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Narratives of Dignity and Dispossession: Language, Identity and Social Alienation among Elders in Institutional Homes

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Abstract: India has more seniors needing care while families shrink alongside city growth. The perspective shifts as homes move into facilities. The research check ties linking speech, selfhood, status, plus exclusion felt by those aged folks dwelling inside Lucknow care centers. This work scrutinizes daily talks, small habits, and how personal backgrounds in old age home. Twenty specific older individuals formed participants gathered during deliberate selection for this research. Examining personal stories shows genuine challenges senior populations face when social shifts influence ways people talk about personal dignity and inclusion status. Research methods relied on semi-structured interview so people described life stories involving spoken interaction, social connection, respect, isolation, and internal mood status. Studies show words shape dignity, social belonging, plus identity inside elderly care homes. Elders frequently endured feelings involving sadness during limited connection, varied generations, and reduced daily talks. Shared dialects and traditional habits allowed residents to foster social links plus rediscover self-pride. Maintaining ancestral language provides basic support for personal health and overall comfort during stay periods inside living facilities where residents depend on nurses for high support needs while staying away from regular home bases through life in structured aged centres.

Keywords: language, identity, social alienation, institutionalized older adults, social connectedness, qualitative study.

Introduction

The global community experiences a massive demographic shift as ageing residents increase. By 2050, the number of individuals reaching age sixty exceeds two billion. These people represent sixteen percent of the worldwide population. Two causes drive these statistics. Lower fertility rates and longer lifespans thanks to modern medicine plus improved health standards alter these trends. India presents an excellent example for study. The nation hosts the second biggest group of elders worldwide. Their total climbs past 319 million individuals within decades. Leaders must balance supporting seniors with solving problems like poverty and poor hospital resources. Family systems undergo rapid changes here. Traditional joint households face strain through migration and shifting cultural norms. Adult children move toward cities looking for work opportunities elsewhere. This disruption creates a significant care gap across the nation. Public structures struggle to fill empty spots left by disappearing home support systems. Governments experience strain while families feel isolated throughout these stressful periods. Researchers examine elderly lived experiences because formal facilities must improve right now. Understanding individual circumstances matters deeply for modern societies today. Scholars address these facts to strengthen support networks because ageing adults need security. Public policy reform requires evidence-based insights. Planners prepare better infrastructures using accurate research. Healthy ageing defines the next phase for successful nations everywhere. Societal stability hinges on protecting our elders.

Ageing in Indian Scenario

India now ranks as the world's most populous country, facing a demographic shift with its rapidly Ageing public. Data from 2023 shows individuals aged 60 and above compose 10.1 percent, representing over 140 million people (Ministry of Statistics and Programme Implementation, 2023). Expansion for this specific group moves nearly twice as fast as the rate found for the national population overall. This change follows better longevity, falling birth numbers, and superior healthcare systems. Reports verify the average life expectancy for you in India rose from around 63 years during the last millennium shift to 70 years by 2023 (World Health Organization, 2023). United Nations 2022 records suggest by mid-century, nearly one in five Indians, roughly 19.5%, will reach 60 years or more. This demographic shift produces broad economic pressures and varied potential outcomes for your country. Ageing extends well beyond simple physical frailty. Personal social standing, your income, and culture define these later years. Quality of life relies upon your unique socioeconomic bracket, health levels, your personal network strength, and resource availability (Bengston, Gans, Putney, & Silverstein, 2016). Experience within this period lacks consistency. Many older adults sustain high energy through community participation, yet others suffer via loneliness, physical weakness, or sickness affecting wellbeing (United Nations, 2019). Huge gaps across Ageing lives show an urgent requirement for detailed research concerning social determinants linked with senior health, specifically regarding people who stay within shared care settings where support structures might serve your requirements better if they provided more focused attention and dignity throughout each daily struggle within older human lives.

Theoretical Framework

Researchers Karl Luscher and Karl Pillemer developed the Solidarity-Conflict-Ambivalence model during 1998. The framework details how interpersonal relationships exhibit complex dualities consisting of mixed positive versus negative emotional states. Scholarly utility regarding such dynamics assists analysts assessing social connections among residents throughout Old Age Homes. Three primary dimensions characterize this academic structure. Solidarity describes emotional connections, collaborative support, plus authentic friendships amongst individuals. Conflict identifies disagreements, tensions, plus problematic obstacles occurring within personality variations, resources, or facility regulations. Ambivalence involves experiencing conflicting states like feeling protected while simultaneously sensing loneliness plus helplessness. This specific model serves researchers because evidence clarifies mixed internal reactions concerning residents residing within formal environments. Theoretical clarity provides significant knowledge about human associations among facility personnel plus vulnerable residents while examining factors determining health status plus daily living experiences affecting elderly inhabitants residing throughout specialized Indian institutions where care provision represents common living standards.

