



Sociability and distinction: An ethnographic study of a French nursing home☆



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ABSTRACT

How do residents' previous social positions influence the ways in which they deal with social life in nursing home? Based on observations and interviews in a private nursing home in France, this article describes daily life in the facility, the disability-based distinctions observed among residents, the strategies they use to “find their place,” and the references they make about their former social position in collective encounters. It shows that sociability in nursing homes is structured by the intertwining of “levels of disability” among residents, the social composition of the institution and its local surroundings, and the relative value attributed to each type of capital (in the sense of Bourdieu) in this context. The author proposes some assumptions that aim to generalize these specific findings.

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Nursing home placement implies a biographic disruption between residents' previous lives, with social positions related to income, heritage, profession, and civil status, and their current condition, which is based in great part on diminishing autonomy and need for sustained care. Even if their previous social positions may dramatically influence the facility they are placed in, from the moment they are institutionalized, residents live in a social microcosm where they are supposed to be treated in the same way, cared for by the same professionals, and supported by the same infrastructure. Variations in this treatment depend on residents' health and specific disabilities. Thus, vestiges of their former lives are minimal, including clothing, some furnishings,

and some money to purchase additional food, personal items, and specific services. Social stratification as it occurs in “ordinary” society tends to be replaced by the internal hierarchies of inmates and professionals, as has long been established by ethnographers (Gubrium, 1997).

What social hierarchies take place in an institution's daily life? How do residents distinguish themselves from each other? While nursing homes explicitly strive to put residents into a condition of formal equality, lifetimes of prior socialization cannot disappear overnight. How do residents' previous social positions influence the ways in which they deal with this new space of sociability? Based on fieldwork conducted in a French nursing home, this article offers an ethnographic exploration of these questions. It sheds light on the structuring of inner sociability and on how residents' former “capitals,” in the Bourdieusian sense, influence this sociability.

First, I will ground my study in research on sociability in nursing homes and on social inequalities in aging, drawing on Bourdieu's conceptualization of social positioning and Goffman's microsociology. Second, I will present my methodology. Third, the analysis will aim at describing daily life in the studied nursing home through the disability-based distinctions observed among

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residents, the strategies they use to “find their place” and the references they make about their former social position in collective encounters. In conclusion, I will suggest that sociability in nursing homes is structured by the intertwining of “levels of disability” among residents, the social composition of the institution and its local surroundings, and the relative value attributed to each type of capital in this context.

Background

The perspective proposed here aims to contribute to qualitative research on sociability in nursing homes and studies about social inequalities in aging. Within the large body of social science research that has been published about nursing homes since the 1970s, some works specifically approach residents' sociability (Brossard, 2015). Let us give some examples. In addition to studies that aim to qualify conversational topics (Sigman, 1979) or quantify relations within institutions (Bitzan & Kruzich, 1990), behavioral strategies and role patterns in residents have been the subject of detailed investigations. Observing the daytime occupation of space in a Norwegian facility, Bjelland (1985) identifies six recurring patterns of adaptation. She distinguishes between “housewives,” who are active and do not complain; “ladies,” who only go out of their room to watch TV and require more assistance; “men-folk,” who often complain and oppose themselves to “housewives” and employees; “gentlemen,” who differentiate themselves from “men-folk,” too rude according to them, by avoiding complaining and in accepting more assistance; the “bedridden,” from whom other residents stay away; and “seniles.” Paterniti (2000) more generally observes that residents tend to claim diversity among themselves, a diversity that employees do not and cannot take into consideration. For McColgan (2005), residents aim to preserve their identities in resisting institutionalization through different strategies: running away, having oppositional discourses, investing some spaces, creating rituals, and so forth. Due to the new insights into stigmatization issues within nursing homes, as well as the abundant data, they provide toward how the material configuration of a facility (especially separation by care levels) shapes the forming of affinity groups. Hrybyk et al. (2012) have contributed to these works significantly.

Other studies emphasize how nursing homes reproduce or accentuate socioeconomic inequalities. These works analyze sexism and ageism (Griffin & Aitken, 1999), racism (Allen & Cherry, 2006), discrimination (Dobbs et al., 2008), and the impacts of the social composition of professionals and residents on social relations (Diamond, 1986). Some works look at the geographic distribution of nursing homes and differences in their costs (Berdes & Eckert, 2001). Upstream, individuals' social positions influence their life expectancies and their states of health and sickness (Peak & Gast, 2014), as well as their use of preventive care measures (Hoffmann, 2011) and of nursing homes (Belgrave, Wykle, & Choi, 1993). It is well known that aging – as a stage in life course and as a meaning attributed to age – differs depending on social features such as gender and social class (Settersten & Hagestad, 2015). In sum, inequalities accumulate along the life course (Ferraro & Shippee, 2009).

Within this considerable amount of publications, relatively few examine the links between sociability, which

includes stigmatization, strategies to maintain one's “identity” and group dynamics, and the former social positions of the residents. Ryvicker (2011) has further advanced research in this field by comparing two nursing homes which host residents from different socioeconomic backgrounds, demonstrating striking differences in staff member to resident interactions, dependent on said social configurations. Moreover, we can suppose that, given their economic, cultural, religious, ethnical, or geographical background, residents possess different assets that can be unequally valued upon being institutionalized, through their sociability *within* institution. In other words, we do not precisely know to what extent having been rich or poor, having had a given profession, being a man or a woman, a local resident or recent migrant, influence sociability inside nursing homes. Some authors still launch reflections in this way. In particular, Kontos (2011) describes how, in facilities hosting people who suffer from dementia, sociability is deeply dependent on residents' previous history. Such embodiment determines, among other important factors, adherence to social etiquette, as well as gestures and communication patterns. Philpin, Merrell, Warring, Hobby, and Gregory (2014) examine how residents' sociocultural background and family experiences influence the way in which they perceive the meaning of mealtimes and their behavior during this collective moment.

In addition to documenting the nursing home sociability with a new case study in France, this paper offers, more specifically, a further examination of the links between the former social positions of the residents and their sociability in nursing home: through which processes do residents gather or stigmatize others? What hierarchies do exist among them? How may these sociability dynamics be related to their current or former social position?

Usually in nursing home literature, residents' social relationships are conceptualized as a constant attempt at maintaining their “identity” or their “self” (Brossard, 2015), as for example in Paterniti's (2000) or McColgan's (2005) research, quoted above. This is certainly a crucial issue because while nursing homes have undergone significant transformations in recent decades (the “humanization of services,” see Gubrium, Andreassen, & Solvang, 2016), they remain close to *total institutions* (Goffman, 1961), in the sense that they – often unintentionally – make residents' daily life uniform, through the institutional homogeneous routine. A means for pursuing this idea is to conceive “self” or “identity,” not as a unique feature, preserved to a certain extent by staff members, but as a dynamic process, composed of multiple dimensions. This is why I will focus on everyday encounters in nursing homes, endorsing Goffman's (1967) approach to “face-work” and the evolving negotiation of “identity” during interactions, while also drawing on Bourdieu's (1984, 1998) theorization of social positioning. Bourdieu has shown how individuals' social positions deeply influence their way of behaving, thinking, and interacting with others. His concept of “capital” will especially be useful to theorize the influence of residents' backgrounds on their current sociability. According to Bourdieu, people or families¹

¹ Thus, most of the observed residents are women and their social position also depends on the former occupation of their husband, especially in this generation, where some women were expected to remain housewives or to assist in their husband's work.

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