, join in....says it will be good for me.....she's a good person, but I think I've lived long enough to know what's good for me....."

Many Pinewoods residents would list the home's activities with pride in response to the request: "tell me about your weekly routine". When observing who participated and who did not and finding these people absent, I would go back and ask questions and would be met with a series of excuses: "I went to the hospital that morning and I was tired"; "Mrs X said she didn't think that would be a good concert so I didn't go"; "I went to Bingo last week so I thought I'd give someone else a chance". Very few people simply said "I didn't feel like it". They were certainly making independent decisions about their degree of participation, but where those decisions were in conflict with the prevailing ethos of congregative activity being desirable, few people were going to admit those

decisions. For these people, the ongoing activity programmes emphasised, by contrast, their own diminishing activity levels (negatively valued), but as long as this contrast was not exposed they could reflect, vicariously, the activity levels of the institution.

The prime aim of Pinewoods is also to prevent further deterioration where possible, through efficient medical care and providing an atmosphere of maximum security, but the underlying assumption is different from that at Stonehaven. At Pinewoods the assumption is "that activity is good for all old people whether they think so or not". That neither assumption holds completely for all people at either institution is illustrated at Pinewoods by some people expressing resentment at being 'forced' to participate, whereas others feel the need to disguise their non-participation. At Stonehaven, the fact that many residents participate readily in the activities that are offered - notably a regular, though informal, evening prayer - suggests that higher activity levels could be achieved and would be positively accepted.

This chapter set out to examine two institutionalised residential settings for the aged in Cape Town. Three descriptive dimensions formed the framework within which to examine the effects of such settings on the life-styles and self-images of the resident aged populations. The following chapter will utilise the same framework to examine the degree of constraints operating within two part-institutions for the aged, and will include some comparisons with the total institutions described above and the 'independents' described in Chapter Four.

CHAPTER SIX

PART-INSTITUTIONS - A COMPROMISE?

In Chapter Five we examined the lives of old people in two total institutions in Cape Town. The presentation included formal descriptions of these institutions and, following Kleemeier (1961), considered the effects of three dimensions - the segregate, the institutional, and the congregate - on the daily lives of these people and on the meaning of old age for them. Both through the general descriptions and the detailed cases, we saw that for most people the total institution was a 'no-option' solution to various problems in old age. Even when the decision to enter such an institution is made by the individual rather than for them, this cannot be construed as exercising any real choice.

Part-institutions, on the other hand, are closer to the 'normal' housing discussed in Chapters Three and Four. Their distinguishing feature compared with 'normal' housing is that chronological age itself is the criterion determining eligibility. Choice is involved here to a considerable degree, and will therefore be one of the aspects considered in this chapter.

What, however, is a part-institution for the aged? It differs from 'normal' housing in that it is a residential setting designated specifically for a particular horizontal segment of society - the over 60s. It differs from Townsend's definition of the institutional community (op.cit., 392) (see p 109) in being less "set apart from the rest of the community" than total institutions. It is, however, also 'artificial' as described by Townsend (ibid).

In relation to both Kleemeier's three continua (op. cit; see

p 110) and Goffmann's discussion (1961 : 17, see p 110), the difference, when compared with total institutions, is one of degree.

Not all part-institutions operate in quite the same way, and this chapter will examine two such residences, drawing comparisons through the description.

Whereas one of the residences, City Place, purports to operate, according to its manager "like a residential hotel", the age-eligibility factor carries many implications. Stonehaven's 'Flats' also have some particular characteristics resulting from their proximity to the 'House'. In the terminology of the Cape Peninsula Welfare Organisation for the Aged, which runs City Place, part-institutions would be designated 'residences' and not 'homes' (see footnote 1 on p 101).

CITY PLACE and STONEHAVEN FLATS

City Place is an economic residential home for the aged run by the Cape Peninsula Welfare Organisation for the Aged, set in pleasant surroundings near the centre of the city. It is a modern building which accommodates 241 men and women (including seven married couples at the time of fieldwork) and offers three types of accommodation: single room with bathroom; single room sharing bathroom with three or four others; and flatlets, comprising two single rooms, bathroom and separate toilet in one unit. The rent includes servicing of rooms and two meals a day. There is a central communal dining room and a small central lounge. Each of the five floors has two sun-rooms, two tea-kitchens, a public telephone, and an ironing room. There are no medical facilities at all.

Less than fifty yards from the main entrance of City Place is the Service Centre - a separate organisation, but also run by

the Cape Peninsula Welfare Organisation for the Aged. The centre has a library, a large lounge, dining-room, a hall with stage, two bridge rooms, a kitchen for members' use, and an arts and crafts studio, which also operates as a physical exercise room. The centre also houses and administers the 'Meals-on-Wheels' kitchen, which operates independently from the main kitchen. The main kitchen serves both the Service Centre's dining-room and that of City Place.

The manager of City Place is an employee of the Cape Peninsula Welfare Organisation for the Aged and supervises the staff and residents. He also serves on the management committee. There are four additional staff and 35-40 kitchen and maintenance staff members with varying tasks and degrees of authority. The manager, assistant manager and floor supervisor all live at City Place.

The Service Centre has two full-time staff members assisted by part-time instructors in various activities, and further supplemented by volunteer members.

Eligibility for residence at City Place is based on age and on the ability to pay the rent. Religion is not asked at all but, according to the manager "class is important. If I feel that people won't fit in, I tell them so - and I've had to do this on a number of occasions". A further criterion is health status. Again, according to the manager "applicants must be of sound health - that is, they must be able to operate as though they were living entirely independently". The relevant clause in the legal agreement entered into between resident and the Cape Peninsula Welfare Organisation for the Aged is as follows:

"5 (n): Should the RESIDENT, in the opinion of a Medical officer appointed by the ORGANISATION, become so frail, either mentally or physically as to require regular medical attention or assistance in respect of mobility, dressing or undressing,

feeding or personal hygiene, the ORGANISATION may at its discretion offer to the RESIDENT a transfer to the Zerilda Steyn Memorial Home or some other suitable home where adequate medical nursing and general care are available. A failure by the RESIDENT to accept such offer by the ORGANISATION or alternative accommodation shall constitute a breach of this Agreement which may then be terminated by the ORGANISATION on giving of one month's notice to the RESIDENT".

Two clauses in the House Rules also relate to health status:

"1 (b): Meals will only be served in the main dining-room except in the case of illness when a service charge of 20c will be made for each meal served in a resident's room.

2. SICKNESS

(a): In the event of any resident requiring prolonged, continuous or skilled nursing attention, he/she must arrange for hospitalisation.

(b): In the case of illness, residents must call their own doctors. In the event of a resident, for any reason, failing to do so, the Management reserves the right to call in a doctor and the resident concerned will be responsible for payment of his fees"

Membership of the Service Centre is open to all white Capetonians who are over 60, and residents of City Place must apply for membership in the same way as anyone else. The Centre offers a full programme of activities including a weekly religious service given by the various demoninations in turn. It is closed at weekends and on public holidays, and prior to the start of television it was closed at night. However, a special committee has been formed to take responsibility for opening and locking the building so that Centre members can watch television at night.

Rooms at City Place are seldom vacant for more than a few days as there is a waiting list of applicants, but the sex ratio is virtually constant. The following table is compiled from a list of residents in June 1977.

TABLE I: SEX AND MARITAL STATUS OF 240 CITY PLACE RESIDENTS

MALE	Married	Single/widowed	FEMALE	Married	Never Married	Widowed
37	7	30	203	7	45	151

Male residents at City Place account for about 15% of the total resident population, compared with 30% at Pinewoods and 37% at Stonehaven. Although the group of 'independents' presented in Chapter Four does not constitute a sample, we may note that 7 of the 50 were men who were widowed or had never married and none of these lived entirely alone and independently - 2 lived with kin, 3 employed full-time live-in domestic servants and 2 lived in hotels. I have no reliable sex-ratio figures for residential hotel populations in Cape Town, but even the most superficial observation of the elderly populations of such hotels shows a preponderance of women. Given that most residents of Pinewoods and Stonehaven tend to be 'no-option' cases, it is clear that men choosing to reside in part-institutions can expect to be part of a very small minority.

'The Flats' at Stonehaven (described in Chapter Five) are composed of three smaller buildings behind 'the House'. The oldest and largest of these (donated by a private company) has single rooms (some larger than others) with bathrooms. There is also a very small communal dining-room and a communal lounge. The second building was built by a resident. It has one three roomed flat with kitchen and bathroom (occupied by the donor and his wife); one two-roomed flat with kitchen and bathroom; and two pairs of units, each with two rooms and one bathroom. The third building is a detached three-roomed cottage with kitchen and bathroom, occupied by its donor and his wife. (Since completing fieldwork, a second such cottage has been built and a third is in progress). All these residents eat in the communal dining-room, unless ill or

entertaining guests. They may also use the large common-room on the ground floor of 'the House'.

At the time of fieldwork, there were 26 residents in 'the Flats', including 7 married couples. Table J shows the sex, marital status and age distribution of these residents:

TABLE J: SEX, MARITAL STATUS AND AGE DISTRIBUTION OF THE 26 RESIDENTS OF STONEHAVEN 'FLATS'

YEARS	MALES				TOTAL	FEMALES				TOTAL	TOTAL
	60-69	70-79	80-89	90+		60-69	70-79	80-89	90+		
Married	2	3	1	1	7	1	5	1	-	7	14
Never married	-	-	-	-	-	-	4	-	2	6	6
Widowed	-	-	-	-	-	1	3	1	1	6	6
TOTAL	2	3	1	1	7	2	12	2	3	19	26

'The Flats' are situated in pleasant gardens and some of the residents tend particular sections of the garden as if they were their own private property.

Age is the sole criterion for eligibility and although these flatlets were intended to be fully economic units, several of these residents are no longer able to pay the full amount, but know that they have full security of tenure.

We now turn to an examination of these special residential settings in terms of Kleemeier's (1961) framework - the segregate, institutional, and congregate dimensions.

The Segregate Dimension

Stonehaven 'Flats' are situated within the total Stonehaven complex and hence share with 'the House' that sense of being set apart, discussed in Chapter Five. Yet, they are also set apart from 'the House' and all three are single storey buildings. Once one has entered the grounds through the main gate (but only then) these two aspects neutralise the institutional atmosphere and it is as though one were visiting 'normal' attached or group housing. Because Stonehaven is set in such large grounds high above the city, the atmosphere of quiet and remoteness nevertheless remains.

For all but one married couple this atmosphere was positively perceived as quiet remoteness and not as isolation in any negative sense. All but the same married couple had chosen to live at Stonehaven in preference to other considered alternatives and thought themselves fortunate that space had been available in such limited accommodation. The one couple referred to were really candidates for 'the House' (in terms of health and finance), but because there was space in 'the Flats' at the time of their application, and because 'the Flats' have larger rooms and are therefore more suitable for couples, they were given their room.

Mr Krochek (who built the second building) gave his opinion:

"We have no children, and after I retired for the second time and I wasn't too well, my wife suggested that we go back to Germany. We went, and we lived there in a little cottage in the forest area for more than a year. We were very happy, but our capital was here and the income wasn't really enough, so we came back and rented a flat - we had sold our house. Everything was fine until my wife and I got sick at the same time - then we realised that we couldn't go on alone - we had to be with other people. So we started to look around - but everywhere the rooms were so small and always the places were on main roads - so noisy. We thought City Place might be all right, but I couldn't live in those

boxes! One day we came here; - straight away we loved the place - high, fresh, clean air, quiet - everything we wanted - but there was no available space. The Mother showed us round and we saw these outbuildings - I think they were once stables and workshops - so that night the idea was born: I drew up some plans, found out about costs and approached Mother. She was wonderful - she immediately agreed to the whole idea - we renovated the whole building and my wife and I have this apartment rent free for life, and Mother has promised she can stay here even when I die - they won't put her in 'the House'. Sometimes we cook for ourselves, sometimes we eat in the dining room. We have our own little garden - but the best thing is that it's so wonderfully peaceful - peace - and also private - but someone here to call if you need them. We both think we are very lucky".

Mr and Mrs Krochek's case illustrates a number of points. The trigger factor which caused them to seek non-independent housing was ill-health. They knew what they wanted and had the means to achieve it. They have successfully balanced independence and security, and the 'segregated' aspects give them pleasure.

Mr Matthews, on the other hand, is irked by both the quiet and the proximity to 'the House':

"What we really wanted was a housing complex like the one at Somerset West - quite private, but neighbours close by - and near to the shopping centre and the cinema. We didn't want to move to Somerset West but we would have if it hadn't been so expensive. I suppose we were lucky to find this - but it's so quiet - I go to town nearly every day just to see some people - and that 'House' always reminds me where I am....when I sit in the garden I face the mountain just so I can't see it.."

Several of these residents have their own cars and use a back entrance driveway which leads directly to 'the Flats'. They go out frequently, as do several others who use the public transport which is adequate in this area. The majority, however, are over 70 and do not go out too often unless they

are fetched. Visitors are encouraged by the staff, but there are not many. The majority of the residents live in single rooms and the dining room is too small to have guests for meals. (This has changed since fieldwork. The dining room has been renovated and special tables are set aside for residents who wish to have guests. According to the sister responsible for 'the Flats' entertaining is done mainly by those residents who moved in after this change). Those residents who have more than one room happen to have no kin in South Africa and for the most part prefer to meet their 'outside' friends elsewhere. Some do socialise among themselves and this will be further discussed below.

Miss Drubber, a very active 72 year old retired social worker, reports:

"This place suits me very well. It's comfortable and has all the conveniences of service and medical care, but it would drive me mad if I stayed here all the time. I'm usually out for most of the day - I go to lectures, visit friends, and generally run around - I'm usually back in time for supper and I stay in most evenings - got to make some concessions to my age, you know - but when I stay here most of the time, then I'll know I'm really old.....".

Whether people at Stonchaven are wholly satisfied with their living arrangements or not, they share, for the most part, the notion of 'here', the notion of 'insider-outsider' discussed in Chapter Five for total institutions. Mrs Smith expressed it this way:

"It's very nice here and we're quite satisfied, really, but it can get a bit lonely. My husband does odd jobs around the place and that keeps him busy, but I like to get out sometimes....I go across to see one or two old people in 'the House' every few days - used to know poor old Mr Fielding in Bloemfontein - or I go to the hairdresser in town if I feel up to it - sometimes I visit my sister at City Place - she won't come here - says there's nothing going on - I suppose it is a bit quiet - but we've got to face it - we're not getting any younger, any of us here.....".

City Place has a completely different atmosphere. The complex is situated on a busy road with a cinema next door and a hotel a few yards away. It is on the bus route and close to a supermarket, a restaurant, a college and a public park.

The resident population is almost ten times greater than that of 'the Flats', the staff is much larger and there is the additional 'floating' population of visitors to the Centre, which is in the same complex. Like Pinewoods, City Place has a central reception office where mail is received and other business conducted. In addition, the lifts serving the various floors are opposite the office, so that, except for the period immediately after lunch when most people rest, there are usually several people in the entrance lobby at any one time.

The explicit aim of the management is to operate the place like a residential hotel and in this they have been successful. I was told that rooms were deliberately built small so that residents would wish to get out and about. Management clearly subscribes to the views of the activist theorists described in Chapter Two - that activity maintains and promotes physical and mental health. Because the Service Centre is part of the same complex and very many activities are offered there, there is a constant hustle and bustle between the two buildings. In fact, City Place has a far busier atmosphere than most of the residential hotels I visited.

