

SILENCES, OLD AGE AND INSTITUTIONALISED CARE

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The article examines how silence materialises and is performed in residential care homes for the elderly, and how these practices are intertwined with the cultural narrative of old age in Finnish society. The data consisting of ethnographic fieldwork in two care units shows that silence is involved in many aspects of the residents' lives. Though these practices of silence do not mean the absence of the residents' agency, here they both expose and construct stereotypical conceptions regarding old age and concretely narrows the experiences of old people. By considering the décor of care units and interactions, the researcher identifies silence as a central feature of doing old age. It is only partly produced by the elderly themselves, and it carries both negative and positive meanings.

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Since antiquity, old age has been connected either to experience and wisdom, or to mental and physical decline, losses and illnesses (de Beauvoir [1970]1992: 34–57; Hazan 2000; Kirk 1995). To stigmatise old age as a negative phase of life has been interpreted as expressing fear of or disgust with growing old in Western culture (Calasanti & Slevin 2006: 3). Old age is seen as a societal problem and health risk (see Ronström 1998: 3). For some time, a cultural discourse of successful ageing has existed. On the one hand, this implies that getting older opens up new possibilities but, on the other hand, it entails expectations and “morally-loaded notions of individual responsibility” (Nikander 2002, as cited in Pietilä & Ojala 2011: 388) that the elderly should remain active in their lives. Usually “successful ageing” refers to the “third age”, that is 65+, which has so far usually meant retirement.¹ However, old age is easily defined as an exception from the normal active way of living

(Alftberg 2012: 14; Sandberg 2011: 49). Old people have been characterised as representing the modern “Other” (or one of the “Others”) (Lundin 2007: 197).

The Cultural Narrative of Old Age

In this article, I examine how the cultural narrative of old age is constructed in two care units. How are prevailing cultural conceptions of old age exposed and/or challenged in institutionalised care? In particular, I will focus on the theme of silence, which emerged in the field as a crucial constituent of the cultural narrative of old age in institutional settings. I conducted ethnographic fieldwork in two residential care homes during 2011–2013, for 11 months altogether.² The care units where I conducted fieldwork are situated in the metropolitan area of Helsinki. Maijala³ is a “traditional” care home in the sense that residents are expected to spend the rest of their lives there. Approximately 40 residents live in Maija-

la, most of them women. The inhabitants are offered some activities on a regular basis (singing, physical exercise, reminiscing and outdoor recreation), about once or twice a week. A few residents eat lunch and dinner together every day in the lunch room. The other care home, Kaikula, consists of ten units that each have space for ten–twelve residents. Its aim is to rehabilitate the residents and support them to keep on doing daily chores, maintain their independence as much as possible and, in the best cases, to help residents to return home. Kaikula has more activities, approximately two to four every week. Some of the activities are allocated to a particular group; for example, there is a discussion club for five male residents. Also on hand are physiotherapists, and residents can take part in some kind of physical exercise almost on a daily basis. Despite these differences, both institutions seemed to be operating with similar ideas about old age, which will be discussed in this article.

According to some ethnographic studies on residential care homes or institutional long-term care, the institutional practices of residential care direct, regulate and control the meanings and affect the experiences of old age and the knowledge that is produced about old age (e.g. Ferrer 1981; Lämsä 2013; Magnússon 1996; Townsend 1962). Though I have included the institutional elements in my analysis, I do not assess the characteristics or the circumstances of the nursing sector and its work, although I have, of course, had many discussions with nurses. So even as I analyse how the nurses talk about the death of a resident, I only look at the cultural narrative they reproduce.

Age, like gender, is shaped by cultural norms and ideas of what is considered to be appropriate (Pietilä & Ojala 2011: 381). Both are socially constructed categories that consist of repeated acts, intertwined material and discursive doings (Butler 1993, [1990]1999). In addition to such acts, material objects can also be seen as exposing and constructing our cultural ideas. According to Karen Barad (2007), the material elements of different kinds can be approached as post-human actors or agents that performatively take part in the construction of cul-

tural ideas, discourses and conceptions. This idea is useful for explaining how the material reality is present in the performative construction of old age. Narrative analysis on the other hand adheres to explaining tellability, the presence of small stories, in the construction of old age (see e.g. Shuman 2005; Peltonen 1996).

