The assisted presentations of self in nursing home life

Anders Næss [a, *], Eivind Grip Fjær [b], Mia Vabø [a]

[a] Oslo and Akershus University College of Applied Sciences (HiOA), Norwegian Social Research (NOVA), Norway
[b] University of Oslo (UiO), Department of Sociology and Human Geography, Norway

ARTICLE INFO

ABSTRACT

In this paper, based on ethnographic data from five nursing homes, we introduce the concept of *assisted self-presentation* as an analytical tool for exploring how different care practices affect nursing home residents' dignity and sense of self. Practices of assisted self-presentation are geared at recognizing and preserving the individuality and autonomy of residents in situations where it may otherwise come under threat or be misrecognized. Sufficient or appropriate forms of attentiveness to residents' selves and sense of dignity is thus a matter of finding the right balance between intervening too much or too little in residents' production of their physical or social appearance. Here, staff-members' knowledge and recognition of the individuality of residents is essential. Whereas intervening too much in residents' appearance or performance of self might be perceived and experienced as pacifying, infantilizing, or as paternalistic overbearingness, intervening too little might be seen as neglectfulness or inhumane. Since practices of *assisted self-presentation* refer to a kind of social action, which will always be contingent upon the specific capacities and conditions of performing actors, it allows for the simultaneous recognition of failed or perverted work practices as well as promising practices through which residents' selves are successfully recognized.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

Nursing homes are intended as places of care, comfort, relief, and safety, yet they are highly "contested spaces" (Næss, Havig, & Vabø, 2013). In social scientific research, this is reflected in that they are commonly depicted as undesirable spaces of residence. In fact, qualitative research on nursing homes has for decades been preoccupied with uncovering and highlighting the adverse and dysfunctional sides of long-term care institutions (Bradshaw, Playford, & Riazi, 2012; Gubrium, 1993). To this end, researchers have frequently adopted Goffman's (1961) notion of the "total institution", as a self-evident and widely accepted explanation for the conflicts and tensions that often arise between institutional cultures and residents' dignity and self-determination (e.g. Farmer, 1996; Henderson and Vesperi, 1995; Makoni and Grainger, 2002). While it is well established that residents' sense of self might come under severe threat behind ideas of organizational efficacy (Foner, 1994), and while the reality of nursing homes is too

nuanced to support the total institution theory (Sterns and Kahana, 2007), negligible attention has been lent to the identification, analysis, and conceptualization of staff efforts and care practices that work to promote and maintain residents' dignity and sense of self.

This paper will address this theoretical gap by lending empirical attention to how care workers make efforts to recognize residents' selves through the ways that they assist them. Our analysis has a Goffmanian influence, although rather than drawing on his concept of the "total institution", we allude to his seminal work on *The presentation of self in everyday life* (Goffman, 1959), where he draws on metaphors from the theatre in order to highlight the importance of role play and performance in social life. Goffman's analysis is essentially about how social actors strive to maintain their dignity, and at times, the dignity of others to avoid embarrassment or humiliation (Scheff, 2010). However, Goffman himself never grappled with "impression management" and the performance of self in the context of ageing and dependency. Even so, his concepts may capture many of the subtle mechanisms and motivations involved in shaping dignified action. We suggest that assisting people with this basic exercise of claiming and expressing self-hood is an essential, yet previously uncodified part of providing personalized care. It should be noted, however, that many of the subtleties of

* Corresponding author. Oslo and Akershus University College of Applied Sciences (HiOA), Norwegian Social Research (NOVA), ostboks 4 St. Olavs plass, 0130 Oslo, Norway.
E-mail address: anders.nass@nova.hioa.no (A. Næss).

performance that we consider crucial, are of the sort that care staff often regard as "trivial matters" (Harnett, 2010).

We call this particular aspect of care work *assisted self-presentation*. The concept is coined as a framework to operationalize aspects of care work aimed at promoting and maintaining residents' dignity and sense of self. Based on ethnographic data from five Norwegian nursing homes, the paper aims to identify different work practices involved in assisting people in their self-presentation, and discusses how these practices may be supported or undermined.

2. Assisted self-presentations as care work

In his work on self-presentation, Goffman (1959) draws attention to the determinants behind how individuals interact in the social world. According to Goffman, social life is characterized by a series of routines or "pre-established patterns of action which are unfolded during a performance and which may be presented or played through on other occasions" (Goffman, 1959:16). In the theatre of everyday life, a range of routines and situations are staged, rarely by single individuals, but rather by "performance teams", where several individuals cooperate to stage a single reality through "similar individual performances" or "dissimilar performances which fit together into a whole" (Goffman, 1959:85). While Goffman's notion of teams opens for imagining also staff–resident interaction as cooperative performance, because residents are often too sick or frail to actually cooperate, we here use the concept in reference to situations where actors joined forces in staging shared definitions of reality. In many cases, staff–resident interaction was not decipherable as team-performances as staff were not simply assisting, but doing residents' selves.