This does not mean that all the residents of City Place participate in these activities. Several residents are still employed and go to work from here as they would from any kind of residence. Some of the residents' most important social relationships are with non-residents (discussed further below). This is also true for many residents who are not employed and there are yet others who prefer to spend most of

their time in their rooms. Yet, only 30 of the 240 residents are not members of the Centre.

City Place is the closest of the four in the study to the non-segregate end of the continuum. Its segregate component lies in the fact that age is a firm criterion for entry and in the proximity of the Service Centre, which is not a feature of ordinary commercial residential hotels.

Residents at all four establishments are aware of the segregate dimension, but as we have seen, for some this has more relevance for their self-image than for others. However, even at City Place, which is the least segregate from an emic or an etic point of view, it is a component in the formation of this self-image. Essentially, at City Place, this is because of the age restriction. Miss Evans described her reservations during the decision making process thus:

"I'm a very independent person - always have been and I'd lived in flats for years - usually the same flat for a long stretch (17 years in one and 12 years in another). I heard of City Place from friends and first put my name down during a phase of tiredness - but removed it when that passed".

Miss Evans kept house for her unmarried brother for a while, but when he became ill and they had to leave "and most of the furniture had to be sold and that was a real wrench" she entered a period of 'lowness' and had her 'first real illness ever'. She was about 74 at this time:

"...the lowness was probably the result of the cumulative effects of strain and worry about my brother - and age - I had nowhere to go, really - I stayed with friends until I had recuperated - but for the first time in my life I began to think about my age in a personal sort of way - of course one is aware of getting on - needing to rest more - and I'd retired years before and thought about it a bit then, but then I'd started to work again. I was reluctant to come to City Place - somehow it seemed so final - a sort of real identification with old age - but I just told myself to get on with it and be sensible - and I'm not sorry - I live my own life in much the same way as I've always done....".

The fact of the age restriction demands that all applicants to City Place must acknowledge their age status in a way that is not necessary when entering a residential hotel or signing the usual rental lease. For some people this is quite unimportant, for others it marks a transition point in their lives. Many of the 'independents' discussed in Chapter Four indicated quite clearly that although such a part-institution may be appropriate to their current situations, they were not yet prepared to identify themselves so unambiguously with a (negatively perceived) segment of the population. The clauses in the Agreement cited above accentuate this aspect.

The Institutional Dimension

As we saw in Chapter Five, the inmates of total institutions are considered incapable of caring for themselves independently or of managing their own affairs. In a part-institution like City Place, the opposite is true and is insisted upon to the extent that it is a condition of retaining residency. The dichotomy between residents and staff is thus not nearly as marked here as it is at Pinewoods and Stonehaven.

The office staff, all of whom are themselves middle-aged, have casual friendly relationships with most residents. Most of these relationships have the nature of an acquaintanceship of long-standing rather than intimacy - but the important factor in most cases is that these are deemed to be reciprocal relationships between individuals of approximately equal status. In the same way that Mrs Thomas in the office may enquire about Mrs Neethling's son's holiday - having noticed the postmark on a letter - so may Mrs Neethling enquire about Mr Thomas' health.

All the office staff claim to care about the residents and are concerned if someone is not well, but they do not have the responsibility of caring for them. The waitresses and room-service staff may establish closer relationships with some residents than with others, but in no sense do the staff have any responsibility for their welfare - other than in the usual style of the hotel service trade: that of pleasing the customer as a condition of service. Several residents have completely impersonal relations with the staff and others treat all staff with an attitude of "I'm paying for service, so see that I get value for money".

The situation at Stonehaven 'Flats' falls between that described above and that described for total institutions, though it is closer to the latter. The sisters belong to an order established to care for the poor, the sick and the needy and this is ingrained in their attitude, although residents are encouraged to be as independent as possible. All the residents at 'the Flats' are ambulant, but several may be described as being in 'frail' health. Some residents consult private doctors, others use the services of the District Surgeon who visits the institution, but all have their medication supervised by the sister in charge. Though the sister is careful not to seem "to be doing a daily ward round", she does do "a silent head-count" at meal times and 'pops-in' to visit residents in their rooms. This last is never done at City Place except by invitation.

Stonehaven has no formal list of rules of conduct at all, but City Place has. These refer to meal times, tariffs for guests, hours of silence, messages and deliveries, management's rights in relation to residents' illness, and residents' own responsibilities in regard to loss, theft or damages.

The remaining institutional aspects will be discussed within the framework used in Chapter Five: the control of space and the control of time.

a) Control of Space

The system of room allocation in a part-institution is rather different from that in total institutions. At City Place three kinds of accommodation are available with different rentals for the different categories, on a cost without profit basis. It is obviously the resident who decides which category of accommodation he can afford, but within these categories there is seldom any choice simply because rooms usually fall vacant one at a time and, since there is a substantial waiting list, applicants must take what is available or must be prepared to wait an unknown length of time. On the other hand, applicants to City Place are not desperate for suitable accommodation, which is seldom the case for applicants to total institutions. Several residents in one wing complained of the heat on their side of the building and one woman who left during the fieldwork period gave this as her main reason. However, management has been known to give dissatisfied residents first option when a room becomes vacant. Residents, however, have to bear the cost of the move themselves and many cannot afford this.

Stonehaven establishes rental in accordance with the means of the applicant rather than on a fixed basis. There is a waiting list here too, so that rooms are allocated simply on the basis of their availability. However, there is another aspect peculiar to Stonehaven. In the oldest building of flatlets, some of the rooms are larger than others and these are usually allocated to couples. This poses no particular problem. However, in the second building, there are two larger apartments, one a three roomed flat with kitchen, bathroom and separate toilet, occupied by the donor, Mr Krochek and his wife. This apartment is clearly superior to the others and when it eventually becomes vacant the Mother Superior will have to establish some criterion for its re-allocation if jealousies are to be avoided. The same situation applies to the separate

cottages occupied presently by their respective donors. The sisters have thought about this but have reached no decisions, though they agree that "human nature being what it is" it could cause problems in the future.

Unlike total institutions, both these part institutions encourage residents to bring their own furniture. At City Place this is a necessity as rooms are totally unfurnished, but residents are encouraged to bring something "old and dear to you so you can feel at home at once". At Stonehaven, furniture could be supplied if necessary, but all those resident during fieldwork had brought their own furniture. I was told that it was quite common for residents to bequeath their furniture (along with any other worldly goods) to the institution.

As noted previously, the rooms at City Place are very small and although it is claimed that this was done deliberately for the social benefit of the residents, everyone I interviewed commented unfavourably about the fact. I was first told of this purpose by a resident whose comment was: "I understand the reasoning, but they needn't have been quite so mean....". A few of the more affluent residents had bought suitably proportioned furniture once they had seen the rooms, but many could not afford to do so and for many residents their own furniture was what they wanted with them. Many residents - all women - explained at great length how traumatic it had been for them to part with their possessions. There were a few people who said they had welcomed the opportunity to "get rid of the junk", and viewed this as one of the symbols of their 'new life'. Because residents at City Place chose to live there, there are generally few complaints and an accepting attitude prevails for the most part. As Mrs Hofmeyr expressed it: "The rooms are too small but we knew that before we came and there's nothing to be done about it".

The dining-room is another matter, however. As at Pinewoods and Stonehaven, residents are allocated to tables and management claims to try to match people compatibly. The manager comments: "This is always a troublesome area and one must play diplomat. We're reasonably flexible about changing, but at the same time we're fairly strict". A number of minor squabbles occurred at the tables during the fieldwork period and were dealt with quietly and briskly by the staff-member on duty. There are frequent complaints about seating arrangements and this is definitely one area in which the institutional dimension intrudes. However, only two moves occurred during the fieldwork period.

The dining room itself is spacious and pleasant, and most residents praised the food. Guests are allowed and all residents agree appreciatively that the tariff for guests is very low. Meal times will be discussed in the next subsection.

The dining area that serves Stonehaven 'Flats' is in the original flatlets building, and at the time of fieldwork, was very small. There was no space for visitors and meals were relatively silent and cramped. The tables could seat only one or two people so that meal times were not social occasions.

Those residents who have cooking facilities in their rooms or apartments occasionally eat there but must inform the kitchen staff in good time. Mr and Mrs Matthews have a single room and share bathroom facilities, but they have a kitchen dresser, a refrigerator, a kettle and a hot plate in their room, and enjoy preparing food for themselves at least once a week.

"It's not that the food isn't good, or anything like that", said Mrs Matthews. "In fact I enjoy not having to do the cooking but my husband says my food tastes different....and its just that I like ccoking....."

Several women at City Place bake regularly in the kitchen provided specifically for this purpose at the Centre. Mrs

Venter said:

"I have baked once a week for so many years, its part of my life - this kitchen is one of the most important facilities here, for me. I sell most of what I bake - just keep something back in case I have visitors - and quite often the other residents or club members give me orders. A few of us do it regularly. Mrs Truter is very funny because she grumbles and complains about standing in front of the hot oven - but no one forces her to - she wouldn't stop for anything...."

During the fieldwork period at Stonehaven 'Flats', an incident occurred which illustrates a number of the aspects we have been considering. 'The Flats' cook had left and the sisters had been unable to find a suitable replacement. During the interim period a catering firm was employed and the food was most unsatisfactory in the opinion of all the residents and even of the sisters. The latter chose to ignore the matter and to bear with it until a new cook was engaged. All the residents grumbled to one another and a few complained to the sister, but nothing was done until Mr Krochek and Mr Stevens, the two donors, made a joint public statement to the sister and the catering manager in the dining room one lunch time. The caterer was dismissed the next day and another satisfactory cook found. I was not a witness to the speech, as it was called, but it was reported to me by a number of residents and discussed quite openly by the sister when I asked what had happened. Mr Krochek's version (on being asked):

"Yes, we had a bit of trouble. Mother had some trouble finding a new cook - the food was really inedible - eventually we objected and luckily Mother found a new cook".

Mr Steven's version (volunteered):

"Had the first decent meal in a long while today - got rid of that awful caterer yesterday - food was always cold - back to normal now...."

Mr Matthew's version (volunteered):

"Did you hear about the scene in the dining room? Mr Krochek told sister exactly what he thought about that caterer's food - and out she went. I've been moaning for days - we all have - but he only had to say something once and that was that".

The sister's version (on being asked):

"The caterer's food wasn't very good I'm afraid and the resident's were unhappy about it - fortunately we were able to find a replacement cook...."

I asked the sister whether this could have happened at 'the House' and her reply was: "Oh no - they never complain about anything..!" I also asked at Pinewoods and was told by the Executive Director that all complaints were immediately dealt with by him. I was also told, and observed myself on a number of occasions, that the quickest way to have a complaint remedied was to report it to a member of the Pinewoods committee. I have noted in Chapter Five how Mr Roberts' various attempts at introducing changes were humoured by thank-you letters, but no action was ever taken.

This incident and the attitudes to it tend to confirm both the greater capacity for independent action of residents in part-institutions and the relatively more efficient response to that action. The differential treatment implied in Mr Matthew's comments will be referred to again in Chapters Seven and Eight.

The cupboards in the rooms at City Place have been designed with a hinged section at one end to create a shelf and small work area for residents to prepare their own breakfast - which is not provided. Many people entertain friends to tea or drinks in their rooms, but other cooking equipment, such as hot plates or frying pans, are not allowed in the rooms.

The main lounge and the gardens at City Place may be used by residents at all times and there is no surveillance of any kind. But these areas are not used very frequently except when residents congregate just before meal times. The sun rooms on each floor are used rather more frequently though not to anything approaching full use. They are sometimes used for small parties and must then be reserved in advance to avoid clashes. Otherwise they are used on a 'first-come' basis.

Some residents use these semi-private areas regularly - almost as extensions of their private living space. This amenity, together with the activity space provided by the Centre, distinguishes this special residential setting from ordinary residential hotels, as well as from Stonehaven 'Flats'.

At 'the Flats', other than for television viewing, I have never seen the lounge used to entertain guests. A few people have their afternoon tea there, others collect their tea and return to their rooms, and most of the residents of the other buildings do not come to tea at all. Of course, there are people at City Place too who do not utilise the public areas, other than the dining room, but many of these people utilise the Centre. I have estimated that less than 10% of the residents at City Place almost never use the public areas or the Centre - but 10% of that population is almost the total population of 'the Flats'. However, from the conversations held with residents, it would seem that an important factor in most people's choice of City Place concerns the facilities and amenities, whether they are used or not. For most people at 'the Flats' the security aspect was of greater importance.

b) Control of Time

At both these part-institutions, as at the total institutions, time is structured for the residents round meals. A few of 'the Flats' residents mentioned the early meal times but all reported that they had adjusted fairly quickly and this was no longer a problem. Many more residents (proportionately) at City Place were still irritated by the early times -even when people had been there as long as five years. It soon became clear at both residences that those who were most bothered by this were those who spent most time away from the residences. Clearly, this was an aspect which made them feel at odds with 'outsiders'. One means of controlling frustration at this factor is simply not to have all meals at

the residence. At both places, residents are expected to inform management if they would not be attending a meal. Many residents reported that the nuisance factor of making this decision in advance was less than the bother of being sure to be back on time. However, for residents who cannot afford the cost of extra meals, this remains an irritating fact of institutional living. Equally, there is no doubt that more people (proportionately) at part-institutions miss meals, than do residents in total institutions.

We noted in Chapter Five that at both total institutions certain regular events occur which structure the week and round which residents schedule their other activities. For residents of the Stonehaven 'Flats' these events are the same as those for 'the House'. No special or separate activities are arranged either for or by these residents - but proportionately fewer residents consider these events when planning their own schedules. The most affluent residents pay least attention to the programmes offered and tend to arrange their time in much the same way as the 'independents' described in Chapter Four.

At City Place the situation is far more complex and the variation much greater. The residence itself offers no programmes or activities whatsoever and other than meal times and the request in the House Rules for silence between two and four in the afternoon, and after eleven at night, there is no attempt to structure the residents' time for any purpose or in any manner. Of course, even residents in total institutions are theoretically free to ignore any scheduling but although many people do not participate, most people do take these events into account (for example, when encouraging a child to visit on a particular day), and as we saw at Pinewoods, residents are frequently 'encouraged' to attend.

However, the Service Centre at City Place offers a very wide variety of activities and events and a detailed programme is

circulated monthly (see Appendix). Many of the programme items are regular activities, whereas others are special events. As the Centre is so close to the residence, and as most residents are also Centre members, the awareness of these programmes is very high. All the residents valued the existence and availability of these activities and events very highly although the extent to which individuals structured their time accordingly varied enormously. The following excerpts from field notes give some indication of the variation:

Mrs Hofmeyr:

"I like to be involved - I've always served on lots of committees and have been active in many organisations. I chose this place mainly because of the Service Centre - I was a member before I moved in. My husband wasn't very keen in the beginning - moving in here was a big adjustment for him - but now he's also involved and he says he wouldn't know what to do without all the things that go on there".

(Mr Hofmeyr was forced through ill-health to retire early and was unable to pursue his only hobby, gardening. Since becoming involved in the activities of the Centre, he has resumed his interest in gardening - although now only in a supervisory capacity).