Research Methodology

Situating the Study

The research investigates connections between Ageing seniors at a paid care home located in Lucknow named Samarpan Varistha Jan Parisar. Prior scholarship addresses sadness and medical assistance while overlooking daily emotional friction among peers. By examining social bonds, disagreements, and inner conflicts, I aim to grasp how seniors navigate shared living. Results should assist future academics with interpreting complex human connections within such private old age homes.

The research applies qualitative methods to detail life experiences of older residents living in old age homes. Phenomenological frameworks guide personal inquiry to appreciate human meanings

behind specific actions. Such a method works well when documenting senior perspective along with interpersonal encounters inside care centers. Individual oral stories highlight subtle shifts regarding personal moods besides group dynamics while ensuring deep participant engagement. Open dialogue serves to extract honest viewpoints on essential topics regarding friendship dynamics besides group friction plus personal mixed thoughts. Frequent contact creates comfortable settings where residents talk without reservation about social pressure besides genuine harmony found within shared residency spaces. Field study captures authentic narratives regarding senior Ageing beyond surface metrics to reflect honest lived existence. Primary research goal targets a holistic observation on social human life in elderly Indian assisted living situations through meaningful personal social bond exploration works.

Table- 1 Sample of residents in paid OAH Lucknow

Sl. No.	Respondent Name (Pseudonym)	Age	Gender	Education	Occupation before retirement	Marital Status	Duration of Stay	Reason for Institutionalization
1.	Ravi	75	Male	Graduate	Lekhpal	Widowed	3 years	Health issues, no caregiver
2.	Ashish	80	Male	Post Graduate	Secretariat Central Government	Married	5 years	Voluntary, security reasons
3.	Reena	78	Female	Graduate	Housewife	Married	5 years	Voluntary, security reason
4.	Jeeva	69	Female	Graduate	Nurse	Widowed	4 years	Neglect by children
5.	Ajay	94	Male	Graduate	Railway Job	Married	16 years	Lack of support
6.	Anjali	82	Female	Intermediate	Housewife	Married	16 years	Lack of support
7.	Ravi	72	Male	Post Graduate	State Government job	Widowed	1.5 years	Voluntary, health reasons
8.	Amish	81	Male	Graduate	LIC	Widowed	6 years	Neglect, financial reasons
9.	Raju	77	Male	Graduate	Sub inspector	Divorced	5 years	Conflict with children

10.	Ranjan	70	Male	Intermediate	Private job	Widowed	2.5 years	Voluntary, no children
11.	Beri	76	Female	Graduate	Job in Bank	Widowed	4 years	Family conflict, health issues
12.	Atul	79	Male	Graduate	Private job	Divorced	3 years	Neglect by family
13.	Amit	85	Male	Post Graduate	Engineer	Widowed	7 years	Voluntary
14.	Raveena	68	Female	Graduate	Engineer	Single	1 year	No caregiver
15.	Paul	74	Female	Post Graduate	Job in Bank	Widowed	4.5 years	Conflict with children
16.	Ankita	80	Female	Graduate	Librarian in Medical College	Widowed	5 years	Financial dependency
17.	Ankur	71	Male	Intermediate	Private job	Married	3 years	Health issues
18.	Anjali	73	Female	Intermediate	Housewife	Widowed	3 years	Family neglect
19.	Umesha	78	Male	Post Graduate	Railway job	Divorced	2.5 years	Conflict with children
20.	Amita	83	Female	Post Graduate	Job in Bank	Widowed	6 years	Abandonment by children

Research Setting and Participants

The researcher investigated Lucknow located inside Uttar Pradesh where the ageing population size expands during shifting family social patterns. Investigation targets Samarpan Varistha Jan Parisar one residential facility catering middle income elderly residents possessing private capital or pensions while supporting independent daily lifestyles. Twenty-eight people comprise this final participant group having twenty residents six caregivers and two administrators. Purposive sampling shaped our specific criteria. Residents needed sixty years minimal age besides six full months living duration alongside mental aptitude sufficient regarding conversation needs. People enduring acute physical ailments speaking trouble besides severe cognitive problems dropped away from the total research group pool findings showing necessary exclusions throughout the current period while collecting diverse personal records describing daily life conditions within senior living units nearby local surroundings

Data Collection Procedure

The researcher gathered primary data from February until April 2022 via structured interview formats. Researcher created the inquiry guide within English but converted every prompt into Hindi for proper regional tone. Further conducted interviews inside secure rooms while focusing on

complete privacy during every single talk. Each session lasted ninety minutes although one ran until two full hours total. Respondents gave permission while sitting alone. Every audio recording remains strictly anonymous because researchers provide specific pseudonyms.

