



CARING FOR OLD AGE

Perspectives from South Asia

Christiane Brosius and Roberta Mandoki
Editors

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Caring for Old Age:
Perspectives from South Asia

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Preface

Active ageing

The contemporary understanding of active ageing developed from a shift in research focus from questions of old age to questions of ageing. Thereby, human development is conceptualized as a life-long process, a dynamic and continuous interplay of age-connected and age-independent developmental factors, which people explicitly conceived of as agents of their own development. Taking a primarily individual perspective, active ageing can be understood as a preventive concept. With continuous engagement in personally meaningful relationships and contexts, and the systematic use of chances and opportunities, physical, psychological, and social losses and deficits can be prevented, or at least substantially delayed. Referring to more recent definitions of productivity—i.e. intellectual, emotional, and motivational expressions of productivity in higher age groups—it is further argued that even when suffering severe physical losses and loss of independence, people still have the option to use their capabilities to be productive for others or for society as a whole.

Potentials and vulnerability

A comprehensive understanding of old age must consider potentials and vulnerabilities, aspirations, possibilities, and the limits of self-design and world-design, i.e. how ageing persons participate in society and take responsibility for themselves and others, not only in the so-called third, but also in the fourth age. This book elucidates how, even in very old age, shared responsibility, particularly in the form of intergenerational engagement, is both a potential for society and an important individual motivation, and how important it is to do so from a local, regional, and transcultural perspective—in this case, with respect to South Asia. Even if in old age, physical (and in part also cognitive) vulnerability is increasingly obvious, this must not lead to the assumption that older people can no longer contribute to the development of human capital and to our cultural heritage. The passing on of collective and personal knowledge, an instrumental and emotional commitment to subsequent—primarily to young—generations, a readiness to speak with subsequent generations about topics of central significance for life in old age, including about very concrete hopes and fears with a view to one's personal future as well as with a view to the future of mankind, are contributions to the development of human capital and cultural heritage. A readiness to allow younger people to participate

in the personal management and handling of chronic illnesses, pain, and a need for help and support can be perceived as a contribution of this kind.

Caring

Accompanying and caring for older people should always include the perspective of psychological growth and not only be viewed from a perspective of psychological burden. Therefore, we should not commit the error of understanding the care provided to men and women exclusively as a burden. Because the care provided does not rarely go hand in hand with processes of emotional and intellectual growth—even if there are times in which carers very clearly sense the limits of their capacity and of their actions. However, it should also be considered that these kinds of growth processes are linked to internal as well as external conditions. The dimensions of emotional well-being identified by the US-psychologist Carol Ryff (self-acceptance, personal growth, purpose in life, positive relationships with others, effectively managing demands and opportunities posed or offered by the environment, autonomy) provide insights regarding in which direction the search for these internal conditions should go. At the same time, some of these dimensions can be understood as pointing towards external conditions which must exist in order that potential growth becomes actual growth: carers rely on emotionally fulfilling social relationships in which they also experience practical support; they rely on environmental conditions supportive of integration and participation under which there is a greater possibility of the experience of being able to “master” the situation establishing itself; in the end, they depend on the person for whom they are caring being able and prepared not to overtax the carer either emotionally or physically. And yet we should not overlook the fact that accompanying and caring for frail people can go hand in hand with a large number of burdens. It is not only or primarily about talking about different varieties of burden, rather the objective is also to highlight possible ways in which these burdens can be eased, how to be able to deal with and better manage these.

Caring communities

The commitment by wider society is considered alongside the commitment by care professionals, doctors, and social workers. Intense discussions are already taking place concerning to what extent we can succeed in understanding care not only as a task of the family—supported by professional care—but also (and perhaps even primarily) as a task of the neighbourhood, acquaintances, active members of society—equally supported by professional care. The term “caring community” can illustrate that the family feels supported, valued, and recognized by people from outside of the family.

At the same time, it is not possible to look at the caring community, which is an amalgam of family, neighbours, acquaintances, and active members of society, without including providers of professional care (itself often supported by the family doctor). Rather, professional care brings in the required professional expertise in the provision of care and support. Against this background, caring communities must be seen as an element of a “new care policy”, which also and not least recognizes the risks posed by the economisation of care and raises awareness of individual and collective responsibilities and possible ways of delivering the care required.

In order that a caring community of this kind can actually constitute itself in sufficient numbers, there is a need to create a platform for civic engagement, i.e. a virtual or even actual citizens’ centre that organizes and delivers civic engagement. Here it is important that voluntary engagement by members of society for families with a member in need of care is integrated into an existing care structure generally stemming from cooperation between a family member and an outpatient service (this would be a part of the care management). Furthermore, support by a family doctor is also important. It must be ensured that this caring community is tailored as far as possible to the needs of the family member requiring care and of the relatives providing care (this would be part of the case management).