Mrs Olivier:

"I'm a member of the Centre but I've never been there. I make my own activities right here in my room, but I hear about everything in the dining-room and I tell my daughter if there's something on she might be interested in - she's also a member - then she combines her visit to me with a visit over there....."

Miss Evans:

"Yes, I'm a member of the Centre but I don't take much advantage of it - I still work part-time and I have lots of friends and interests away from City Place - but I do go occasionally - to the things that interest me".

Mr Brooks:

"Oh yes, I take a stroll across there every day - either morning or afternoon - unless I have something to do in town - or I go to my daughter - then I'm too tired - but I never miss the films if I can help it...."

Mr Peterson:

"No, I've never become a member - I'm out most days and there just doesn't seem to be time to go to all those things - so what's the use of signing up? My eyes have been giving a little trouble lately, so I suppose if I have to stop driving, I'll probably join - I'll see what happens....."

In this discussion we have been concerned with control of time as an aspect of the institutional dimension of these residences. A significant difference between total and part-institutions in this regard relates to different perceptions of the expectations of participation. Pinewoods is the most institutional in this respect. Whether or not residents actually participate, they believe that they should and they know that the social workers would like them to do so. At the same time, it is one area where they can make independent decisions about participation. The rate of actual participation is higher than it would be without the constant 'encouragement' of the staff but every resident interviewed or spoken to mentioned these programmes when asked about his own weekly routine. At City Place, those residents most actively involved in the Centre both participate to the greatest degree and believe they are expected to do so (by Centre staff and other members). A greater variety of choice patterns prevails here but it is also the case that a larger number of residents (proportionately) have 'outside' interests than at either Pinewoods or Stonehaven. At Stonehaven, both in 'the House' and in 'the Flats' there is little pressure from staff or residents to participate in structured activity. However, even though the general activity level is lower at this residence (and lowest for 'the House'), many of the residents speak of their own time schedules in terms of the programmed events.

The Congregate Dimension

The general remarks made about this dimension in Chapter Five (see p109) are applicable here too. However, we have established in this chapter that part-institutions are both less segregate and less institutional than total institutions (though 'the Flats' are somewhat closer to the latter than City Place). How, if at all, does this affect the congregate dimension?

In her discussion of Merrill Court, Hochschild (1973) makes the following points:

"It is not enough to put fairly healthy, socially similar old people together. There is clearly something different between institutions and public housing apartments (i.e. Merrill Court). Perhaps what counts is the kind of relationship that institutions foster. The resident of an institution is a 'patient'.... He cannot return the service..... If the old in institutions meet as equals, it is not as independent equals..... The widows of Merrill Court took care of themselves, fixed their own meals, paid their own rent, shopped for their own food, and made their own beds; and they did these things for others. Their sisterhood rests on adult autonomy. This is what people at Merrill Court have and people in institutions have not" (ibid: 68-69).

Hochschild's reference to institutions refers to total institutions, whereas we are concerned here with part-institutions. By definition, therefore, residents of such institutions fall somewhere between the designation 'patient' and the degree of independence described in the quotation. All the residents of City Place described in this chapter meet as independent equals and the desire to maintain this independence combined with the less segregate and less institutional nature of the setting itself serves to create an environment which tends towards the non-congregate. On the other hand, the range of opportunities for congregate activity offered by the sister organisation, the Centre, in such close proximity, allows considerable expression of this independence within the total context of this special setting.

We stated in Chapter Five (see p 130) that the congregate dimension offers the greatest scope for individual decision-making and that this, in turn, will depend on the individual's energy and on his behaviour repertoire. Although all four combinations of energy and behaviour repertoire (see Kleemeier, 1961 : Chapter Ten) are to be found at City Place, proportionately more of the residents have a high energy, high repertoire combination than at any of the other residences - which was one of the factors that led them to choose this residence in the first place.

In sum, therefore, we find that this part-institution provides ample opportunities for retaining privacy in terms of its spatial arrangements, its relatively non-segregate nature (as a result of which the residents are not thrown upon each other for company) and the residents' desire to maintain independence; while at the same time it provides ample opportunities for group interaction within a highly congregate environment - that of the Centre. The flexibility of this arrangement is seen in the wide range of choices people make and in the range of choices the same people make over time. It must also be noted here that the social groups formed in the context of any activity at the Centre will almost always include non-residents - that is, people who are 'outsiders' in relation to the residence but 'insiders' in relation to the Centre. This point will be taken up again in our consideration of community formation in Chapter Eight.

One factor motivating many people to enter a special setting in old age is the desire for the company of peers. As the vast majority of residents at Pinewoods, City Place and 'the House' at Stonehaven are single, it follows that where congregate activity occurs in these institutions it satisfies that need. However, the composition of the population of 'the Flats' at Stonehaven is peculiar in this respect and must therefore be taken into account in the discussion of the

congregate dimension there.

There are seven married couples in 'the Flats' at Stonehaven. That is to say that 14 of the 26 residents have spouses with whom they share a room or an apartment. Five of these couples have been married for more than 40 years and all more than 30 years. All 14 people spend more time alone with their spouses than they do with anyone else. Each of these seven sets of relationships has a quality of self-sufficiency which diminishes the generalised need for congregate activity in this setting.

In addition, the 26 residents are accommodated in three separate buildings, one of which contains one of the two communal rooms available to these residents. The second communal room is in a fourth building, 'the House'. If we add to these factors the very limited activity programme offered at Stonehaven (discussed in Chapter Five) and the comparatively low energy levels of the majority of these residents (which led them to seek the high security offered at Stonehaven), the resultant weak congregate dimension is not surprising.

I am not suggesting that there is no group interaction or social interaction in groups at Stonehaven. But such interaction is relatively infrequent and when it does occur the groups so formed are very small indeed: two couples play bridge fairly regularly; several people watch television in the lounge - but three couples have their own sets and at least five people never watch television because they are not interested, too tired, or it strains their eyes. Several single women help the sisters with chores but this is individual rather than group activity. Several people visit 'House' residents and one another, but these visits take place in the individual's own rooms and can hardly be designated congregate activity. Even mealtimes, which constitute the one sphere in which the institutional dimension

'forces' congregate activity, are comparatively silent affairs at 'the Flats'. The only real congregate activity I have ever seen on a regular basis is the informal evening prayer which takes place in the lounge before the evening meal and in which most of the women residents from the original flatlets building participate.

This chapter set out to examine two part-institutions for the aged in Cape Town with a view to distinguishing their descriptive dimensions from total institutions. In this process, comparisons were drawn with both total institutions and with the life-styles of people resident in 'normal' housing. The residents of both City Place and 'the Flats' proved to be more independent in their actions and self-images than most of their peers at either Pinewoods or Stonehaven, but residents at 'the Flats' seem to have greater security than residents at City Place. This aspect will be further discussed in the next chapter when we examine strategies for balancing these two elements of independence and security.

PART THREE

CHAPTER SEVENWALKING THE TIGHT-ROPE : BALANCING INDEPENDENCE AND SECURITY

This chapter is presented in two sections. The first will review the preceding chapters and will then suggest a perspective which I believe encompasses and motivates virtually all the social relations of elderly people in societies with a predominantly western value system. The second will provide further evidence for this perspective from the case material of this study.

The first three chapters of this report were concerned with what is known about the process of aging and were also concerned with how such knowledge could inform this particular study. Chapter Two was particularly concerned with the theoretical literature pertaining to aging. Although it soon became clear that the all-encompassing nature of the general topic demands a multi-disciplinary approach, it was felt that the emic perspective, using the anthropological methodology of participant observation, could add significantly to our state of knowledge about old people.

In Chapter Two we spoke of two streams in the literature: the stream concerned with old people as groups or categories and how these fit into the total social structure in which they occur; and the stream concerned with the processual aspects of aging - the adaptation of individuals and groups. This study is a part of the second stream rather than the first although, as we shall see, the adaptation processes

themselves contribute to old peoples' position within the wider structure.

Each of the chapters presented 'the way of life' of the people studied and its meaning for them individually and collectively and was concerned to explore the ideas presented by exponents of the various theories. We were concerned with disengagement (or withdrawal) and with its complement - engagement, re-engagement (or activity). We were also concerned with the effects of coping styles learnt in the past on adaptation in the old-age phase. We saw that all these adaptation strategies were relevant in the aging process and that individuals tended to use combinations of strategies according to their perceptions of immediate situations.

However, this study focussed in detail on the relationship between the aging process and its meaning for the people themselves and their particular residential environments. The thesis is that the residential environment itself has an important role in the aging process because of the constraints it imposes, the opportunities it offers and the values it symbolises. Furthermore, residence was seen to be a major agent of change in old age, even for those people who had remained in the same dwellings for long periods. The main body of this report therefore has been concerned with the nature of aging within social establishments which operate as relatively closed systems.

These environments or special settings for the aged in Cape Town may be characterised as small-scale and bounded, with potential for high density and high multiplexity, and with a rapid flow of information, a high consensus of norms and a high degree of social control. In such an environment (which is not unique to the aged), it is to be expected, and indeed has shown to be so in the preceding chapters, that relationships will be multiplex (following Boissevain, 1974 : 32). All human interaction comprises elements of exchange (Mauss, 1967)

and Boissevain refers to these as their transactional content: "...the material and non-material elements which are exchanged between two actors in a particular role relation or situation" (Boissevain, 1974 : 33). Multiplex relationships imply that a wider range of 'elements' may be exchanged between the same people than is the case in 'single-stranded' relationships and indeed we have seen this in each of the residential settings investigated.

However, in this chapter, I wish to emphasise one particular element in the transactional flow. It is no accident that Boissevain refers to exchange between actors since all transactions contain elements of play, of drama, through which the participants project or present an image of self. Goffman (1959), in his discussion of the structures of social encounters (interaction), has this to say: "The key factor in this structure is the maintenance of a single definition of the situation, this definition having to be expressed, and this expression sustained in the face of a multitude of potential disruptions" (ibid : 246).

From the evidence presented in this study (both the presentation of the fieldwork material and the evidence from published studies) a 'situation' common to all the old people emerges and that is the need to express an image of independence. Evaluation and judgment (implicit or explicit) about independence is the most common element transacted (exchanged) in encounters between old people and others, and between old people and other old people. It is also the attribute most frequently evaluated by old people in 'confrontations' with the self' The lack of such independence - defined according to diverse criteria such as physical, financial, social, or even independence of spirit - is the prime component in the stereotype of old age.

It is this attribute which is most vulnerable in old age, since the time-span remaining in which to overcome or compensate for

any diminution of independence is perceived as finite. As we have indicated, social systems having the characteristics described above are not unique to the aged, nor are situations in which much time and energy are devoted to impression management (Goffman, 1959) (projecting an image of self, in this context). However, the manipulation of social situations and social encounters to project an image of independence (or conversely, to minimise projecting an impression of dependency) is the most common and pervasive feature in the behaviour of old people in this study.

There are many references to the need to express an image of independence in the literature, but its significance tends to remain implicit or to be mentioned only en passant, as is shown in the following examples:

- "...older people.....frequently express the feeling that these (special settings) are the only places where they can live in independence and security" (Ross, 1977 : 9)
- "Passivity and dependency are ascriptive roles reserved for the old in our society" (Stephens, 1976 : 98)
- "To maintain reasonably good health is to keep at bay old age with its implications of dependency....." (ibid : 47)

Such commentary assumes the significance of the concepts of independence, dependency and security in the social lives and self images of old people, but does not examine it in actual behaviour and real social relationships. Two recent exceptions to this are papers by Colson and Myerhoff in a publication entitled: Secular Ritual (Moore and Myerhoff, 1977), in which the respective rituals described emphasise precisely the dominance and centrality of these concepts for old people.

Independence may be defined as relative freedom from control, influence, support or help of others. Security may be defined as freedom from danger, care, fear or doubt: a condition of being safe, certain or sure. Clearly, influence, support or aid from others must frequently be elements in the achieve-

ment of security. The two concepts are thus closely inter-related. It is in order to maintain a balance between them that old people manipulate their words and deeds and those of others, and offer interpretations of social situations which they hope successfully project them as independent. In striving to maximise such an image by expressing the value of independence, they contribute to their position, as a category, in the total structure.

Some further comments may be made by way of conclusion. Goffman (1959) names four analytical perspectives "which seem to be the ones currently employed, implicitly or explicitly, in the study of social establishments as closed systems" (p232): the technical, the political, the structural, and the cultural.

The technical perspective, he suggests, views an establishment "in terms of its efficiency and inefficiency as an intentionally organised system of activity for the achievement of predefined objectives" (ibid : 232). This report has utilised this perspective in presenting the data for each institution and has shown some discrepancies in the perceptions of efficiency relating to staff and residents respectively.

The political perspective views an establishment "in terms of the actions which each participant (or class of participants) can demand of other participants.. ..and the kinds of social controls which guide this exercise of command and use of sanctions" (ibid : 232-233). This perspective is manifest in all the illustrations of interaction presented, but particularly in those relating to the discussion of the institutional and congregate dimensions of each setting.

The structural perspective views an establishment "in terms of the horizontal and vertical status divisions and the kinds of social relations which relate these several groupings to one another" (ibid: 233). Again, this perspective has been manifest in the organisation of the descriptive data but

will perhaps be most evident in the chapter concerned with community formation.

The fourth perspective, the cultural, views an establishment "in terms of the moral values which influence activity in the establishment - values pertaining to fashions, customs and matters of taste, to politeness and decorum, to ultimate ends and normative restrictions on means, etc." (ibid : 233). This perspective has provided the context for the presentation of all the data and serves to underline the ultimate interrelatedness of all the perspectives for a complete representation.

Goffman, however, adds a fifth perspective - the 'dramaturgical' - which leads to a description of the techniques of impression management. He shows (ibid : 233-234) how the data used in such a perspective 'intersect' with all other perspectives. The following section of this chapter will present 'dramaturgical' evidence to support the notion that a crucial dimension of the behaviour of old people is to be seen in the strategies they use to maximise an image of independence which, in turn, entails striking a balance between independence and security. To maintain the consistency of the total thesis it will also examine the degree to which each residential setting facilitates or constrains such behavioural strategies.

Walking the Tight-Rope

One aspect of this study has been concerned with independence as a dominant value in western society, shared by the elderly described in these chapters. The study has also presented an image of dependency as a major part of the (prevailing) negative stereotype of the aged in such societies. Together,

these factors seem to demand that a great deal of the time and energy of old people be devoted to denying dependency and promoting real expressions of independence or even pretences of it.

The qualities of independence, dependency and security are relative concepts, evaluated subjectively by individuals in relation to real or imagined 'others'. The three major aspects used for such evaluation (by the subjects themselves and by others) relate to financial status, health status, and degree of social participation and activity.

We have already noted that residence itself is one crucial area through which statements about independence may be made. There is no doubt from my fieldwork that all those I have called 'independents' consider themselves more independent than all those in total or part institutions. There is also no doubt that this view is shared by all those resident in such institutions. The very fact of my having designated them 'independents' is a reflection of both the objective status and my having internalised the generally accepted interpretation of this as 'truth'.

The majority of the informants in this independent category have an income adequate to cover the costs of running a private residence. The majority are also in a state of health sufficient to care for themselves (in normal circumstances). Their degree of social participation varies and has been discussed in Chapter Four. These criteria of sufficient income and sufficient health indicate acceptable levels as perceived by the 'independents'. In addition, however, all these informants share a sense of pride in being more independent and therefore somehow more worthwhile as people in relation to those in institutions.