The perspective of cultural studies on ageing has emphasised the importance of having either the people themselves, or others, analyse how ageing is “done”, or how various meanings of age have been constructed in different contexts. Ageing can be, and has been, analysed through the actions, habits and its practical implications (e.g. Alftberg 2010: 43). This article takes as its starting point narrations of old age created by the elderly themselves, in interaction with the researcher. The narrative research tradition generally aims both to create research material through which meanings, identities and world views can be analysed, and to structure awareness of them (Hägg 2010). The narrative research also adheres to performance studies, which have formed a central approach in folklore studies. Applied to narratives, performance studies can be used to explore the interaction of verbal and non-verbal elements of narrating, and the individual and cultural elements of creating a narrative (e.g. Fine & Speer 1992; Honko 2000: 3–13). Here a non-verbal element, silence, constructs a central element of the old age narrative.

In the following, I will analyse some of the social exchanges I recorded in a field diary as “small stories”. Small stories are such, either metaphorically or concretely. According to Michael Bamberg and Alexandra Georgakopoulou (2008: 5), small stories refer to tellings of recent and ongoing events, future or hypothetical events, shared events, but also to allusions to tellings, the deferrals of tellings and refusals to tell. By analysing the construction of small stories in ethnographic data, it becomes possible to apply narrative analysis on incidents that may be only loosely connected with the narrative canon (narratives’ common structure, rules and standards), that is, to narratives that are small either concretely or metaphorically (ibid.).

Thus, in this article I examine how the cultural narrative of old age is constructed and produced, drawing on my own notes in my field diary and on interview material. The narrative is produced not only in small stories told, but in small stories hidden in silence, perhaps difficult to tell, or which are told only briefly. I also seek to uncover the narrative as it is produced through materiality, for instance in furnishings and decor, but even the silence itself can be approached as an agent that plays a significant part in the construction of this particular narrative of old age. In addition to age, I am interested in what meanings gender entails and how it is produced in this narrative.

First, I analyse the notes of silence that I wrote about in my field diary and came across in interviews. I connect silence to “non-happenings” and a lack of noise. While listening to these silences for eleven months, I began to scrutinise them in relation to the furnishings and, for example, to empty cupboards or photographs that no one recognised. Second, I focus on the interaction between the staff and the residents, and especially on the experiences of the male residents, although some of the social practices in these care units were not dependent on the gender or other social categories of the residents. I did have many conversations with both the residents and the staff during my fieldwork but I did not interview the staff like I interviewed the residents. These interviews and conversations do play part in my interpretations regarding the construction of silences, though in this article I focus more on my field notes.

Old age is a culturally regulated, changing construction with its own culture-specific histories. It is intertwined with material reality and bodily experiences. The observations in the field and my field notes both construct and illuminate the conceptions of old age (Gergen 1999) and the discourse of multidimensional silence: silence that is performed in many different ways and that has various implications and meanings. This does not mean that there are not other narratives about old age in our culture but, in the institutionalised setting, the implications for silence are dominant. Silence becomes an impor-

tant part of the everyday sphere of the institution and, in this sense, it has culturally significant implications. Following Ehn and Löfgren (1982), silence and voice can be interpreted to formulate one basic category of institutional culture and, thus, a category that offers a possibility for cultural analysis.

Everyday Silences

It is very quiet. Everyone is in his/her own room. Some of the residents are sleeping as I walk by the open doors. (FD [Field diary] April 6, 2011)

I go to the lobby again, just for a while. Sakari asks me for a napkin. I bring him two. He sits in his wheelchair, looks straight ahead, putting his head down a bit. It is quiet, stagnant. Nothing happens. I can't hear any voices from the other rooms either, only the occasional clatter of dishes when nurses serve lunch to the residents. (FD May 3, 2011)

When I arrive, Aulis is alone in the lobby, sitting in his wheelchair. He is wearing pink pyjamas. It is quiet, the nurses are having coffee, sitting on the terrace outside, and the sun is shining. (FD June 7, 2011)

The silence, which often materialised as “the flow of non-happenings” and the absence of noise, was a predominant feature of my field notes. Non-happenings refer to situations that I came across in the shared spaces of the institutions: the lobbies, corridors, lunch rooms, living rooms. The concept of “non-happening” is an etic category and refers mainly to “slow situations” of everyday life that had none or only a few participants who were interacting. These non-happenings usually included not talking. These silences in the shared spaces were to some extent connected to the fact that the care homes were institutions: the activities were regulated and daily schedules were quite fixed. The residents were brought together mainly during lunch and dinner, to watch television or to take part in some kind of activity. Otherwise, the residents spent a lot of time in their own rooms or were alone in the shared spaces

of the institution, such as the lunch room, corridors or the lobby with the television.