In his discussion on performance, Goffman distinguishes between "front-stage" and "backstage" performances, noting that in the front region people tend to present an idealized version of themselves. By contrast, the backstage is where performers, relieved of their audience, can relax their social façade and prepare for on-stage performance. According to Goffman, every person finds it important to continually and situationally demonstrate their competence of self to others based on their own beliefs about proper behaviour in different contexts (see also Stets and Carter, 2012). The performance of social interaction is thus made up by several layers of impressions, some that one "gives" consciously and calculatedly, for instance by, selection of words, and facial expressions, whereas expressions, like choice of clothing or body language, are "given off" to entice responses (Goffman, 1959:14). The art of presenting oneself in social circumstances is thus fundamentally about managing impressions according to one's ideas about desired responses.

Although the idea that someone is assisting in the self-presentation of others might sound like a theoretical contradiction, the nature of ageing and dependency is often such that people become unable to independently produce their desired self-presentation. Hence, as part of the job of providing personalized care, staff in nursing homes not only have to think about the impressions they want to give off to colleagues, relatives, and residents through their own appearance, but also about the appearance, or "front", of the persons they are assisting, as this also reflects back on them as workers and co-actors.

According to Goffman, one particularly important attribute of self-presentation is "tact" (Goffman, 1959:212), that is, how actors are helping co-players to avoid or recover from a flawed performance, thereby contributing "to save the show". For instance, if someone makes an embarrassing slip of the tongue, listeners might display tact by simply ignoring it or reacting as if it was a joke. However, by the concept of assisted self-presentation we highlight

that the role of care staff goes beyond simple tactfulness. Assisted self-presentation requires of staff to take on a more responsible and pro-active role, which involves anticipating, planning, and directing residents' appearance and performance in social interaction, relative to their personal preferences and individual capacities. In a Swedish study, personal assistants utilized similar techniques to enable the autonomy and self-presentation of disabled persons (Egard, 2011).

The particular kind of reflexive attentiveness and situational pro-activeness that assisting someone with their self-presentation requires is in many ways attuned to Wærness' notion of "the rationality of caring" (Wærness, 1984). Wærness argued that there are different ways of being rational and that caring for dependent individuals requires a way of thinking that is contextual and creative rather than formal and abstract. The notion of "a rationality of caring", suggests that the essence of care work is to downplay the subordinate position of the dependent person through committed attentiveness and sensitivity towards their individuality according to situational demands. From this perspective, care staff can never rely on generalized knowledge alone if the goal is to provide personalized care, but will depend on both practical experience and personal knowledge of the individual in question. Because care providers have to constantly adjust their actions on the basis of observations, care work cannot easily be formalized into specific tasks (Davies, 1995:19).

Hence, as Elisasson (1995) makes us aware, taking on a pro-active role in the care of elderly persons is neither straightforward nor without of pitfalls. She regards caring as a balancing act that involves two conflicting sets of ethical considerations: on the one hand, respect for the autonomy and self-determination of each person, and on the other hand, care workers' responsibility for ensuring the wellbeing of vulnerable others (Elisasson, 1995:191). Residents in nursing homes are caught between the identity of the autonomous adult and that of the dependent ill (Ryvicker, 2009). However, if this conception of nursing home residents as simultaneously independent of and dependent upon other people is abandoned or bisected, 'care' is in danger of being distorted. That is, if respecting the autonomy and self-determination of care recipients becomes the only guiding principle, 'care' may turn into a sin of omission. Similarly, if assuming responsibility for the other becomes the only guiding principle, care may turn into paternalism and compulsion. In their efforts to maintain the selfhood of nursing home residents, care workers are therefore constantly balancing on a thin line (Elisasson, 1995). They are repeatedly faced with situations in which they will have to decide whether to make choices and decision *for* the residents or leave them to be made *by* the residents themselves, perhaps with some form of measured assistance. This act of balancing is, of course, highly contingent upon both the conditions of work and the culture of care in different institutional settings.

3. Case selection and methods

This article is based on ethnographic fieldwork (2012–2014) in the somatic wards of five nursing homes, located in two major Norwegian cities. The study was conducted upon ethical approval from the Norwegian Social Science Data Services (NSD). In Norway, nursing homes comprise an important part of a universal infrastructure of social services utilized by citizens from all socio-economic groups. Due to a longstanding policy trend stressing 'ageing in place' and home based care, nursing homes have increasingly become reserved for the most sick and terminally ill (Næss, Havig, & Vabø 2013). Most residents in Norwegian nursing homes have advanced chronic diseases, multiple diagnoses, and about 80 percent are presumed to have some form of dementia