But what of some of the ingredients that create financial and physical independence? How independent is Mr Benson whose

rent is paid directly to the landlord by his son? Of course, no one other than Mr Benson, his landlord and his son need know that this is the case, so that a projected image of independence could be maintained. It would seem, however, that this is not enough. What is sought is a real feeling of independence. Mr Benson, on being asked questions about financial resources and budget allocations, reported to me as follows:

"I manage on a pension and some savings - it's not very much but I don't need very much....I manage, although everything's very expensive these days and sometimes you get a nasty shock when you realise you can't have something you always had....I don't buy two newspapers a day anymore - I get the Times because I go for an early morning walk and like to read it later, when I get home - over a cup of tea.....I pass it on to my neighbour before lunch-time....she buys the Argus on her way home from bridge - looks at the 'hatches, matches and despatches' and passes it on to me..... Of course, my son pays my rent - when my wife died we agreed that I would be more comfortable managing in my own place where I knew my way round - it's so convenient - shops round the corner and a bus stop just here, on the corner - no, I didn't consider a residential hotel - there you have to eat when the hotel decides you're hungry - here I can do as I like".

Mr Benson is quite clearly dependent on his son for security of residence but that is not what strikes him. What is important to him is that they both agreed that he was too independent of spirit to have anything but an independent life-style. His pride lies in his ability to 'do' for himself and to arrange his meagre finances for himself in ways that suit him. His son's generosity is taken for granted as right and natural since they both understand his needs. In addition, his daily contact with his neighbours serves as reinforcement of the fact that they have 'managed' their situation themselves while also providing the security of making contact with someone else on a regular twice-daily basis.

Mrs Clayton, on the other hand, while financially secure,

might as well be living in a private nursing home as regards health status. She is crippled and confined to a wheel-chair, and, as well as a full time maid, employs a day and a night nurse. However, she has a large, well-furnished flat and is mistress of her own domain, even though she can do nothing for herself. She never asks - she always commands. Her independence is asserted everytime she speaks. She dictates the shopping list, devises the menus, supervises the polishing and entertains frequently. It is not that she likes the sound of her own authority, but simply that she does not trust other people's ways of doing things. She will never go into a 'home', as long as she can help it:

"What would I do there all day? Nothing to organise or arrange - here everything's done my way - my maid even bakes biscuits from my mother's recipe - I taught her, and the taste is almost perfect".

Mr and Mrs Martin are both rather frail. They have no children and no relatives in Cape Town, but have a small circle of very close friends. They are financially comfortable but are aware of their growing frailty. They have agreed that in the event of one dying, the other, with the help of the family lawyer, will go into a fully serviced residence. While both are alive, however, they enjoy the home they have made and the treasures and memories stored in it. Their independence and their security are in fact bound up within their relationship, but because they have openly conceded that the future will probably find one of them alone, the arrangements they have already made seem to guarantee for them a feeling of continued independence within a more restricted future environment.

In Chapter Four we saw the variation in financial and health status within the 'independent' group. That is, while those people were able to maintain the image of total independence as symbolised by independent residence choice, many were in fact constantly juggling reality and selecting and re-

selecting criteria through which to state this independence. I do not wish to imply that these informants are fooling themselves; most are fully cognisant of the tight-rope. But it seems to be the meaning of the projected image that outweighs the fact that it is a facade. However, the notion of independence is itself a multi-faceted concept only some facets of which may be absent. Mrs Clayton, for example, cited above, avoids discussion of her manifestly poor health and by this selection process manages to retain and to project the desired image of independence.

Mrs Nathan is a 78 year old widow whose sole independent income is an old age pension. She is not well and has to be helped with many simple everyday tasks. Her children support her and supply her basic needs so that her pension is her pocket money. She lives in a comfortable three-roomed flat with a full-time servant who sleeps in the flat. Mrs Nathan states the case this way:

"I won't live with my children - I don't believe in that, it never really works. The Old Age Home is not for people like me - if I went there I'd just be taking a room away from someone who really needs it. I'm lucky - my children can afford this and it's really no more expensive than one of those residential hotels - but it's much better. Also I can have as many visitors as I like, whenever I want. You know all the children still come to me for Friday night supper and they say my cooking is still the best....."

What each of these people seems to be saying is that no matter how it is achieved, independent residence gives them the feeling that they are personally responsible for the day-to-day living of their lives and that they have direct control over the decisions they take and the choices they make. Most also state quite explicitly that going into an old age home is an alternative they have ruled out unless (and this is only after I pressed the issue) there was absolutely no other way of staying alive. The implication here comes through quite clearly - that they would hope to die before such a situation of no option occurred.

There is, however, also a group of people within the category of 'independents' who say they know they should go into a home - because they are frail, or lonely, or tired, or frightened, or not coping financially. Many of these people were categorised as 'budgeting' or 'battling' in Chapter Four. There are also several who are childless or whose children do not live in Cape Town. All these people say that there are insufficient facilities in Cape Town for people of their limited means - or that the waiting lists are too long. This is true - but not one person or couple in this category had made any real effort to find such accommodation and not one had his name on a waiting list. In other words, in terms of their personal and individual evaluations, the benefits of independent residence still outweighed the costs.

The notions of 'benefits' and 'costs' are not necessarily articulated in this manner. The most repeated phrase used by all the old people in this study was "while I can". In other words, although people have different degrees of awareness of the range of problems that can occur in old age, there is always some degree of awareness of changed circumstances by the very nature of the life cycle itself. Aging, after all, does not begin at 60 - it begins at birth and each phase, from whichever perspective it is viewed, brings its own associations and realisations of change.

Everyone in this study, willingly or unwillingly, had recognised some degree of change in the self (for example, increased tiredness, or more frequent loss of memory, etc.), or some change in personal circumstance (for example, reduced income, or children leaving home, etc.), and this recognition had led to implicit or explicit consideration of alternatives on a cost-benefit basis. The ingredients comprising the respective categories of 'cost' and 'benefit' varied from calculations in material terms only to calculations in prestige terms only - but for most people the 'analysis' comprised a combination of such factors.

The next category refers to residents in residential hotels. Although only five such people were included in the completed data presented in Chapter Four, many more were interviewed and this sub-section will refer to all.

All those in this setting are, of course, by definition no longer living a totally independent life-style, though it may, nevertheless, be designated 'normal'. They have little or no control over the content or the timing of their meals, the colour of their sheets or the style of the furniture in their rooms. Their facilities for entertaining are limited and their privacy cannot be complete. All the residents in this setting have to be physically capable of looking after themselves. They fall into two categories - those who choose this setting, and the reasons are many and varied: death of a spouse, general loneliness, safety, the convenience of service, etc., and those whose families choose this setting for them. The reason for the second category's choice are mainly safety and the convenience of not having to cope with chores. For all these people, once it had been decided that independent living was no longer suitable, this was their only perceived available alternative. Those in the first category did not wish to live with kin and those in the second either did not wish to do so or their kin did not wish it. No one in the first category had even considered an old age home and although some in the second category, or their kin, had considered it, it was always ruled out in terms of the 'stigma' aspect which I have discussed elsewhere.

The factor of "who made this choice" is not just a convenient criterion for dividing this population into two categories. It also colours their self-perception on the issue of independence. All those who chose this setting themselves see that fact itself as a declaration of their independence. My interpretation of statements such as: "It was the sensible thing to do"; "It's so convenient"; "I have more freedom" - read as follows: I am a full human being although I am old.

I am sufficiently in possession of my faculties to recognise a problem when I see one and sufficiently intelligent (and fortunate) to be able to solve it rationally. This was my solution and although it is not perfect, I do not regret it.

There are many ways in which people in this category continue to assert their independence. Those who have cars let everyone know that they have independent means of transport and so are freer to visit people or go to shows, and, most importantly, to give lifts to other more dependent residents. Most of this group lead social lives which are as active as they were before the change (and sometimes more so, especially for the women). In some of the hotels, the residents organise themselves almost on a club basis and are very proud that they have "convinced the management to co-operate". At these hotels one finds weekly film shows, regular bridge and other card games, all initiated by the residents, as well as frequent small groups of residents treating outside friends and one another to tea in the lounge.

The emphasis here for showing independence has shifted, when compared with the 'independents'. For the latter, it is as though the fact of independent residence were sufficient and self-evident proof of independence. In the residential hotel setting, people are more constricted in various areas and thus display independence in the remaining areas. The emphasis shifts to being active, physically and socially: really a scale on which the individual rates himself and is rated by others according to how active he is in relation to "them". Social activity here means not only how often one goes out or is visited; it includes too, how wide a range of people visit and are visited. This shift is a theme I shall return to in all the residences described below.

Examples of this continual one-upmanship are evident in virtually every interaction, and the degree of consciousness of its

meaning is particularly clear when it is reported both to me and to others: For example:

1) Mr Fried always accompanies Mr Kay, who has to use a walking stick, on his twice-daily walks along the beach front. The two live in the same hotel and have been friends and colleagues for almost fifty years. Mr Fried reports: "I'd prefer a brisker and longer walk myself (which he never takes) - but no one else has the patience to walk with Mr Kay and he needs the exercise and the fresh air". Mr Fried is communicating both his superior physical condition and his 'kindness' and usefulness.

2) Mrs Hess always negotiates with management on behalf of Mrs Dick. Mrs Hess reports: "She's very hard of hearing and she gets very embarrassed if the manager has to shout, right there at the desk". Mrs Dick is hard of hearing and does get embarrassed, but every time Mrs Hess acts on her behalf, Mrs Hess is making her own statement that Mrs Dick's hearing is impaired and her's is not and that Mrs Dick trusts her with her private affairs more than she trusts any others.

3) Mrs Henderson is 68 years old, always very fashionably dressed and very fond of lavish make-up and jewellery at all times. She looks at least ten years younger than she is. Whenever she emerges from the lift or comes in from outside, everyone in the lobby/lounge waits to hear where she has been, what she has seen, who brought her home, or who is fetching her later. She is always in a hurry to get ready for her next appointment but always makes the time, breathlessly, en passant to answer questions and relate the details. Mrs Henderson reports:

"I moved in here because it seemed such a waste of time running a whole home and doing the shopping for one person. I have lots of friends who invite me out and if they don't, I invite them to town or to bioscope or tea. I'm certainly not going to sit around here turning the place into an old age home. This hotel is better than some in Sea Point, but the foyer is still full of people with nothing to do....".

People in the second sub-category - those for whom this

residential alternative was chosen by kin - tend to be less active, physically and socially, and show less initiative both inside the hotel setting and in maintaining social contacts outside of it. They respond to and welcome organised activity within the hotel but are followers rather than leaders. Most of their friends and associates are co-residents and most of their 'outside' contacts are kin who fetch, carry and visit on a more regular basis than seems to be the case for the others. Most of these too are resident in less expensive hotels, those in which virtually every resident is permanent and old. In other words, almost everyone in this category is perceived to be more dependent according to some or all of the criteria of health, finance, social activities and attitudes.

Thus far I have been concerned to show how people manipulate reality and their perceptions in order to present a public and private image of independence. The implication is that if they do not do these things their self-image and their public image might be one of dependency and insecurity. Independence and dependency operate along a continuum, but security contains elements of both and the task at hand is to balance the two ends of the continuum so as to maintain security. For example, if one is financially secure, this allows a wide range of independent choices and decisions; it allows for normal operation and even indulgence, without guilt, anxiety or fear, and most importantly in a value system within a capitalist economy, it allows for individual control - a sense of power over one's own destiny. Similarly, if one has good health, not only does this contribute heavily to a general sense of well-being, but it also objectively enables one to function more effectively, again contributing to the notion of personal control. Health in aging is, of course, known to be a precarious factor: having it today does not mean it will still be there tomorrow, so that each time one assesses one's health at this stage in the life cycle, one is implicitly measuring it against potential disaster and this means that

some degree of implicit insecurity and/or anxiety is built in. High positive ratings on both these criteria therefore are thought to spell security, safety.

Security, however, also contains significant elements of dependency. The kind of security discussed above suggests that it is considered 'good' to stand on one's own, to be reliant upon oneself, and to be personally in control. There is a large degree of consensus about this, but it is also very frightening, particularly when one of the components, health, is known to be inevitably deteriorating with increasing age. Security, therefore, consists also in being able to have available 'others' on whom one can depend - not only, but also, in emergencies or situations of stress.

It is this factor which creates this crucial dilemma in old age: which to opt for: image-security (i.e.: independence), or real security (i.e.: some, often considerable, degree of dependency). Most people want it both ways, hence the notion of balancing on a tight-rope. It is this dual and simultaneous need, exacerbated in old age in our society, which causes the paradox of making the most independent life-styles the least secure, and the least independent life-styles (i.e. fully-institutionalised), the most secure.

All those I have called 'independents' acknowledge the need for dependency-security through their behaviour, whether the acknowledgement is overt or covert, and at whatever degree of consciousness. It is this that underlies 'intercoms' in adjacent flats, for instance, or the repetitious nature of many old peoples' activities ascribed to habit or 'being set in one's ways'. Regularity of habit, always walking in the same place at the same time for example, or always buying the evening paper from the same shop - and regularity of contact - "my daughter 'phones me for a chat at 9.30 every morning"; "my son fetches me for a drive every second Sunday"; "I always wait for the postman so I can get my post myself...people take

things from the boxes, you know" - all these are devices whose underlying assumption is that if the individual is missed, he will be looked for, checked up on, found, saved, perhaps even buried. All these ruses, though not articulated as such, are used with greater or lesser success by the 'independents' and all these insecurities are alleviated to some degree for those in institutions, with a corresponding decrease in their independence, as we shall see.

Institutions

The first formal institution I wish to consider is the part-institution, City Place, described in Chapter Six. City Place, as we have seen, is similar in its operation to serviced apartments that have dining facilities (few and far between in Cape Town) and the residential hotels described above - particularly those that have come to cater virtually exclusively to an aged clientele. But it is also different from both of these. It is known to be run by a welfare organisation and has a minimum acceptance age, so that it is by definition a special residential setting for the aged. This means that all the residents know that they are defined as aged (whatever that definition may mean) and must accept that definition and designation. Most of the residents of City Place call themselves 'Senior Citizens' (following the trend in the newspapers published for them by the welfare organisations) in a semi-self conscious attempt to minimise the perceived negative connotations of the words 'old', 'aged' or even 'elderly'.

We saw that because the accommodation at City Place is rented unfurnished, residents may bring part of their previous material environment with them. However, the size of the rooms militates against this, and although it gives rise to many complaints, it also provides one area in which one-upmanship operates.

Those who complain most about their missed possessions are expressing a very real sense of loss - not only material, but also a sense of lost independence, a sense of having been reduced in status. Those who frequently comment on the successful rearrangement of these material symbols of their former life-styles are in the process of adapting themselves to a new self-image and a new definition of independence. Those who comment least about this aspect seem to be those who have best resolved the issue of their new status to their own satisfaction.

Again and again, City Place residents have, in their individual styles, volunteered the information that: "this is not an old age home....we are quite free to do as we like here....to come and go as we please....there are no restrictions.....this is home.....we chose it....lots of us here work, you know....". It is not an old age home, but a home for the aged. Residents are free to come and go as they please, but there are restrictions: meals are served at fixed hours, rooms are serviced at fixed hours, seating at table is strictly and officially arranged and if a resident wishes to entertain guests for a meal, management must be informed. In other words, there are rules, the rules of institutionalised living, minimal though they may be.