To some extent, the care units appeared to have been maintained as total institutions where it was difficult to deviate from the regulations and schedules. According to Erving Goffman ([1961]1969: 6–7), in a total institution, residents must follow the plan that is defined to execute the official goals of the institution. In care units, especially in Maijala, the multidimensional silence that takes shape, for example in the exiguity of the activities, and how the voice is used throughout the day seem to be unofficial goals of institutions. However, it must be noted that both institutions under study were explicit about the idea of activating residents; for example, they considered it important that they gathered together during lunchtime. According to the staff, this is not practised in every institution. The residents had different views on the issue.

Karoliina: Is there something you would like to change here?

Erkki: No, I am too lazy for that. I just want to be here. Everything is here.

Karoliina: So you would not wish for more exercise or...

Erkki: No, I am too tired for it.

(Erkki, 85, construction worker)

Karoliina: Well, how do you like the activities here?

Seppo: I am not very good at gymnastics. I understand that it must be felt in the body, but it is so repulsive, I would say. Some of us just don't do the moves. You must put your arms here (shows, behind his neck) and swing your arms and so on. You do that for a while and you are dead.

Karoliina: So, you don't like that very much. Are there some activities you like more?

Seppo: Well, bingo. I would like to play bingo. It is nice when you get the answers right.

(Seppo, 76, gardener)

These men were living in Kaikula, which concentrated on rehabilitating the residents and sought to

offer more activities. This may have something to do with the fact that the men seemed content, though I also met residents of Kaikula who felt the days were boring (e.g. FD January 25, 2013). It follows from this that stillness, silence or non-happenings had different meanings for different residents. For some of them, to be quiet in one's own peace provided a mode of agency. In this next discussion from my field diary in Maijala, the resident described his situation differently from the excerpts above.

We talk about his week. Timo says that "nothing has happened; I've been nowhere." By nowhere he means that he has not been lifted up from his bed. I ask if there have not been any activities. "Not that I know of," Timo replies. He continues that he would be extremely bored without his television. (FD November 2, 2012)

This excerpt highlights how everyday life with only a few activities may be experienced. Having nothing else to do than to watch television may cause anxiety and feelings of little power over everyday activities. Having nothing to do and being left in bed can be interpreted as a mode of silencing in which silence becomes a restrictive element of everyday life. However, these experiences may not be simply dependent on the actual possibilities of doing something or taking part in activities: in Maijala, different activities were offered almost every week during my field period. According to Aske Juul Lassen (2014) the active ageing has become a central discourse of aging and is represented as a solution to global ageing. However, this discourse faces challenges in everyday practices. These challenges occur in my study when the aged people do not wish to attend the activities or the staff does not have time to engage them for activities. According to my field work, Maijala and Kaikula offered equally physical group exercises and for instance singing, playing games, and reminiscing that offered a sense of collectiveness. To offer legitimate activities was not restricted only to physical exercise (cf. Lassen 2014).

Furnishing, Paintings, Books and Knick-Knacks

Next, I turn to the material reality of the residential care homes and examine the meanings that the furnishings appear to have and how they can be interpreted as contributing to the constructions of silent old age in institutionalised care. This part of the analysis is based on my observations and interpretations. The furnishings and material objects in the shared spaces of the institution were not discussed in the interviews because they only caught my attention later in the process of reading and re-reading field notes. Moreover, when I was chatting with residents in private rooms, they naturally talked about their lives through the objects they had in their rooms, but there was not a special focus on this theme. In their rooms, most of the residents had only a few objects and photographs of their families and themselves as young, but a couple of rooms of female residents actually seemed like “home” since these had several objects, including furniture, brought from home.

In general, the public spaces of both institutions were furnished in a way that maximised accessibility. All residents used wheelchairs or other equipment in order to move around. Both institutions had two public spaces: a lunch room and a living room with a television and a CD player. The rehabilitative care unit in Kaikula had a device for physical training in the living room on which the residents could exercise. The living rooms had sofas and comfortable armchairs. There were also a few cabinets and cupboards. The lunch rooms had several tables but only a few chairs since most residents used wheelchairs. The lunch rooms in both units had tables intended for the staff; these were marked by chairs surrounding them. In Majjala, there was a piano in the living room. In both institutions there were also more private spaces for the staff, for example a locker room. Both institutions had offices for the staff. In Majjala, these were larger rooms with windows. Residents and staff members could see each other, but one could not hear what the staff were discussing if the door was closed. In Kaikula, these offices were situated in the same space as the living room but the two areas were separated by a door. The nurses in

Kaikula had a laptop so they could do their paperwork anywhere in the care home. Both institutions had paintings or drawings on the walls, which I will discuss later in more detail. The next field note describes one cabinet placed in one of the shared facility rooms, the TV room in Kaikula.