4.4 Data Analysis and Trustworthiness

The researcher processed information through rigorous thematic analysis following systematic steps by Braun and Clarke (2006). Phenomenology influenced our approach to highlight participant life stories. Audio interviews were transcribed word-for-word in Hindi then shifted into English for study purposes. Initial work started by creating precise records for total accuracy. Further repeatedly studied every transcript to find personal connections or repetitive themes within participant notes. Coding began naturally to spot important thoughts plus themes sans biases. The researcher wrote a descriptive codebook detailing individual code usage rules for shared clarity. Further turned toward NVivo programs to sort data points plus streamline group results to build final core themes efficiently without mess. Research tasks involved tedious manual handling steps where tools helped our team save several precious days of research effort.

Results

This section presents the key findings of the study, organized around the central thematic patterns that emerged from the data analysis process.

Emotional Closeness and Solidarity Among Fellow Residents and Care staff

Older residents feel genuine bonds toward fellow peers and staff members. They prioritize human interaction plus supportive social circles within care facilities. Consistent contact through shared group events or daily tasks creates lasting harmony. Many people shared reports detailing positive mental effects stemming from consistent support structures. Frequent companionship mitigates solitude while building healthier personal outcomes. Loneliness decreases as group cohesion develops between all staff and occupants inside nursing centers. Forming authentic friendships helps seniors adapt through communal living experiences daily. Please hear specific perspective from Mr. Ravi.

"Diverse personal backgrounds foster genuine community cohesion. Collective dining and interpersonal storytelling activities strengthen group bonds. Constant support promotes collective unity while shared life experiences validate personal status within this specific local cohort."

Bond durability fluctuated according to caretaker focus and home mandates. Homes promoting solid staff interaction via tailored attention plus collective tasks enhanced connections. Oppositely, shorthanded or inflexible atmospheres produced feelings of emotional withdrawal within patients. Several people reported loneliness from missing occasions for human social interaction because of absent networking options. Mr. Amish expressed this perspective while speaking.

"Isolation persists frequently within these walls because social contact stays scarce. Fixed daily routines inhibit peer bonds since opportunities for communal engagement decrease across such formal settings."

Bonding within residence facilities remains vital for your seniors. Routine activities and supportive atmospheres create camaraderie, helping combat loneliness while bolstering moods. Facilities prioritizing human connection ensure residents form strong, lasting friendships (Park, 2009). Nursing staff members gain satisfaction from establishing close relationships while noting how shared experiences provide comfort.

Many workers view daily tasks as offering beyond routine physical assistance since emotional connection gives seniors purpose through social warmth, making nursing professional duties provide friendship during days spent around patients at residence homes.

"Watching residents beam upon recalling anecdotes I recounted or hearing private thoughts fuels passion regarding providing care during my daily profession while serving people needing gentle support (senior caregiver)."

Care personnel reported systemic problems such as staff shortages and pressure alongside personal burnout which periodically blocked efforts regarding steady empathy. One worker described situations thus:

"We serve excessive residents using insufficient staff numbers. Medication duties and food preparation fill days while interpersonal patient empathy vanishes daily."

Conflict, disappointment, frustration concerning connections among elders and workers.

While aging adults frequently experience peace within social ties around coworkers or assistants frictions and letdowns also appear. Often these spring from contrasting dispositions diverse goals or ignored personal desires. Take Rani who voiced feelings below:

Socialization seemed easy initially but reality proved tougher than expectation. Various residents form cliques plus avoid newcomers which generates isolation. Feelings concerning belonging dwindle because one lacks partners for conversation during daytimes.

Frequent social tension arose from resident cliques or petty arguments during team events. Various members struggled to manage these complex interactions. This caused clear frustration and feelings of isolation. Personal experiences define these specific outcomes for people. Mr. Raju shared his disappointment:

"I try being friendly but people seem indifferent. Peers maintain established social circles while I stay isolated. Loneliness persists consistently so I often question reasons for attempting personal connections when such social outcomes appear consistently fruitless and emotionally draining."