All the residents accept that these kinds of rules must exist in this kind of institution and most residents adapt their own habits to the institutional requirements very quickly, but they also prefer to avoid reference to them and emphasise instead the convenience of service, the standard of the food and furnishings, the pleasant atmosphere, the facilities. Those residents who most resent the curbs on their independence while accepting them as a necessary and inevitable consequence of their choice, are those who direct most of their activities and interests outside of the residence and are least integrated in the communal aspects.

Living at City Place represents a mid-point in the independence-security dichotomy. The 'independents' have their independence actually or apparently and their struggle is to achieve maximal security without seeming to do so and without relinquishing that independence. Those living in total institutions have security but seek means of bolstering a private and public self-image of relative independence. Those at City Place have relinquished a significant measure of independence, have to rationalise that fact and, at the same time, have not gained appreciable security.

What makes for insecurity at City Place? Everyone there, other than the three or four who work (out of a population of 241) have fixed incomes. Although the rent includes electricity, water, service, and two meals a day, it does not include laundry, telephone, radio and television licences or, of course, entertainment or travel or medical expenses. The cost of living is continually rising and if residents cannot pay the rent, they have to leave, exactly as do the 'independents'. Secondly, there is the clause in the lease (see p 138) referring to health status. Both these factors mean that City Place is not necessarily the final move between independence and the grave, but possibly only yet another station on the way. However, all the residents hope it will be their last move for the fear of a possible final phase before death - a phase in which one relinquishes all control over one's self, probably without any self-awareness - is a fear much greater than the actual fear of dying.

In addition to the above, City Place provides no medical services whatsoever. Not only does this mean additional expense in the event of illness and no surety of immediate aid in the event of an emergency, it also means the same potential dependency on kin and friends as if one were an 'independent'. There is also the possibility of having to go to hospital and perhaps not being well enough thereafter and so forfeiting one's place at City Place.

What then is the security offered? Essentially there is the security of being part of a community, however loose and however peripherally one may participate in it. There are neighbours and friends at hand; there are facilities for socialising; members of staff live in the adjoining wing and are known to be reassuringly efficient at coping with emergencies, and, perhaps most important of all, as one resident so succinctly phrased it: "At least I know that here I will be discovered a maximum of 23 hours after I'm dead". (The maids have instructions that if there is no reply when they come to service the rooms in the mornings, they must enter anyway).

The Service Centre attached to City Place is very well attended by residents and other members, and for these people it provides the arena in which the independence-dependency continuum is most clearly evaluated in terms of the active-passive dichotomy.

For most City Place residents the Centre is the focus of their daily routine, yet there is a significant proportion for whom this is not so. The latter, in turn, may be considered in two categories. The larger of these clusters round the more passive end of the continuum. By and large, they are older, less agile, less sociable, poorer, and more dependant on kin. They are the least visible people in the residence, emerging from their rooms at meal times, but seldom otherwise. Often their chores and errands are done by other residents, or kin, and they spend most of their time alone. But I do not wish to suggest that they are necessarily lonely and pathetic.

Mrs Ohlsen explains:

"I've worked hard all my life and I'm old and tired but I'm certainly not bitter or miserable. I have everything I need here and a lovely view from my window. I read quite a lot - I never had much time before - and I'm crocheting matching spreads for my grandchildren. I have the radio on most of the day for company, but I doze off quite a lot too, and I prefer to do that in my own room. My daughter visits me a few times a week, sometimes with the children, and my son comes in from Somerset West once a fortnight. My old neighbour pops in for tea every Wednesday afternoon.....".

The second and smaller category of residents for whom the City Place complex is not their main focus have a different attitude. Considered together, they are more active, though not necessarily younger and are people who have maintained the interests and social contacts they had before retirement and before entering the residence. The few who still work are included in this category, although, as we shall see below, several people perceive their involvement with the Centre to be 'work'.

Most of these people have accepted the independence aspect City Place offers as well as the conveniences, but seem not to need the communal/security aspects. For them it is more or less like a residential hotel, but less impersonal. Mr Gray reports:

"My daughter lives in Tamboers Kloof....she works and I go there every day to be with her little boy in the afternoons. We have lunch together and have fun together. She brings me home for supper. At the weekend I rest. I usually watch television in the evenings but I haven't got time for all the other activities across the way".

Mr Gray also has a girlfriend at City Place, so between her and his grandson he really does not have much time left over.

Miss Evans reports:

"I work half-days and often rest after lunch - but often I don't do that either. I can't really tell you what my weekly routine is - it varies all the time.....but I'm very busy. I write letters and read....I visit friends frequently.....I have a car....they visit me... I do more visiting at weekends, then I don't rush back for supper.....I am a member of the Centre, but I don't use it much....I haven't the time.... besides, these people are not really my friends... I don't mean that I wouldn't want them as friends... I have some friends amongst them....but most of my friends live elsewhere...." (This is the informant for whom the security offered at City Place was expressed in terms of "I'll be found 23 hours after I'm dead").

Mrs Grant reports:

"I used to live in Kenilworth and I still go out there twice or three times a week. I have a yoga class there on Tuesday mornings and I do all my shopping at Cavendish Square - have my hair done

there too. Sometimes I visit friends, but more often I meet them and we do things together. My sister-in-law meets me in town every Friday and then we come up here and have lunch at the Centre and she usually spends the afternoon. I also do some charity street-collections, go to meetings of the women's group at the church.....I'm busy".

Those residents who participate most in the activities of the Centre are, of course, not all involved in and with it to the same degree. There is a core group who have converted their activities there into a work role and they serve on all the committees, convene the annual fete, and consider themselves responsible for the success of the place. They provide morning and afternoon teas according to a roster of duties and help the paid staff with various tasks - collecting monies, selling tickets, and promoting participation in various concession activities offered to Senior Citizens. Members who are not residents are involved here too, but there does not seem to be a resident-non-resident dichotomy. They share a commitment to the Centre and this is their focus in these joint activities. Cleavages occur in relation to other criteria.

Clearly, this is an area ripe with opportunities for one-upmanship, for maximising any talents one has and for displaying them in relation to everyone else. The articulated aim is to provide for the education, entertainment and socialising of the members through self-help vis-a-vis the staff and through co-operation. Actual behaviour frequently involves an upgrading of one's own image of independence and high activity by 'putting down' most others. Mrs Hofmeyr, in an aside to me while chairing a meeting: "God, they're so slow! They can take hours to make a decision about the most obvious thing! Sometimes I really don't know why I bother!". Mrs Hofmeyr bothers because she enjoys authority and because she likes to see the fruits of her own energies. She is very energetic and very efficient and is also good at delegating tasks. Everyone at City Place recognises her talents and

respects them, but few like her. She has always been very active - never employed a maid and always participated in many women's groups. Initially she resented the move to City Place very much - "not that I ever liked housework very much, but it seemed so pointless to stay on our own and he (her husband) couldn't work in the garden any more". Throughout their married life Mr Hofmeyr had gone to work and come home to work in the garden. Mrs Hofmeyr had kept house and had many social activities outside of it. Their only daughter had left home soon after matriculating and had married (unhappily) very late and has no children. After her husband's illness, Mrs Hofmeyr's activities had been severely restricted and her reaction to his forced retirement was: "You marry them for better or for worse, in sickness and in health - but not for lunch!". City Place and the activities at the Centre provided her with an alternative environment for her independence and energy and relieved her of the bother of housekeeping.

There are endless examples of this expression of relative activity and independence in relation to others who, it is implied, are less able and more dependent. I shall cite just a few, very briefly, from some of the different areas of interaction:

Mrs Adler about Mrs Tate:

"She's almost blind you know....the doctors can't do more for her eyes....I'm in the next room so I always help her with all the little things and I get the newspaper and read it to her".

Mrs Tate about Mrs Adler:

"She's a very lonely person - her first husband died and she should never have married this one... he's had to be put into the Zerilda Steyn, he's so bad....sometimes she's really a bit of a nuisance....and she talks such a lot....but I haven't the heart to say I'm sleeping, or something....."

Mrs Fairfax about Mrs Bright, in the reception office of the Centre:

"Just because she used to be a librarian, she thinks she knows everything about everything.... always fussing about the records.....my figures are usually more accurate.....still, she's got nothing

else really....the books and the drama group are her life now....and mind you, at her age she's jolly good...."

Mr Powell, during a painting class:

"I always say: you can teach an old dog new tricks - some of these people never held a brush before they came here....of course, the techniques are tricky, but I've been painting for years...."

Mrs van Zyl, overheard whispering during a play rehearsal:

"She really thinks she's a film star, doesn't she? Of course we want to be good but we all know we're amateurs".

Mrs Eaves, in reply:

"Sh...it's the only thing she does.....Mrs Hill (the Centre's paid organiser) is very pleased she's so keen".

And, finally, an example which emphasises the importance of being useful and the symbolic work-role nature of a great deal of the activity here:

"I don't know when I can let you interview me... When do you want to come? I work in the shop Tuesdays and Thursdays, there's the church service Friday morning. I promised Mrs Hill I'd count the ticket money tomorrow....no, there's too much work this week...you'd better find me another time..."

Of course, not all residents participate with this degree of intensity - some merely use the library and the bus service - but all those having some duty there, whether that be to attend a meeting once a month, or even knit a doll's garment once a year, see their participation not only in terms of what pleasure it gives them, but in terms of the contribution they make to their world. All this, of course, is a simultaneous contribution to their self-image. Playing a game of carpet-bowls while others watch, says: "I can still do it"; producing a batch of cookies for sale and to order in the Centre's kitchen says: "I haven't lost the touch, people still think they're tasty and I can still earn, though it's not much"; even going to management with a complaint or a suggestion and having it put to the next meeting and acted upon contributes to a sense of personal control, personal worth, personal relevance - all of which always need re-affirmation

in our society anyway - but for the aged this is particularly so since they are part of the prevailing value system which implies that old is useless.

As we saw in Chapter Five, Stonehaven and Pinewoods are both classified as old age homes, although Stonehaven's two sections - 'the House' and 'the Flats' may further be classified as total and part institutions respectively. One of the criteria for categorising an institution as part or total concerns the number of staff or officials it has, and the nature of their interaction with the residents¹. Pinewoods has a particularly large staff for its 260 residents, whereas City Place has a comparatively small staff for its 241 residents.

The pertinence of the above is to remind us that the degree to which the residential setting is institutionalised has direct relevance for the aspect of image-maintenance and image-projection under discussion, since it immediately introduces the notion of stratification. Whatever other kinds of stratifying occur within such settings, they take place within a population whose members are of roughly equivalent status - at least by formal definition. That is, they form an age grade about which there is some degree of consensus that its members need institutionalised accommodation. In relation to staff, however, formal divisions are inherent in the interaction and are hierarchical in nature, so that whatever modifications are made to behaviour to achieve the desired image, in relation to staff the hierarchical dimension must also be considered.

The most obvious kind of example is of the resident who is

1. Since the 'independents' are by definition not institutionalised, this aspect has no real relevance for them, although being on good terms with the night-watchmen or caretaker certainly makes for security, as one informant who lives in a very large block of flats learned to her cost. She berated the 'supervisor' while in the lift with two others, for 'getting too familiar', and he promptly saw to it that her corridor had no lighting at night for two weeks.

always assertive in relation to other residents - an expression of independence - yet always submissive to staff - because he believes that they will then 'be nicer to him' - a statement of submission as a dependent.

This aspect is observable at City Place, but is in much greater evidence at Stonehaven and Pinewoods.

Although 'the Flats' at Stonehaven function in much the same way as City Place, there is far less class homogeneity among residents. In certain settings, such as the dining room, this factor is the motivating one for assertions of one-upmanship, but for the most part those who feel the gap most clearly, avoid one another. But sometimes this gap is expressed indirectly. Mr Matthews is a case in point. He is a retired railway employee and is a convert to Catholicism. He and his wife are very grateful to have found a home at Stonehaven because they were not coping when they lived independently. Neither of them is very well, although they are quite able to get about and Mr Matthews still drives a car. He expressed what I have been describing, as follows: (This was in response to questions about the dining room facilities)

"I'm a simple fellow - never had much schooling as I told you, but me and the wife - we're decent people... That's what I don't like about sister....she's supposed to be religious....well, where's her Christian spirit?....I'm a convert myself...took on the Catholic church for the wife's sake and my late father-in-law....well, sister, she picked us out.....table manners not good enough or something for Mr Krochek up the road....well, if he doesn't like the way we eat, why doesn't he eat in his own flat?....he's got a nice big kitchen and he can afford fancy food....no Christian spirit....disappointing, that's what it is....and when we had all that trouble with the cook (see p 152) because the food was so bad - sister took no notice until he complained...he and his pal....Mr Stevens...."

Mr and Mrs Matthews 'keep to themselves' most of the time, but Mr Matthews has been reprimanded by one of the sisters on a number of occasions: for leaving his wife alone too often when he goes for walks or goes to watch television at night in

the lounge at 'the House'; for being too friendly with some of the little girls (Stonehaven is an orphanage too), "dirty mind she's got, too....never mind the Christian spirit", he says - and he resents these reprimands terribly, they reduce him to feeling like a helpless child and he is fully aware of increasing helplessness anyway. Mr Krochek, on the other hand, was responsible for funding the renovation of the building in which both men live (see p 142). He represents a direct and visible challenge to Mr Matthews' feelings of growing dependency, so that in the above quotation the latter cuts both his adversaries down to size through his appeal to the value of 'common decency' and 'real Christian spirit', which by implication he has and they do not.

Mr Krochek, on the other hand, has never in my hearing made derogatory comments about Mr Matthews. However, he is envious of two things relating to Mr Matthews: the fact that the latter can still drive a car ("the thing that bothered him most after his illness" says Mrs Krochek of her husband, "is that he had to give up his beloved Mercedes") and the fact that Mr Matthews has the energy and health to do maintenance jobs. "I'm not allowed to do anything anymore", complains Mr Krochek, as he stands and surveys the scene he paid for,

"all that building and gardening and I'm not allowed to lift a finger. Mr Matthews and Mr Smith do all sorts of jobs for sister....I wish I could show her how grateful I am....."

Each man, in fact, perceives the other as more independent than himself, albeit according to different criteria, and each has found ways of expressing his own 'greater' independence - Mr Matthews through mild verbal abuse and Mr Krochek through his acts of material generosity.

The others in 'the Flats' vary in health status and activity levels. The average age is higher at Stonehaven than at City Place (as it is at Pinewoods) but the average income is much lower than at City Place and socialising among residents is far less frequent. We have previously noted the dramatic

differences in activity levels as contributing factors to the general atmospheres of Stonehaven and Pinewoods respectively, or even of 'the Flats' as compared with City Place. At Pinewoods the residents are seen as useless - 'patients' who cannot really know what is best for them or tell the staff anything of benefit to the institution. Their efforts are therefore perceived as expressive ('good for them') rather than instrumental ('good for the community'). At Stonehaven, although residents are no less dependent overall, they are nevertheless encouraged to contribute instrumentally to the institution - which thus becomes more of a 'home' with members contributing what they can to the whole.

Many people at Stonehaven have no outside visitors and few have many. There is some internal visiting though, and the best illustrations within the context of this chapter concern visiting between 'the Flats' residents and 'the House' residents¹.