There are three shelves in the cabinet. The cabinet is quite wide, about two metres. On the other end, there are flowers on the top of it. On the first shelf there is a book, “Eternal Stories”, a few magazines, a folder about Kaikula, and nothing else. The second contains porcelain knick-knacks: a bride, an angel, a teddy bear, a swan, a heart-shaped box and a scallop. Nothing more. The third shelf has a book called “The Veterans of Finland”, a canister, some papers, lyrics for songs, and then emptiness. The space is used very sparingly. In the other section, there is a glass vitrine that has nothing in it. (FD March 1, 2013)

In the above excerpt, old age is signified through an interesting juxtaposition between the small, cute porcelain figurines and the books telling the stories of Finnish (male) veterans and eternity. The porcelain objects can be described as bland, while the books emphasise other aspects that are considered relevant regarding old people: eternity and the fact that they were the generation who suffered through wars and played a part in building up the welfare state of Finland. On the one hand, the old people were highly acknowledged but, on the other, the knick-knacks produced quite contrary aspects of the cultural narrative of old age.

In the television lobby, there are two older chests of drawers and a modern one. In the modern one, there are some photo albums, coffee cups, a chess game, some clearly “old stuff”, for example an old bottle from a well-known state factory, and some plants. The older chests of drawers are almost empty. Next to the television are two bigger items made of porcelain. They represent an older woman and an older man. The same kind of man and woman are presented in a painting hanging on a

wall in the lunch room. The woman and the man are contextualised in agrarian Finland: they are hard-working, serious people, both wearing heavy clothes; they are round, the woman has a scarf on her head, and the man is wearing a hat. There are also two rocking chairs that the staff sometimes use. Around the corner, there is a “grandfather clock”. Next to this is a little shelf with some magazines on it. Another chest of drawers is just beside the office; there are artificial tulips on it, and nothing else. (FD April 19, 2011)

On the wall of the corridor hangs a large handicraft piece that shows an old man and an old woman holding hands and walking together on a green hill in the evening. (FD May 6, 2011)

In both institutions, many cabinets had only a few objects; they were almost or totally empty. In this particular example, the photo albums are an interesting detail since they belonged to a former resident; thus, other residents or members of the staff did not know the motives of the photos. I asked both the residents and the staff about the photos, but their function and origin were unclear. There was also a photo album showing the construction of Majjala, which, of course, was familiar to all.

According to my interpretation, these material objects and furnishings in elderly care units take part in the cultural construction of old age regardless of how they got there or who made the decisions on the decoration. The objects can be understood to have an agency in the construction of cultural understanding and lived realities of old age (Barad 2007). For example, a television seems to represent a post-human agent in this context. It had a crucial role in the organisation of everyday life. Residents often watched television in their own rooms or in the lobby. Residents were brought to watch television in the lobby, but there were occasions when no one watched it; they stared in different directions and were quiet or slept (e.g. FD March 2013). Altogether, the objects had hardly any connection to here and now, implying that the inhabitants had no interest in the present.

Old age does not merely refer to chronological age, but is just as much a matter of social positioning: how one is situated in different networks and positions (Sandberg 2011: 45). In public discussion, the elderly still tend to be lumped into one group, without consideration of the significance of social class, sexuality, ethnic background or family situation on old-age experiences (Calasanti & King 2005, 2011; Holstein 2011; King & Calasanti 2006; Slevin 2006; Slevin & Linneman 2009; Springer & Mouzon 2011). This tendency was also present in the material world of the institutions: the diversity of the lives of the old people was not recognised.

The old people’s relationship to children and childhood through the decorations emerges in the next field note.