This sentiment highlights underlying disappointment and emotional friction born when shared goals for connection among individuals falter.

Though numerous employees value personal diligence some individuals express agitation because occupant demands remain unfulfilled or behavioral issues occur. One female employee who provides professional assistance:

"Families often expect caregivers replace human bonds fully but staff support twenty patients during every shift."

Institutional Influence on Relationships Among Fellow Residents

Most study participants mentioned how your university culture directly shapes peer bonds, proving school settings strengthen or weaken friendships daily. You see clear evidence of how places affect your close social ties in real time. As she shared her ideas, Ms. Rani:

"Administrators prompt students towards shared experiences. Educators coordinate social programs and maintain areas provided for discussion. Professional facilitation yields social benefits. Strong companionship stems from such frequent interaction during collegiate years, strengthening community bonds within this facility."

Supportive institutional settings provide pathways for residents to establish social ties and strengthen community bonds.

Alternatively, residents residing in centers having strict rules or minimal interaction chances share experiences regarding frustration and struggles while making friendships. For instance, resident Ms. Pallavi stated observations about such restrictive communal living rules:

"Social connections prove difficult around these premises. Peers occupy private quarters frequently. Personal isolation defines my daily routine during residence here."

Formal housing rules dictate vital social connections between people residing here. Positive living spaces supporting regular peer engagement encourage close unity plus ease ongoing feelings of social detachment whereas strict management setups frequently create harsh hostility plus emotional withdrawal while causing damage toward bonds.

Discussion

The study shows seniors living inside old age homes encounter complex emotional or interpersonal cycles marked by constant shifts between friendship or tension where conflicting feelings guide their social interactions. These findings fit current research from Iecovich plus

Biderman 2021 authors who state social bonds within residential facilities remain crucial regarding mental health yet arguments appear regularly because people fight over limited goods plus varied ethical perspectives plus the diverse resident group makeup. Their study explains although roommates offer needed comfort plus genuine support the simple reality of communal living brings out personal friction specifically when discussing sharing living space plus access towards staff attention plus unofficial ranks regarding status. The data provides helpful reminders for anyone trying to assist elderly groups through finding ways to handle conflict while improving life quality inside shared spaces because proximity drives frustration if people ignore basic human desires like respect during these moments and clear rules for everyone involved inside group environments daily.

Shared bonds combined with conflict in old age homes reflect deep division in institutional ties. Researchers identified this double existence inside care records while examining how relatives adjust after older individuals enter old age homes. People face internal mixing of emotions as positive or negative reactions occur during this hard process according to Luscher plus Pillemer 1998 research studies. Constant pressure defines residence life circles where contact between residents versus nurses blends kindness through physical aid plus bonding during some heated disagreement regarding medical help or nursing facility regulation mandates. Expanding on these issues Braun et al 2020 identified how seniors feel torn during dependency when staff manages every daily habit need. Total reliance lowers your private control over personal choice thus creating complex mood shifts involving sincere thankfulness against annoyance. These reactions become stronger inside residence environments since unequal control setups between personnel versus elders encourage quiet subordination cycles or perhaps push hidden resentments forward in the relationship dynamic through forced proximity throughout these difficult periods while residents struggle adapting fully against current requirements expected during daily assisted care provided there today alone now or here simply within each small area under severe strain.

This inquiry expands on the Solidarity-Conflict-Ambivalence framework moving beyond domestic patterns towards under-examined institutional care spheres. The study captures nuanced emotional pressures defining daily existence among inhabitants within an OAH located across India. Exploring peer connections among occupants, further surpasses one-dimensional labels of the OAH functioning solely as aid or indifference, displaying one multilayered social setting where communal links, disputes, alongside deep inner contradictions exist to affect person well-being. This theory stretches the Solidarity-Conflict-Ambivalence structure outside home life, demonstrating utility for evaluating tangled peer relations inside residential centers. Second, this work adds empirical weight regarding the ignored sector of ageing within the Global South, showing ways, the Indian social backdrop deepens resident emotional mixed feelings. Ultimately, by mapping concrete origins of unity plus discord, the analysis offers foundational understanding aimed at aiding upcoming scholarship and forming programs oriented towards betterment of resident collective health conditions within these unique findings during planning new assistance strategies focused strictly upon improved support protocols required by older people residing.

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