Mrs Smith expressed her independent - active self-rating this way:

"I usually go and see someone over there (at 'the House') most afternoons....poor dears....they're really lonely over there and most of them are very old,.....I stay a bit and chat and cheer them up.... I don't tell them when I'm coming so it can be a surprise.....".

Mrs Smith is 77 herself and has never had a visitor at Stonehaven in the seven years she has been there, but because she lives in 'the Flats', does some of her own washing and dusting and is physically fairly agile, she emphasises these factors to herself and others by a patronising attitude towards those at 'the House'.

1. Most intra-flatlet visiting consists of 'popping-in' to see someone known to be feeling poorly that day and staying just about long enough to say "hello, how are you today?", or, two women doing their mending together for an hour in the morning, or, the special relationship between the most affluent couples which centres round one or two card games a week and watching special television programmes on Mr Krochek's own set.

The 'poor dear' designation is a useful one for conveying to oneself and others a whole range of areas of greater independence. It is a phrase that ranks the speaker in relation to the person referred to (usually in relation to some specific attribute) and simultaneously endows him with qualities of kindness and caring. Almost everyone in this study has a 'poor dear' and are often 'poor dears' themselves in relation to staff and kin.

Hochschild (1973), writing of a public housing apartment for elderly citizens, describes the syndrome as follows:

"The 'poor dear' system operated like a set of valves through which a sense of superiority ran in only one direction. Someone who was a 'poor dear' in the eyes of another seldom called that other person 'poor dear' in return; but seldom did anyone accept the label from 'above'. Rather, the 'poor dear' would turn to someone felt to be less fortunate, perhaps to buttress a sense of her own achieved or ascribed superiority" (ibid : 59).

Mrs Lambert, 89, provides another example. She is visited quite frequently and often fetched for drives and visits by friends. She reports:

"I've been here ten years and it suits me. I have everything I want and the nuns are very kind....I don't have to do anything for myself but I do make my own bed everyday - I think it's the least I should do while I can - and it's good for me....I don't walk much, I get too tired but I do go down and visit poor Mr Phillips at least once a week. I knew him years ago in Bloemfontein and he has no one left really... we talk about the old days and he relives old rugby games - he played with my late brother....he was a Smuts man....did I show you the photograph of General Smuts at my brother's wedding?"

'Poor' Mr Phillips has clearly come down in the world in Mrs Lambert's estimation, but he is still 'all right' because of his past. Mr Phillips is physically much more able than Mrs Lambert and would be able to walk across to visit her far more easily - but he has never been invited. By visiting him and telling me about it in this way, Mrs Lambert is saying a) that she is still capable of doing so (his room is on the first floor); b) he has no one, she does; c) she still knows what 'the done thing' is and does it; d) she has

associated with important people and can prove it; and e) she may seem old, dependent and useless, but she is not.

The residents at Pinewoods range, in general, between the relative passivity we have seen among a few of the City Place residents, the greater passivity of more of 'the Flats' residents, and the almost total passivity and dependence of almost all 'the House' residents. 'The House' residents at Stonehaven are far more segregated and isolated than at Pinewoods. There are separate physical sections for men and women, each of which includes its own dining room, lounge and sick-bay. There is always someone in the sick-bay, but seldom anyone in the lounge. Some of the women sit on the enclosed sun porch, but converse very little. Some of the men stroll about the grounds, usually alone. The sisters pop in and out of residents' rooms all day, pat them on the shoulder, ask how they are, and disappear. Whenever I was introduced to anyone by one of the sisters, the resident was always presented almost as if he or she were not in the room and yet was referred to: "This is Miss Forbes, she's quite hard of hearing, poor thing....aren't you, Miss Forbes?...see that beautiful quilt she made.....took you a long time, didn't it Miss Forbes?.....she's been here a long while, one of our oldest residents and really gives us no trouble at all, never complains.....you never complain, do you Miss Forbes?". All this delivered at top speed, moving close to Miss Forbes and talking very loudly every time she addressed her, never waiting for an answer, and then bustling out of the room with "I'll leave you with this lady now.....see you later, dearie", flung over her shoulder. Each time this kind of introduction occurred - and that was virtually every time, the first thing the resident said after we had both recovered, was "the Sisters are so kind".

Interviewing these residents was very difficult, especially the women: it was almost as though most of them had forgotten how to converse. But the overriding impression I had was of total acceptance of total dependency. The only indepen-

dent activity any of them showed (other than feeding and dressing themselves and attending church) was doing handwork and discussing that with pride - and the only sort of verbal expression of "I am still a worthwhile person, someone cares about me" occurred, mildly, in discussion of visits by kin. Even occasional participation in activities in the downstairs common-room were more of a response to the sisters' shepherding than an expression of personal initiative or will.

In a previous chapter I discussed the correspondence between the degree of physical and social ability of Pinewoods residents, and where their rooms are in the building. Despite the wide range of the residents' abilities and the spatial constraints of the institution, a quite different general atmosphere prevails. There is certainly more overall bustle, hum and throb at Pinewoods than at any of the other residences discussed - including City Place. But on closer observation this is not because of the residents, but because of the large number of staff, visitors and volunteer workers (some of whom are volunteer visitors).

As at Stonehaven, most residents at Pinewoods are there as a 'no option' choice, but unlike Stonehaven, almost everyone at Pinewoods resents the fact and strives to minimise it. The staff state the 'no option' as a sad fact and promptly rationalise it away because it negates their attitude that Pinewoods is a "happy, rational, alternative residence choice". They imply that it is so, because they believe that it should be so. The welfare officer reports:

"Just about everyone here came because they had to. We have to work very hard when families first approach us, to show them how positive life here is - but once they're in almost everyone says they're sorry they didn't decide ages before....."

Most of the kin are sorry they did not decide earlier because Pinewoods solves their immediate practical problems. Most of the residents explicitly say so because to admit anything else would be to deny that they had had any voice in the decision and to concede that they had been 'dumped'.

Mr Brown asserts his independence of spirit by arguing with the welfare officer about the kind of programmes she provides. At the same time he is asserting his superior intelligence and 'culture' in relation to the other residents when he says:

"She must cater to everyone here....more classical music is sadly needed....surely part of her job is to educate these people? She mustn't just accept their standards....they wouldn't know the difference anyway....she sends them along to everything....and they go like sheep...."

Mr Brown is an amputee and is very bitter about it. He does not like being at Pinewoods and tells everyone he is going home soon. He does not want to 'belong' because 'belonging' to this community symbolises total dependency for him, which he cannot emotionally accept.

Pinewoods is the 'end of the road' and everyone in it knows it, but knowing does not necessarily bring acceptance or inner peace. The only place to go from here is to the cemetery - unless one admits the possibility of a way-station in the chronic wing. This is the kind of way-station everyone, in all the institutions, would rather avoid since it is utterly devoid of any semblance of independence and, at the same time, being there almost certainly means that one is not even conscious enough to know that one has maximum security.

At Stonehaven, by contrast, there is an atmosphere of acceptance - an acceptance which seems to lessen the need for continual overt stressing of independent qualities. The difference is a matter of degree but, although this lies outside the scope of this thesis, perhaps its explanation lies in the religious traditions of the two institutions. The Jewish tradition emphasises life in this world and man's deeds and actions are considered the only true indication of his beliefs and intentions. For this generation of Jews, too, there is perhaps the notion that they must 'try harder' to survive (as a minority) in what is perceived to be a hostile world. For the Catholics, death is just another rite de passage in a divinely ordered system. The human condition is accepted

and human frailty is incorporated into the system, thereby retaining dignity - without the same passion to transcend it by action.

CHAPTER EIGHT

RESIDENCES AS COMMUNITIES

Thus far this thesis has been concerned to present and describe the nature of the aging process for elderly whites in Cape Town. It has moved from a general consideration of aging, through a summary of different theoretical perspectives on the aging process and the position of old people in their social environment, to a detailed description of the social lives of the particular people studied in their respective residential frameworks. A major concern has been to show the relevance of the residential framework itself, for people's adaptations to the old-age phase of the life-cycle, for their perceptions of the nature of aging and for their perceptions of self. In order to demonstrate the importance of the residential context the data were presented, compared and analysed in relation to the segregate, institutional and congregate dimensions of the four special settings examined in this study.

A further question now arises in relation to the internal dynamics of the institutions investigated: Can these residential populations be considered communities? The question arises partly from the fieldwork experience itself and partly from two particular publications, Hochschild's 'The Unexpected Community' (1973) and Ross's 'Old People, New Lives' (1977).

It has been noted that staff have frequently referred to residents as an entity, a communality; whereas residents themselves have stressed 'place' ('here') rather than corporateness ('us'). Though these discrepant perceptions may be explained in a variety of ways, the question of the validity of the designation 'community' nevertheless remains.

Hochschild titles her book about an American senior citizen housing project 'An Unexpected Community' and, indeed, states that "the book tells about their community as a mutual aid society, as a source of jobs....as a pool of models for growing old....as a subculture with its own customs, gossip and humour... ..what the community does for and means to the people in it" (Hochschild, 1973 : ix). However, although the book is scattered with comments such as "how a collection of near-strangers became a community" (ibid. : 38), it does not give explicit criteria for such a designation. Her method, for the most part, is to "let the data speak for themselves". The implicit suggestions are of a territorially-based group whose social organisation "fosters a 'we' feeling and a 'nascent old age consciousness'" (ibid. : 142).

Ross, on the other hand, deliberately sets out to examine the possibility of the "development of a community by old people in an age-homogeneous residence" (Ross, 1977 : 4) and defines her use of the term in a chapter entitled 'Community Creation'.

This chapter will discuss the concept of community and attempt to evaluate the appropriateness of such a label for each of the residences in this study, in relation to that discussion.

The Concept of Community

Various writers have discussed the concept of community in a variety of contexts. Tönnies classical conception (first published in 1887) distinguishes community from society: "All intimate, private and exclusive living together is understood as life in Gemeinschaft (community). Gesellschaft (society) is public life - it is the world itself" (Tönnies, 1955 : 37). Living together in a particular place is an aspect considered by most writers to be a necessary condition for the emergence or formation of community. "One aspect of every community is its territorial base" writes Wirth (cited in Worsley, 1970 : 299). MacIver (1961 : 8-10) concurs, although for him the emphasis shifts to social relationships:

"Whereas the members of any group, small or large, live together in such a way that they share, not this or that particular interest, but the basic conditions of a common life, we call that group a community. The mark of a community is that one's life may be lived wholly within it. The basic criterion of community, then, is that all of one's social relationships may be found within it. A community then is an area of social living marked by some degree of social coherence. The bases of community are locality and community sentiment"¹.

Furthermore, in MacIver's view, "the importance of the conception of community is in large measure that it underscores the relation between social coherence and the geographical area" (ibid).

We may summarise the three major themes consistently appearing in these discussions as territory (locality), social organisation (social coherence) and we-feeling (community sentiment). Although territory is a fundamental aspect of most discussions, it may be considered a necessary but not sufficient basis for community.

The aspect of social organisation refers essentially to patterned and regulated social interaction. It refers to the internal structure (incorporating the notions of status and role) and is that pattern (network) of relationships which distinguishes this social establishment from others and establishes boundaries for interaction. The boundaries of groups and categories are known to all the participants in this organisation, as are the norms and beliefs, although the latter are not necessarily shared equally by all participants.

We-feeling describes a sense of distinctiveness, a sense of shared fate and emphasises the way people look at their own social world. It may be likened to Turner's use of the term 'communitas': "'communitas' or social anti-structure....

1. Not all writers agree with the crucial importance of locality. Webber (1964) develops the conception of 'interest community' in which spatial proximity is not a necessary condition. However, this need not concern us here, for in our consideration of total and part institutions, the populations are defined in terms of territorial boundaries.

a bond uniting people over and above any formal social bonds" (Turner, 1974 : 45). Turner distinguishes 'communitas' a "modality of social relatedness" (ibid. : 201) from 'community', "which refers to a geographical area of common living" (ibid). He maintains that Tönnies' term Gemeinschaft combines both structure and 'communitas': "Gemeinschaft in that it refers to the bonds between members of tightly-knit, multifunctional groups, usually with a local basis, has 'social structure' in this (Merton's) sense. But insofar as it refers to a directly personal egalitarian relationship, Gemeinschaft connotes 'communitas', as, for example, where Tönnies considers friendship to express a kind of Gemeinschaft or 'community of feeling' that is tied to neither blood nor locality" (ibid).

Essentially, 'communitas' is a sense of commonality which may be analytically distinguished from the structure of community, but which, in my view, is the essential component which validates designating a particular social entity a community. Turner distinguishes the two as follows: "The bonds of communitas are anti-structural in that they are undifferentiated, equalitarian, direct, non-rational.....I-Thou or essential We relationships, in Martin Buber's sense. Structure is all that holds people apart, defines their differences and constrains their actions....." (Turner, 1974 : 46-47).

The following discussion, which attempts to assess whether the residential populations in this study have indeed created communities, will emphasise the 'communitas' aspect. The territorial aspect is taken as 'given', since the individuals comprising the residential populations only began to interact once they had entered the defined space. The form of the presentation partly follows Ross: "Factors which affect the developmental aspects of community formation.....can be divided into those which are present or not present among a collection of individuals at the beginning of the process, and those which may or may not develop over time" (Ross, 1977 : 7). We now turn to a consideration of some of these factors.

Homogeneity

The expectation here is that older people living together will be more likely to form a community if they have more in common than mere age. Two qualities shared by residents at all the institutions are those of age and the legal classification: white. The latter aspect in the South African situation is most relevant in the total societal context where it means that all, being white, have shared in the privileges of the dominant (socio-political) group. A third shared quality is that, by definition, all residents have acknowledged the inappropriateness of continued residence in 'normal' housing.

At Pinewoods all residents share Jewish ethnicity as a background factor. Although this is a starting point of commonality, ethnicity often has most relevance as a unifying factor when defined situationally in relation to out-groups. The only out-groups at Pinewoods are the maintenance and most of the nursing staff, and the relevant differences perceived in relation to these groups relate to age and function rather than to ethnicity. In addition, within the acknowledged ethnic homogeneity, there are cross-cutting factors promoting points of potential cleavage: language (Yiddish speakers - English speakers), sex, formal religion (Orthodox - Reform - those for whom religious observance holds no particular value), and a wide range of different economic statuses. To this may be added the fact that the age range at Pinewoods spans more than 30 years.

Common need and a sense of shared fate are two aspects which may often be seen to promote 'communitas' - for example, in utopian communities or among urban squatters. In the old age institutions, however, these are the two factors most people are most anxious to deny and, as we saw in Chapter Seven, they are the very aspects most manipulated to differentiate self from other.

At Stonehaven 'House' the age range also spans some 30 years. Twelve of the 70 residents are not Catholic, but all knew Stonehaven was a Catholic establishment before entry and religious affiliation is not a criterion for sub-group formations. Although there are some exceptions, most of the male 'House' residents may be categorised as working class in terms of past occupations - railway workers, seamen, carpenters. Most of the women had been housewives, but past residential addresses also suggest a categorisation of working class in terms of income. Compared with Pinewoods there may, therefore, be said to be a greater degree of class homogeneity at Stonehaven and therefore a larger number of shared norms, on arrival, than at Pinewoods.