In the corridor, there are drawings that children have made of old people. In those pictures, there is always a man and a woman together or an old person and a child. In most of the pictures, the sun is shining. The lives of the old are represented in a very consistent way; maybe a teacher in the school has given the children some directions? They do not explicitly describe the children’s relationships with their grandparents, though these are probably reflected in the pictures. I don’t know what kind of directions they have been given. (FD November 2, 2012)

In the pictures, the couples are depicted as consisting of a male and a female or an old person and a child. The paintings and pictures of the care unit carry special meanings since they are in the particular context of the institutionalised home of old people. The institutionalised care unit can be understood as clearly expressing the cultural understanding of what it means to be old: in a sense also the public spaces of the unit and the corridors where the pictures are located are part of the private home of the residents. According to human geographers in the 1970s and the 1980s, “home” was the most idealised site of human existence, but nowadays there is a stronger argument that home and the domestic sphere are full of contrasting connotations, from

safety to exclusion and regulation (Brickell 2011: 225–226).

Presumably, the children had drawn pictures about their grandparents, in some sense. It may be assumed that the residents have grandchildren and that old people, in general, are especially fond of children. It may be interesting to ask why it is considered meaningful for children to describe their ideas of old people and old age and for these ideas to be brought to the residents in the care unit to see. Children and the elderly are both similar to and very different from each other. On a cultural level, children and old people (especially in institutionalised care) share the same characteristics; for different reasons, they both have difficulties in being perceived and treated as autonomous subjects. On the other hand, they represent different phases of life.

The culturally constructed relationship between children and old people includes the idea that old people become children again. The process of infantilisation has been said to commonly occur in institutions. Infantilisation has been conceptualised as the societal approach of old age as a second childhood, with little or no recognition of the lifetime experiences that separate the elderly from children. “Environmental infantilisation” may involve the lack of privacy as well as decor that appears to be in dissonance with the ideas of how adults would furnish their living environments (see Salari 2002: 321–322).

The children’s drawings of old people, paintings of the elderly going for evening walks, unknown photographs and half-empty shelves with a few impersonal items imply cultural conceptions of old age that also have material consequences: old people are considered to have lived their lives already. Old people living in institutionalised care units appear as people in a liminal state (see Turner 1974), which is connected with their social, cultural and structural invisibility; this is apparent when examining the modes of silence in institutionalised care. Next, I will illuminate these themes by focusing on interactions between residents and staff, and men’s experiences in the care units.

Silence and Agency

In the residential care home, silence is related to the realm of power. In this section, I examine how power is produced by the nursing staff in relation to silence, theirs or the residents’. In addition, I contemplate the sexuality of old men in these institutions and focus on the practices that are applied to silence the gender or sexuality of old people.

I sit with Aulis in the lobby. Aulis ponders why we are not served coffee though we are sitting together in the living room. I reply that lunch is in an hour, and then there will be coffee. Aulis sniffs at me, and says “damn it”. Paula comes to sit with us; she has been doing some physical exercises. Aulis asks her: “Did you swing a lot?” Paula sniffs at Aulis. A nurse, Marjaana, comes into the living room, and goes to eat her lunch and have some coffee at the staff table, which is located in this same living room/lunch room combination. The nurse goes to get some water, and Aulis follows her; he steps right in front of her and stares. The nurse does not make any contact with him, but walks away to have her lunch and coffee. Aulis comes back to us, sniffs and says that we should be served coffee or some refreshments. (FD December 10, 2012)

The social exchanges bring out a small story that is shaped by non-reciprocal interaction. Aulis thought we should have coffee, a common habit when socialising. The social norms that he was used to did not apply to us. His words emphasised how he felt that he, or we, were not being treated the way we should be.

In general, the interaction clearly revealed the boundaries between the staff and the inhabitants, which were quite easily discernible. If a nurse was on a break, she did not need to interact with the residents; rather, she could ignore an attempt to make contact and receive a reply. Rather than asking Aulis what he wanted, the nurse totally ignored him. It was not rare for the inhabitants to get drinks or little snacks outside the daily schedule, but it was also quite normal for them to be ignored in this manner.

According to my analysis, this kind of ignoring is a way to silence the inhabitants or to show them when and how they were expected to behave and to what extent the care unit was their home or the staff's workplace. On the basis of daily interaction, fragmentariness, underestimation and silence become predominant features of everyday life in care units.

When Eero has finished his lunch, he asks for more food. Two female nurses smile and glance at each other, it seems like they are amused by the fact that Eero wants more. One of the nurses says: "Eero is always the first to ask for more food, though he was last to have the meal." A nurse asks another nurse: "Did I give it too little then?" A nurse asks Eero: "Would you like to have ketchup?" Eero replies "yes" and adds that he also wants vegetables; the nurse replies: "Only macaroni casserole then." Eero says: "Also vegetables." There is some food at Seppo's feet; it seems quite difficult for him to eat. He moves his hand slowly and part of the food falls off the spoon before it reaches his mouth. After everyone is finished, there is a little food under the men's table. An assistant nurse says: "Now we should have a dog to eat this food that is thrown here." Two other nurses laugh a little at this comment and reply: "Yes, a dog would be great." Eero comments that a dog would also eat food from the tables. The nurses do not reply. (FD January 25, 2013)

First, I paid attention to the way the staff was amused about Eero asking for more food. Eero had a slight weight problem, and this was emphasised by the staff: in a sense they expressed that it was not suitable for him to ask for more food. Second, the conceptions of old age are illustrated in the way the nurses discussed Eero's amount of food using the pronoun "it" [se] and how they spoke over Eero, not to him. The residents were not seen as subjects and, correspondingly, the excerpt illustrates how old people's (bodily) practices turn from private to public objects that are managed by nurses and institutional practices: Eero should eat less (see Magnússon 1996: 69; cf. Alftberg 2012: 17). This is also interesting in rela-

tion to how the assistant nurse who served the food did not hear that Eero also wanted vegetables, not only casserole. This illuminates how the gendered stereotypes work in an institutional setting and how the staff may construct the resident in a way that not only suits their strategies and ideas about him as a resident, but also follows some clearly stereotypical ideas of masculinity and men.

Third, the remark about needing a dog to clean up after the men. The distance that is expressed in this setting is multidimensional: it seems that the staff did not recognise or empathise with the fact that eating was difficult for some residents, and when Eero commented on this condescending remark regarding their eating, none of the nurses replied to him. I interpret Eero's comment in this particular interactional setting as Eero's small story about the situation. Eero tried to challenge the offensive comments by saying that a dog would eat all of the food, but he did not receive a reply and, in a sense, the allusion to his story about the whole situation was cut off (see Georgakopoulou 2006: 127).

According to David Morris (1996: 29), voice is the most precious endowment that suffering may deprive us of. Without a voice it is difficult to be understood by others, and eventually the loss of a voice may constitute or represent a complete shattering of the self, a matter of becoming invisible. In general, the loss of voice may also refer to encounters where a person is not heard even though he or she has a voice.

Tarmo is sitting in the MOTOMed (a type of exercise equipment). His feet are fastened to the pedals. He is not sitting straight, and he keeps complaining that it hurts. I can see in his eyes that he is suffering... He asks for help from the nurse Kati, who comes by to take him off the MOTOMed.

Kati: Who put you there then?

Tarmo: Jaana (another nurse).

Kati: Well, then, it is Jaana who will take you off.

Kati walks away. Tarmo glances at me and says:

Tarmo: Look how we are treated; it is always like this.

Karoliina: You have to wait.

Jaana comes and takes Tarmo off the MOTomed. Tarmo complains about his pain to Jaana and wants to lie down in bed.

Jaana: You can go to bed after lunch. Now, watch the telly.

Jaana moves Tarmo right in front of the telly. Jaana goes away and Tarmo repeats: "Look how we patients are treated! I have to languish here and I cannot decide for myself. I should be able to do that, shouldn't I?" (FD February 5, 2013)

The institutionalised setting guided the daily practices of the residents. Tarmo's wishes were not met: he could not get off the MOTomed and go to bed right away. He explicitly emphasised his lack of autonomy. One crucial issue in elderly care units is how the needs of the residents are met and, for example, how they get assistance and help (see Ojanen 2014). Interpreting Tarmo's comments, it seems that he was dependent on others in a way that caused him frustration. It is noteworthy that Tarmo spoke of himself as a "patient" rather than as a resident or inhabitant. One time I heard a physiotherapist discuss this with a resident who referred to himself as a patient. The physiotherapist emphasised: "You are not a patient: we don't have patients; patients are in the hospital. This is your home; here you are clients or residents." This can be seen as a parallel to the changes in Finnish welfare politics, which has started to strongly emphasise the neo-liberal ideal of active citizens who are primarily responsible for their own welfare (rather than the state) and who as active agents take part in the production, management and evaluation of different services (Palola & Karjalainen 2011; Sihto 2013). The way the two residents referred to themselves as patients reveals that despite the aim of these long-term care units of being "homey" places, the reality appears to be somewhat different. At least some residents felt they were patients, which may imply that they felt that they were strongly dependent upon the staff, but this position also means that they were entitled to demand services. However, not every resident shared these experiences or found living in the care unit difficult.