At both residences the majority of the people come from the greater Cape Town area as their most recent residence. For most this is also their residential area of longest duration. At Stonehaven this factor provided no significant basis for bonds between people prior to entry. As we have noted elsewhere, one or two people had links with the institution itself prior to entry, and one or two have siblings in the residence, but I found no evidence of any other kind of prior bonding (for example, membership in the same congregation or the same branch of a political party).

At Pinewoods, on the other hand, residence in the greater Cape Town area meant that these people were part of the organised 'Jewish community'. Their names had appeared on the communal register, many had been members of the same synagogues (although the degree of active involvement in these varied widely) and all had participated at least to some degree in Jewish communal affairs and had contributed financially to Jewish charities and to fund-raising for Israel. This meant that there was known potential, in advance of entry, for finding links with others. Whereas individual residents may not have known each other prior to entry, many knew of each other or knew members of each other's kin, neighbourhood or friendship networks. In addition, there were often links between

residents' children or grandchildren - particularly within the sphere of organised Jewish life in Cape Town (for example, the Jewish schools which cater to over 2 000 children, some 55% of the Jewish schoolchildren in Cape Town, with a higher percentage in some suburbs, and Jewish men's and women's organisations).

City Place is a residence deliberately designed to maximise homogeneity in terms of class and condition of health and it has been successful in applying these criteria. In a previous chapter we saw how the manager had the power to reject applications he considered 'unsuitable' in terms of 'class', and we also saw how the health clause in the lease acts as a restriction.

All residents at City Place can and do speak English, but language (English, Afrikaans and German) is also one basis of a number of sub-groupings. A wide range of Christian denominations is represented and is a factor in some friendship networks, but is rather overshadowed by common interest as a factor in the formation of such networks. Religious services are provided weekly at City Place, where the various denominations preside in turn but the general ethos, when it is articulated at all, is of mainstream Christianity. As one resident phrased it: "Religion and politics are taboo subjects here - they are considered controversial and no one here wants to rock the boat of congeniality". Minorities seem not to seek entry. There were three Jews at City Place during the fieldwork period (two of whom were sisters) but none of whom had strong feelings of Jewish identity or strong bonds with the Jewish community. We also saw in Chapter Three that one reason for Mrs Bright's not applying to City Place was her feeling that her strong religious commitment (Seventh Day Adventist) would be 'out of place'. We may summarise then, by saying that there is a sense of religious homogeneity to the extent that differences are played down and strong particularistic views are not considered desirable.

At Stonehaven 'Flats' we have already noted 'class clustering', as well as the common value of 'keeping to oneself', which, although shared, is hardly conducive to community creation.

Lack of Alternative

Ross makes the point that if few alternatives are evident, each individual is more likely to feel that his destiny is bound up with that of others:

"Utopians who feel there is nowhere else they can live the good and right life, and squatters who feel there is nowhere else they can live at all, share a kind of all-in-the-same-lifeboat commitment to each other which is a powerful basis for both feelings and structures of community. Similarly, older people who find themselves together in special housing arrangements certainly often share the feeling that they have very little alternative to being there. Sometimes with gratitude, sometimes with resentment, they frequently express the feeling that these are the only places where they can live in independence and security" (Ross, 1977 : 9).

We have already referred to the 'no option' element at both Pinewoods and Stonehaven, and we have noted that, in general, residents at Stonehaven express gratitude and residents at Pinewoods express resentment. In other words, both sets of people acknowledge this element. But is this acknowledgement sufficient for the emergence or creation of 'communitas'? We have noted that the gratitude expressed at Stonehaven, although common, is expressed individually and in relation to the sisters and to the care the institution provides. There is no expression of 'us' or gratitude for supportive bonds. Where supportive bonds exist between individuals (mutual aid) this is never expressed as a trait common to all residents, but rather as a function of the particular (separating) relationship between the persons concerned.

Similarly, at Pinewoods, when resentment is expressed, it is expressed by individuals on their own behalf and is directed at kin or personal circumstance ('bad luck'). Resentment is

also expressed against staff and outsiders (as indicated in the many cases cited throughout this report) precisely for categorising all residents as the 'same'. As we saw in Chapter Seven, much individual behaviour is directed towards making the most of attributes perceived as distinguishing the individual from the mass.

As these are total institutions with relatively few avenues for expressing independence, any articulation of "these are the only places" (ibid) promote identification with that very attribute of dependency which, it is my contention, they most wish to avoid.

Furthermore, the very notion of community creation implies active effort - whether conscious or sub-conscious. Individual acknowledgement of lack of alternative cannot and does not, of itself, promote a feeling of "we're all in this together - let's make the best of it together". Such active effort relates also to people's energy levels and past behavioural repertoires as discussed in Chapters Five and Six.

City Place, as a part institution, is closer to Ross's description. The choice factor provides the basis of the difference. Very many of the residents of City Place chose to enter not only because of technical convenience (which could be supplied by the residential hotels) but specifically for the social environment composed of peers and emphasised by the availability of social activity at the adjacent Centre. The various committees arising out of the residents' own initiative are motivated by considerations of 'we/us'. For example, the shop which sells second-hand clothing provides a service for 'us' and funds are used to benefit 'us'. Although this shop is situated in the Centre and 'us' therefore refers as much to that community as it does to that of City Place, residents also consider it 'our' shop - as they do with the library and all the other facilities.

All three residences have an annual fund-raising fête and this activity provides a useful illustration for delineating the different degrees of expression of 'communitas' in the four institutions.

At City Place the fête is organised and conducted by residents and members, perceived as one body who allocate stalls and request work for sale (needlework, painting) from amongst themselves, and everyone is both expected to participate and to encourage kin and friends to attend and spend the day. The proceeds of the fête are seen to benefit residents and members directly, individually and as a body, as the allocation of proceeds is at the elected committee's discretion. Staff members of both the residence and the Centre are consulted and brought into the various decision-making areas, but their inclusion is by choice and is based on their being concerned parties, of equal status, to a joint venture. In other words, this is one occasion round which the features of locality, common interest, social organisation and community sentiment merge most clearly to form community. However, this is a once-a-year occasion, and although there is a preparation period and an evaluation period, the relationships so formed and the commonality thus expressed are not permanent features. The annual fête is a powerful instrument of community but relatively short-lived.

At Pinewoods, the annual fête is both seen to be and is the responsibility of the welfare officers and the director together with the outside volunteers previously mentioned. Residents are encouraged to contribute goods for sale and many do, particularly the women. Handwork is pointed to with pride by all residents and the creators of it receive much praise. However, this is partly off-set by a considerable proportion of the goods offered being solicited from outside the institution, usually by the staff and volunteers. A very small number of residents are actively involved in planning for the fête or serving on the day, and their ability to be so involved serves to set them apart from the majority of residents and to accentuate their greater capabilities. The greater

physical dependency of more of these residents, when compared with City Place, is also noticeable. There are simply fewer people physically able to put up stalls, for example. Furthermore, the fund-raising itself is seen as a contribution to the operation of the institution, rather than as a direct, tangible benefit to the residents themselves. For some people their part in that contribution is emphasised as it is perceived as being an occasion on which they are able to do something positive for others. For some people, however, the fact of a fête 'for Pinewoods' serves to further emphasise the insider-outsider dichotomy with the negative connotation (which they wish to avoid) of things always being done to and for them.

At City Place, the staff's insistence on the residents as a community is borne out in relation to the annual fête; at Pinewoods, in the ways indicated above, it tends to confirm the observer's impression of that view as the staff's own myth.

Stonehaven fills an intermediate place in this illustration of notions and actions of community. The sisters have a less dominant role than the welfare officer and volunteers at Pinewoods, but a more dominant role than the staff at City Place. Many people produce work for sale or display (as they do at both other residences) but since the population is so much smaller this has greater significance. Everyone knows whose work it is and the giver is highly praised by all. Again, the proceeds are perceived as being for the institution rather than for the residents but this is positively emphasised by staff and residents as being an opportunity for giving. Since it is known that the funds so raised are in fact significant for the continued maintenance of Stonehaven, the sense of active and positive communal contribution is heightened. At Pinewoods, the fête does not have this association of urgent fund-raising.

Although Pinewoods residents are individually and publicly thanked for their contribution, the gratitude is essentially towards the wider community for its support. The annual

published report from Pinewoods prints thanks to the volunteer workers and to other members of the wider community. At Stonehaven residents are thanked individually and publicly and the gratitude is directed towards them from 'the institution'.

Investment and Irreversibility

In this connection, Ross again draws on the example of utopian communities:

"Successful utopian experiments, those which create stable communities, tend to have in common the fact that members must make a substantial investment in order to belong.....making a substantial investment, especially if it is irreversible, stimulates commitment to the community as a means of justifying the investment" (Ross, 1977 : 9).

(Investment is understood as financial as well as investment of time and energy)

In theory, entry to any of these residences is not irreversible. However, as we saw in previous chapters, there is usually no alternative for residents in total institutions, hence entry there is perceived as irreversible. This, however, does not lead automatically to commitment. Both the total institutions considered here functioned and will continue to function with or without investment (financial or personal) from current residents. Whether they function as communities does depend on personal investment as a gesture of commitment. It has been suggested above that at Pinewoods this commitment is for the most part avoided. However, it was also suggested in Chapter Five that the myth of communality is valued. In other words, residents comment positively on the commitment and investment of staff as a reflection of their own (the residents) worth and security. They also value positively the various activity programmes as symbols of ongoing independent action and as evidence of investment in the communality - whether they themselves participate (invest) or not. In Chapter Five we also noted the relatively low voluntary

participation of residents at both total institutions in communal activity.

At City Place, on the other hand, although financial investment and irreversibility both rate lower than at Pinewoods or Stonehaven, personal investment is greater for proportionately more people. Again, this relates back to the factor of choosing this accommodation and to the greater frequency of socialising as motivation for entry, as indicated above. However, the part-institution character of City Place was also a strong component of the decision to enter, as noted in Chapter Five. The ability, desire and action of many people at City Place to maintain kin and friendship networks and interests outside of City Place counterbalances the forces promoting generalised community formation and universally held sentiments of 'communitas'.

Material Distinctions

Erving Goffman (1961), in his discussion on the characteristics of total institutions, refers to "the stripping and levelling processes which.....directly cut across the various social distinctions with which the recruits enter" (p 111). In our discussion of control of space within the institutional dimension (in Chapters Five and Six) we saw how residents at all four residences had to divest themselves of some of their material possessions. We saw also how the use of space at Pinewoods served, on the one hand, as a shared experience for the residents, as all accommodation is basically the same, and on the other hand, the allocation to different floors promoted cohesion among some residents but acted as a divisive force when considering the total population. We also noted through the cases cited that some residents perceived differential treatment which they assumed due to material distinction.

At Stonehaven 'House', although 'stripping and levelling' is not done by the institution, residents are relatively class

homogeneous at entry, as we have shown, and hence material distinction is not evident. For this to be relevant to the notion of community creation, however, it must be a factor remarked upon in some way either among the residents or by the residents to others. I have no evidence for this.

At Stonehaven 'Flats', by contrast, material distinction exists visibly and has been commented on by a number of residents (see Chapter Six). It thus serves as a mark of difference.

At City Place, although material distinctions are evident in room furnishings and other ways (dress, owning a car), the unanimity of complaint at the smallness of the rooms serves to unite rather than to distinguish.

In addition, of these four residences, City Place manifests the greatest active conformity to norms evolving within the institutions. People consciously suppress public comment which could damage the carefully nurtured atmosphere of congeniality. Comments relating to old people as a category (for example, complaints about the effects of the rising cost of living on the fixed incomes of most elderly people) are acceptable, since they foster we-feeling; whereas complaints of personal privation are never voiced publicly since they might raise doubts as to the individual's continued eligibility as a resident in this establishment.

Pinewoods residents manifest and express a far wider range of idiosyncrasy, and Stonehaven, as suggested in earlier chapters, seems to have a norm of minimal communication.

Social Exclusivity

Most of the social barriers that could be subsumed under this heading and that provide obstacles to community formation have already been dealt with. However, Ross refers here

specifically to kin ties:

"If the importation of many sexual and kin ties into a new residential setting is seen as a barrier to formation of communal sentiments, then much separate housing for older people is unusually free of this kind of obstacle" (Ross, 1977 : 11).

This is true of three of our four residences. We have noted previously that at both Pinewoods and City Place individuals have formed liaisons which distinguish them as couples and that both residences contain a few married couples. This 'freedom' is most apparent at Stonehaven 'House' where men and women are spatially separated but this latter in turn works against total communality.

This factor was most clearly seen in reverse at Stonehaven 'Flats' - particularly in the separate buildings - for which we noted the high proportion of married couples and mentioned this as a factor contributing to the lack of communal activity amongst them.

Leadership

The presence of people with the ability to lead others into developing community will be relevant only where those 'others' are willing to be led.

At Pinewoods a few people showed leadership ability, but in most cases this entailed being the dominant figure in a relatively stable group of people whose main activity as a group was to sit in particular places at particular times and chat or play cards. Leadership skills in such instances are clearly not being utilised to generate awareness of community needs or to initiate community activity or even to generate community sentiment itself. If anything, these groups form cliques and are fragmentary rather than segmentary, since they do not unite at a higher order of generality.

There are however two exceptions to this. One resident

has initiated a classical music afternoon and has established it as part of the regular activity programme of the institution. He arranges all the detail himself and the gathering is well attended and has become one of 'our' activities. Another resident, referred to elsewhere in this report, frequently tries to raise group consciousness (especially vis-a-vis 'the committee' and its decisions), but has thus far not met with success in spite of several years of perseverance. He is a leader in the sense of being a dominant figure in a number of groups but is unable to generate a sense of corporateness in the face of the general apathy.

At Stonehaven, several individuals seem to have leadership skills in terms of their personalities and the attention they arouse whenever they speak up in public, but they show no inclination to exercise these skills for any communal purpose. Even in the large room situated in 'the House', which is the venue for the limited activity programme that does exist, the participants have elected one of the sisters as their chairman. This programme is meant for residents of both 'the House' and 'the Flats', but only one or two 'Flats' residents participate on a regular basis.

At City Place, on the other hand, leadership emerges as an important factor contributing to community formation. There are several individuals whose leadership qualities combine with an intense focus of their relationships and activities within the domains of the residence and the Centre. These are the individuals who serve on the committees and are frequently those whose past experience in committee work has qualified them for the tasks they now set themselves. These are also people, who, for whatever reason, have fewest ties outside of the residence. Although the activities themselves are usually located at the Centre, and therefore involve a larger number of people than the resident population, these leaders are as active at recruiting and generating explicitly articulated

community sentiment within the residence as they are at the Centre. These are the people who emerge most clearly as social brokers - a concept which does not apply at the other residences.

Boissevain (1974), following Barth, describes the social manipulator as an entrepreneur: "A person who builds and manages an enterprise for the pursuit of profit in the course of which he innovates and takes risks....." (p 147). (The notion of profit relates to social credit). Such persons manipulate resources and Boissevain distinguishes between first order resources "such as land, jobs, scholarship funds, specialised knowledge, which he controls directly" (ibid) and second order resources such as "strategic contacts with other people who control such resources (first order) directly or who have access to such persons" (ibid). Those who control first order resources he calls patrons and those who dispense second order resources are called brokers. The leaders at City Place are social brokers whose 'capital' (ibid. : 159) consists of their comparatively high energy level, their organisational expertise gained from past experience and their brokering skills (based, I believe, in their personality structures) which enable them to maintain good relationships with most people and, at the same time, exercise control over them. Their 'profit' is most simply described as prestige for they are sought out by staff as those "who know everyone" and by residents both for this reason and because they "know the system"; in other words, for both groups they are recognised as active people who show initiative and who have access to large numbers of other people. This in turn enhances their images of self as independent and 'young' and, in fact, these people often explain their unusual activity as "keeping busy keeps me young".