Jouko is reading a newspaper, and welcomes me as I enter his room. We chat about the daily life in the unit and he says that he really does not want any more of these activities, physical exercise and so on. He says that he is a "static guy" and at this point his life is sort of small; he is "flying low". "I enjoy the way it is, just sitting still. Maybe I am a bit simple man." (FD March 15, 2013)

Jouko had had a career as a lawyer. He had had a stroke but his cognitive ability was still very good; he had a good sense of humour and he seemed to have rather good relations with the staff; also his children often came to see him. There is a distinction between being silenced and being silent. Silence can be a mode of agency: to be quiet does not necessarily mean that one is being silenced. For Jouko, being still and silent in his own peace was a way to experience and perform identity in this social setting. Stillness and silence can be conceptualised as something relaxing, reflective and restful that promotes agency (Fivush 2010: 90). Agency does not refer only to social transformation or resistance. Agency can be small, invisible, changing and unconscious (e.g. Honkasalo 2006; Jyrkämä 2013). However, in the institutional setting, the agency of old people was often challenged. It was hard for them to change the social setting and structures in the care units they were living in. This applies to the wider cultural relationship of the category of old and agency (see Hazan 2000; Salari 2002).

Being silenced is usually conceptualised as negative (Fivush 2010: 91). In the next excerpt, the residents are not directly silenced but they are not really acknowledged or given space either. The impenetrable boundaries between the staff and the residents are striking.

The nurses are thinking about the seating of the residents. Tiina (a nurse) says that there must be room for the memorial table, too. Arja (a nurse) replies: "I removed it; it had been there for several days already! Altti died on Friday!" It's Monday. They continue to talk about the new resident who is moving into Altti's room (whether they've la-

belled his clothes, where to place him, what his name is, and whether his room is clean). The other residents are already sitting around the tables waiting for lunch. Miina (a resident) looks weary. She is obviously listening to the nurses. After the lunch has been served, all of the inhabitants are quiet. The nurses sit at their own table having their lunch. Arja talks about how she would like to go out and drink beer this Friday; another colleague replies that she is working and cannot join her. Arja goes on to complain about a staff meeting that she does not want to attend. The radio is on. The residents are eating. Miina asks Linnea (a resident) about going to the sauna but the conversation soon dies out. (FD April 15, 2013)

The way death is dealt with in the above excerpt is connected with the stereotypical ideas of being old. In institutional care, old people's bodies turn from private to public, objects that are managed by nurses and institutional practices. Bodily functions become common topics for professional discussion and targets of analysis, as well as signposts for institutionalised care strategies (Magnússon 1996: 69; cf. Alftberg 2012: 17). Here silencing occurs by means of making public something that is usually kept private. Following Foucault's theory of power, the way bodies are controlled represents the way power is performed in a community. Here, the control actualised in the way that nurse Arja talked about the death of one of the residents. She did not seem to realise that some of the inhabitants may find her talk dismissive, too casual and arrogant. Also, in one interview with a resident from this same care home it came up that nurses occasionally would complain in front of the residents about their work, how hard it was and how poorly they were paid, in turn creating an uncomfortable situation for the listening residents.

The residents were silenced in a complex way in this one-way interaction where issues concerning them were talked about in a dismissive manner. According to my observations, the residents were not able to interfere with this practice, partly because of their dependency on the nurses. To approach this on

a cultural level, it could be interpreted that it is expected that the old stay quiet, that they do not really understand what is going on and that they do not have the right to get offended when someone evaluates their worth and dignity aloud.

Furthermore, this interaction exposes how the official ideals of residential care units clash with everyday practices. Theoretically, the staff and residents are together, sharing the same space, making the institutional setting as "homey" and equal as possible. Yet, residents do not have the same opportunities to use their voices, to be seen and heard (cf. Ojala 2011 on old women studying at the University of Old Age). The divide between the staff and the residents expresses the cultural ideas and stereotypes about old age: old people are not recognised as autonomous subjects. These stereotypes silence the lived realities of these residents (see Alftberg 2012: 155–157). It appears that in institutionalised care silence becomes, in many different ways, a central aspect of the narrative of being old. This narrative is often connected to the lack of agency and denial of expressing identity.

Horizons of Silence, Emerging Change?

After I had been in the field for a while, I began to feel anxious about silence and non-happenings: how can these field experiences be interpreted as relevant ethnographic data about old age? After "returning home", I started to consider what old age would look like if it was approached by focusing on the materiality of the care units and the particular silence and stillness that were predominant features in the everyday life of these units. The silence was covert in many aspects of the lives of the residents. Though silence does not mean the absence of agency, it seems that in this particular setting of institutionalised care it both exposed and constructed the stereotypical conceptions regarding old age and very concretely narrowed the experiences of the old people.

The environment of the care units was often filled with silence. Silence became one of the voices. Silence was normalised and accepted in the interactions between the staff and the residents. It appeared in the ways nurses used their voices and ignored the

residents while they were in the same space, or in the ways they sometimes dismissed a resident's initiative to interact and did not respond to it. In a sense, the furnishings also illustrated the normalisation of silence. The material world constructs the cultural ideas of what it means to be old in our society and these ideas were also present in the everyday interactions between the staff and the residents. The decor constructed a kind of scenery, a staging: some of the closets were empty, the shelves held only a few objects and there were photographs whose purpose was unclear: the photos did not really communicate anything about or to the residents. In addition, the paintings and drawings, for example, referred to (past) sexuality as one central aspect of the old people's lives, while at the same time connecting old people with childhood and children.

Thus, in the care unit, silence was covert in many interwoven ways in constructing the conceptions of old age and gender. It was actualised in practices, interactions, material culture and views that stressed that old people were similar to each other. Though the residents (here the focus has been on men) challenged these practices and sometimes deviated from expectations, this was challenging partly because of the obvious structural power relations in the institutionalised care unit where the residents were highly dependent on the staff. In different ways, silence becomes a central feature of experiencing old age; in many aspects, old people are treated as something other than full subjects or adults with individual wishes and characteristics.

These silences (emptiness, characteristics of material objects, the regulation of voice, non-reciprocal interactions, and a lack of autonomous subjectivity) can be interpreted as representing the cultural stereotypical conception of the category of the old, and how old people are connected to the lack of autonomy, individuality and the opportunity to choose. In addition, these silences illuminate how the old are culturally connected to the past, and thus how these silences and silencing practices have become common and acceptable.

In the context of institutionalised care, silence (in its many aspects) becomes a cultural character of the

narrative of old age represented and produced in different practices in residential care homes. However, for the elderly concrete silence and being in one's own peace also had positive meanings and offered a way to construct agency. In the analysis of how small stories construct identity, the emphasis is on variation, inconsistencies, contradictions, moments of tension and the subject's constant navigation between different versions of self-hood in local contexts. Constructions of identities are dialogical and relational (Bamberg & Georgakopoulou 2008: 15–16). The fragments of identities presented in this article are highly subjective: in different contexts, men would tell different stories. In addition, though there are some similarities among men living in these institutions, this analysis shows evidence of variation: the male residents experience and interpret their past and present lives in very different ways. In this article, my focus has been on silence, with its different practices, meanings and implications. The cultural narrative about old age and silence includes conceptions where old people are infantilised and not treated as competent individuals: they can be ignored since they are no longer autonomous; they cannot decide for themselves. In approaching silence as a narrative about old age, it must be emphasised that it is only partly produced by the elderly themselves, and that silence carries both negative and positive meanings. Silence as a narrative about old age is a cultural narrative that is constructed in different cultural practices: from residents' individual views, to practices and behaviour in the nursing sector, to our understanding of what it means to become old and how we assume old people act.

Notes

- 1 The theory of "third age" was introduced by Peter Laslett in the 1980s. Since then it has been widely criticised; for instance, it does not consider how social differences affect experiences of ageing (see Jyrkämä 2013: 89–114).
- 2 The article is part of my post-doctoral research ("We're still men anyway or what's left of it: Interpretations of sexuality and gender in the narratives of old men"). The data consists of interviews with 39 men and participant observation. The men's ages range from 71 to 95

years, representing both the “third” and the “fourth” ages (Gilleard & Higgs 2000). All the men who took part in this study are Finnish men with Finnish as their mother tongue. Though they are similar in this sense, their backgrounds vary and their circumstances are different, for instance, in regard to their family situations, social relations, education, sexual orientations, religiousness, economic situations, social class, housing and health. In this article, I concentrate on a very specific part of my data, which is men in elderly care units.

- 3 Names of the institutions and people are pseudonyms in order to maintain anonymity.

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