The diverse formal activity programme of the Centre usually provides the initial opportunity for the emergence of such brokerage. The lack of such a programme is part of the

reason for the absence of this phenomenon at Stonehaven. Other reasons are the comparatively low energy levels (which is one of the reasons for their being at a total institution) and the comparative lack of organisational skills which is consistent with the lower-class bracket. At Pinewoods, which has a full and varied activity programme, the relative absence of brokerage as a component in community formation is also related to lower energy levels and the comparative lack of organisational skills in social-leisure relationships (as against business relationships, for example). But more importantly, the institutional dimension itself intrudes. In their well-intentioned desire to foster communal activity and in their desire to involve the wider community in activities within the institution, the staff and the volunteer workers (both of which categories have higher energy levels and wider social networks than the residents) repeatedly take initiative ahead of the residents and repeatedly foist their services upon the residents thereby depriving them of opportunities for independent activity and at the same time encouraging, albeit unintentionally, feelings of dependency. Some residents welcome this and respond as followers, others withdraw into apathy from the onslaught, and yet others express their independence by deliberately or unconsciously refusing to participate.

Proportion of Kinds of Contact

We have discussed at length the kinds of activities shared by people at the four residences. However, it is worth noting again in this context that most of the old people in this study share more kinds of contact with each other than with anyone outside - and that this is particularly so within the total institutions. This corresponds to MacIver's comment that "the mark of a community is that one's life may be lived wholly within it" (op.cit). In addition, visitors may be 'shared' with other residents and many bonds of reciprocity occur between 'insiders'. I would argue that these aspects

form the context within which community may develop but without the binding force of 'communitas' which MacIver himself calls 'community sentiment', such development remains at the level of potential and is not realised.

Interdependence

Through the cases and the descriptions we have seen how residents exchange objects such as books and handwork and also do chores for each other. We have also seen how help in sickness or emergency is the most highly valued kind of interdependence among older people (including the 'independents' described in Chapter Four). In the most institutionalised contexts, however, dependence is ultimately on the institution and not on other residents. Within the least institutionalised context of City Place, interdependence is relatively greater and is a major source of security for people at this residence, in the absence of built-in institutional security of tenure and of care.

Work

We have mentioned before that communal unpaid work is a kind of participation (and investment) valuable for promoting community sentiment. At Pinewoods only two or three individuals out of a population of 260 can be said to view their activities as work and again this relates to lack of opportunity since such a large staff is available to provide all services.

At Stonehaven ('House' and 'Flats') we noted a larger proportion of people who contribute to the day to day running of the institution. The smaller size of the staff is a contributing factor here too, since the tasks are truly functional and the individuals so involved experience the gratifying feeling of

true giving, and of doing real, independent work. However, since these tasks carried out individually are for the institution - or more precisely - 'for Mother' or 'for Sister', they have great value for the individuals and for perceptions of self and make a real contribution to the functioning of the institution, but do little to promote communality among residents.

At City Place, all the brokers and many others in their networks view many of their activities as work and feel the same kind of responsibility for their appointed tasks as do people in paid employment. There is concern with arriving on time, being efficient and being reliable. The tasks are often used to explain tiredness or inability to attend other activities and several brokers have implied that residents who never 'work' for City Place are to be regarded as parasites. Since the only perceived beneficiaries of such work (selling tickets for concerts and shows, collecting old clothes for jumble sales, taking telephone bookings for lunches) are the residents and members themselves, such work makes a significant contribution to community sentiment. The work aspect at City Place is clearly as closely related to the presence of the Centre as are many other aspects we have considered. Yet to speculate whether these aspects would be present if the Centre did not exist would be futile since a) it does exist, and b) if it did not, City Place may have attracted very different kinds of residents.

In summary, it is clear that older people in special residential settings are potential community members. It is also clear that the characteristics, or 'descriptive dimensions', of the settings themselves can constrain or promote a sense of community. It is somewhat paradoxical that those institutions which are most segregated, most structured and whose residents seem most homogeneous, are not those in which 'communitas' is most evident.

This seems to be because the development of 'communitas' is a creative process demanding energy, initiative and incentive - none of which are characteristic of old people in total institutions.

One further point may be noted. Turner links his concept of 'communitas' to a concept of 'liminality' defined as "a movement between fixed points....essentially ambiguous, unsettled and unsettling" (Turner, 1974 : 274). 'Liminality' occurs most often in periods of transition - as in rites of transition - when the members of the group have relinquished one status phase but have not yet entered the next. Old people, particularly those in institutions, may be regarded in one sense as being in a state of liminality - they have relinquished most of their past roles and thus the total bundle of roles which defined their status. But society has provided no defined status phase for them to enter. As we noted in Chapter One, they are in large measure statusless. As the final rite de passage leads to a phase whose dimensions are unknown, they are in a state of limbo, rather than liminality, a state of being cast aside to wait for death, which provides no incentive for the development of 'communitas'.

APPENDIX 1PROJECT 60+QUESTIONNAIRE IGENERALPHONE:

I.

NAME: _____

ADDRESS: _____

HIST. RES. & _____

DURATION _____

II. AGE: A. _____

B. _____

C. _____

III. MARITAL _____

SINGLE

DIV. _____

M. _____

REM. _____

SEP. _____

WID/ER. _____

STATUS _____

DURATION _____

IV. LEVEL _____

PRIMARY

HIGH _____

POST _____

EDUCATION _____

V. LANG. HOME: _____

OTHER: _____

VI. RELIGION: _____

*OBS. HEALTH _____

VII. CHILDREN _____

TOTAL

L/M _____

L/F _____

D/M _____

D/F _____

VIII OCC: _____

RET. _____

PEN _____

F/T EMPL. _____

P/T EMPL _____

IRREG/EMPL _____

PAST OCC _____

YR. RETIREM. _____

LAST JOB: _____

_____HIST _____

IX. INCOME: _____

A. _____

B. _____

C. _____

ADD SOURCES: _____

ST.PEN _____

CONTR. PEN _____

CAP.SAVINGS _____

SAVINGS.INT _____

LODGER: _____

CHILDREN: _____

EXPEND/...

EXPEND: RENT MEALS CAR PHONE ENT. HOBBIES OTHER

X. CONSTIT. ALONE +SPOUSE PD.COMP FR/REL FR/REL INSTIT.
 OF HSHOLD. OWNSEX OTHER
 & GEN. SEX/OWN
 GEN.

HS/FLAT B/HSE +M. +UNM +LODGER OTHER:
 LIFT? HOTEL CHIL CHIL

PROXIMITY OF NEAREST

KIN *

* DESC. GEN. DESCR.
 HOME

CAR RADIO OTH/MUSIC BOOKS TEL. FR/STOVE OTHER

XI. HELP IN NONE P/T F/T PD.COMP. NURSE SERV. FAM. OTHER
 HOME:

XII. INTERESTS CARDS MUSIC TEA/PTIES RDING KNITTG. GDNG
 IN HOME

OTHER:

OUTSIDE: CHURCH CLUBS SPORT TEA/PTS. CINEMA THEATRE CONCTS

LECTURES

DANCING

OTHER

XIII. CONTACTS.	IN YR. SUB.	SEE REG/SELD	1 month
CHILDREN			
SIBLINGS			
PARENTS			
CLOSE FRIENDS			
NEIGHBOURS			
OTHER			
	1 week	OTHER	
CHILDREN			
SIBLINGS			
PARENTS			
CLOSE FRIENDS			
NEIGHBOURS			
OTHER			

APPENDIX 2ACTIVITY PROGRAMMEMONDAY 1ST:

BRIDGE CLASS FOR CONTRACT	
BEGINNERS ONLY	9.30
ART & LIFE DRAWING CLASS	9.30
CARD AFTERNOON	2.00
CLAY MODELLING	2.00
DRAMA	2.00
8 P.M.: THE CERFF SHOW "MURDER SHE SAID" -	
STARRING MARGARET RUTHERFORD.	

TUESDAY 2ND:

BRIDGE CLASS FOR MORE ADVANCED	
PLAYERS	9.45
TOYMAKING FROM FELT	10.30 - 12.00
CARPET BOWLS	10.45
<u>EXHIBITION OF PAINTINGS AND SCULPTURE</u>	
<u>IN FOYER.</u>	

WEDNESDAY 3RD:

<u>EXHIBITION OF PAINTINGS AND SCULPTURE</u>	
<u>IN FOYER.</u>	
DRESSMAKING AS A HOBBY	9.30
MACRAME CLASS	10.00
8 P.M.: THE CERFF SHOW - "THE PINK	
PANTHER". STARRING PETER SELLARS.	

THURSDAY 4TH:

<u>EXHIBITION OF PAINTINGS AND SCULPTURE</u>	
<u>IN FOYER.</u>	
<u>10.30: GET TOGETHER - "BINGO" WITH</u>	
<u>PHILLIDA AND IONA.</u>	
PLAY READING	2.30
CRAFTY ARTS	1.30 - 4.00

FRIDAY 5TH:

CONGREGATIONAL CHURCH SERVICE	9.30
EXTRA BRIDGE CLASS FOR MORE	
ADVANCED PLAYERS: PLEASE MAKE UP	
OWN FOURS.	9.45
MILLINERY	2.00
REJUVENATION THROUGH MOVEMENT	10.45

MONDAY 8TH:

BRIDGE CLASS FOR CONTRACT	
BEGINNERS ONLY	9.30
ART & LIFE DRAWING CLASS	9.30
CARD AFTERNOON	2.00
CLAY MODELLING	2.00
DRAMA	2.00
8 P.M.: THE CERFF SHOW - "GOODBYE MAGGIE	
COLE" STARRING SUSAN HAYWARD.	

TUESDAY 9TH:

BRIDGE CLASS FOR MORE ADVANCED	
PLAYERS	9.45
TOYMAKING FROM FELT	10.30 - 12.00
CARPET BOWLS	10.45

WEDNESDAY 10TH:

DRESSMAKING AS A HOBBY	9.30
MACRAME CLASS	10.00
8 P.M.: THE CERFF SHOW - "THE LOST CHILD"	
AND "DEAD CERT".	

THURSDAY 11TH:

<u>10.30: GET TOGETHER - THE HAPPY WANDERER</u>	
<u>RETURNS WITH A SLIDE SHOW AND TALK</u>	
<u>ENTITLED "THE FOUR SEASONS OF THE YEAR".</u>	
PLAY READING	2.30
CRAFTY ARTS	1.30 - 4.00

FRIDAY 12TH:

DUTCH REFORMED CHURCH SERVICE	9.30
EXTRA BRIDGE CLASS FOR MORE ADVANCED	
PLAYERS: PLEASE MAKE UP OWN FOURS.	9.45
REJUVENATION THROUGH MOVEMENT	10.45
MILLINERY	2.00

MONDAY 15TH:

BRIDGE CLASS FOR CONTRACT	
BEGINNERS ONLY	9.30
ART & LIFE DRAWING CLASS	9.30
CARD AFTERNOON	2.00
CLAY MODELLING	2.00
DRAMA	2.00
8 P.M.: THE CERFF SHOW "AVANTI" STARRING	
JACK LEMON AND JULIET MILLS.	

TUESDAY 16TH:

BRIDGE CLASS FOR MORE ADVANCED	
PLAYERS	9.45
TOYMAKING FROM FELT	10.30 - 12.00
CARPET BOWLS	10.45

WEDNESDAY 17TH:

DRESSMAKING AS A HOBBY	9.30
MACRAME CLASS	10.00
8 P.M.: THE CERFF SHOW - "SHOT IN THE DARK"	
STARRING PETER SELLARS.	

THURSDAY 18TH:

<u>10.30: GET TOGETHER - "BINGO" WITH PATTI</u>	
<u>AND SHEILA.</u>	
PLAY READING	2.30
CRAFTY ARTS	1.30 - 4.00

FRIDAY 19TH:

ANGLICAN CHURCH SERVICE 9.30
 EXTRA BRIDGE CLASS FOR MORE ADVANCED
 PLAYERS: PLEASE MAKE UP OWN FOURS. 9.45
 REJUVENATION THROUGH MOVEMENT 10.45
 MILLINERY 2.00

MONDAY 22ND:

BRIDGE CLASS FOR CONTRACT
 BEGINNERS ONLY 9.30
 ART & LIFE DRAWING CLASS 9.30
 CARD AFTERNOON 2.00
 CLAY MODELLING 2.00
 DRAMA 2.00
 8 P.M.: THE CERFF SHOW "THE JAZZ SINGER"
 STARRING PEGGY LEE & DANNY THOMAS.

TUESDAY 23RD:

BRIDGE CLASS FOR MORE ADVANCED
 PLAYERS. 9.45
 TOYMAKING FROM FELT 10.30 - 12.00
 CARPET BOWLS 10.45

WEDNESDAY 24TH:

DRESSMAKING AS A HOBBY 9.30
 MACRAME CLASS 10.00

9 A.M. TRIP TO HERMANUS. PLEASE
 CONSULT NEWSLETTER FOR DETAILS.

8 P.M.: THE CERFF SHOW - "PENELOPE"
 STARRING NATALIE WOOD.

++ WEDNESDAY 31ST:

11 A.M. DISCUSSION GROUP.

PROGRAMME SUBJECT TO ALTERATION.

2.

THURSDAY 25TH:

10.30: GET TOGETHER: "AROUND THE WORLD
 IN 80 SLIDES" WITH MR. LUCIEN SANDERSON.
 ALSO MR. SANDERSON'S "R.A.F. SCRAPBOOK" -
 SLIDES AND TALK ABOUT HIS SERVICE WITH
 THE R.A.F. OVER BURMA.
 PLAY READING 2.30
 CRAFTY ARTS 1.30 - 4.00

FRIDAY 26TH:

METHODIST CHURCH SERVICE 9.30
 EXTRA BRIDGE FOR MORE ADVANCED
 PLAYERS: PLEASE MAKE UP OWN FOURS 9.45
 REJUVENATION THROUGH MOVEMENT 10.45
 MILLINERY 2.00

MONDAY 29TH:

BRIDGE CLASS FOR CONTRACT
 BEGINNERS ONLY 9.30
 ART & LIFE DRAWING CLASS 9.30
 CARD AFTERNOON 2.00
 CLAY MODELLING 2.00
 DRAMA 2.00

8 P.M. THE CERFF SHOW - "AN AMERICAN
 IN PARIS" STARRING GENE KELLY AND
 LESLIE CARON.

TUESDAY 30TH:

BRIDGE CLASS FOR MORE ADVANCED
 PLAYERS 9.45
 TOYMAKING FROM FELT 10.30 - 12.00
 CARPET BOWLS 10.45

++ WEDNESDAY 31ST:

DRESSMAKING AS A HOBBY 9.30
 MACRAME CLASS 10.00

8 P.M.: THE CERFF SHOW - "BUT I DON'T
 WANT TO GET MARRIED" - SHIRLEY JONES &
 SUE LYONS.

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