This book comes at precisely the right time—seen from a social and political perspective, because caring for seriously ill people is one of the pre-eminent issues on both the national and the international agenda. Demographic change is linked with a change in family structures, significantly increased mobility of the middle generation (which overwhelmingly takes on the main responsibility for care), an increasing discussion on how to combine family and professional care and, not least, also with a significant increase in the number of people aged seventy-five, eighty, and older. These developments are playing a significant role in current (and surely also in future) international political discourse on securing care provision. The care of seriously ill people, in particular those with dementia, is no longer a “minor” or “middling” political issue, rather it is a “major” political issue—and will remain so over the coming decades. This book contributes to a dynamic concept of cultural flow with respect to ageing and old age. It is a highly successful attempt to understand the demands placed on older people, but also to substantially extend the creative mental, emotional, and cultural handling of these challenges from a South Asian perspective.

Heidelberg, February 15, 2020,
Andreas Kruse

Christiane Brosius and Roberta Mandoki

Caring for Old Age. Perspectives from South Asia: An Introduction

The ageing of many societies' populations and growing longevity around the world have resulted in a multitude of narratives and strategies as to how individuals, groups, and societies can respond to such fundamental shifts to "age well." In the past decade, these narratives have been reflected in a diversifying body of qualitative research literature which offers socio-cultural and historical as well as economic contextualization, and allows for a deeper understanding of how such discourses unfold and transculturally influence each other in different localities. However, the perspective of countries outside the group of nations leading the global list of ageing pyramids has not been widely addressed in this corpus, such as the present case of South Asian countries whose populations are currently relatively "young" compared to other greying Asian countries, but whose share of older persons is expanding at an accelerating speed.

For this reason, this volume presents perspectives on old age and related vernacular discourses on place and space, as well as mobilities and narratives from South Asia. Our book rests on the motivation to think about notions as well as experiences of ageing from multiple angles, and South Asian understandings of care have proven to be key vantage points for our considerations. However, in using the term "South Asian" we also want to highlight that we do not wish to suggest a sedentarist approach that confines itself to a cultural relativist or regionalist identification and a conflation of the "cultural" with the "regional" (or the "national"). Instead, we hope to gesture towards the relational and transgressive as well as circulatory nature of concepts, people and institutions across geophysical boundaries. We argue that such a transcultural approach has not yet found entrance into scholarly research on ageing. Predominantly, concepts and methods used to study ageing processes and imaginaries have been based on restricting "container" models of "West" versus "Asian" or "Global North" versus "Global South," "modern" versus "traditional," whereby theorizing would be done in the first and anecdotal examples of deviance would be delivered from the second part of the binary opposition. We propose that theorizing of ageing must be done from and in the Global South, the so-called "periphery" that is too often only considered as reacting rather than acting. But we also suggest that an "Asianist" perspective cannot be the answer either. We rather hope to shed light on relational connectivities—or disconnectivities—on "entanglements" and transculturation rather than "influences" or "hybridities."

We consider care and caring as substantially humanistic and heterogeneous modes of both life-course and ageing that require scholarly attention towards the relevance of place and culture as dynamic and relational. To our understanding, “caring for old age” incorporates several meanings: the implications of demographic shifts across the world have taken many by surprise, be it in countries of the so-called Global North or the Global South. While societies speed up in terms of economic growth and individual flexibility of the majority of social groups, ageing populations are often perceived as a “burden,” “slowing us down”—implying that this “us” is an imagined community of middle-aged productive citizens—and as interrupting the access to progress and wealth or putting economic achievements at risk. There is also a quantifiable need for new institutions for and by older persons since neither states nor cities nor families and the market seem to be able to sufficiently care for those who demand, serve, and define what such care could be. Much of the discourses and narratives around ageing societies have been dominated by the Global North, and while it is not our intention to fall back on the repetitious rhetoric of ageing statistics, they do form an influential backdrop for such discourse. When we look at South Asia in this volume, we propose that it is high time to incorporate vernacular perspectives through “thick descriptions” to disclose the multilinearity and transculturality of narrative flows and, ultimately, to more adequately and self-critically reflect notions and experiences of ageing in all their diversity and fields of tensions.

The need for critical perspectives to contextualize statistics

Despite a growing awareness in South Asian countries of shifting demographics and altering modes of care, the overall interest of qualitative disciplines such as critical and environmental gerontology and anthropology, to name a few, in ageing and related themes in South Asia has remained remarkably small in comparison to large-scale surveys and quantitative data from disciplines like nursing, gerontology, or sociology, which mainly define the field and relate to developmentalist or modernist discourses (see Smith and Majumdar 2011). Seminal ethnographic works have beyond doubt introduced major arguments around understandings of personhood and the life-course, old age as a social construction, and influential discourses of ageing well. Seminal works on ageing in South Asia include Cohen’s writings (1992; 1998), Lamb’s monographies and edited volumes (2000; 2009; 2017), Brijnath (2014), De Jong (2005; 2012) and Vera-Sanso (2004; 2012) for India; Goldstein and Beall (1981; 1983; 1986) and Parker et al. (2014a; 2014b) for Nepal; as well as Risseuw (2012a; 2012b) for Sri Lanka. Works from other disciplines have mainly focused on well-established categories of health and nutrition, but sociocultural aspects and religious differences remain largely neglected. As anthropologists, we care deeply about vernacular narratives and performances of old age which allow us to support

and thicken statistical data with our ethnographic material. Possible reasons for this lacuna are that it is still the family, and not the state, or civil society, which is considered as the pillar institution for solving questions related to the challenges posed by care and old age; a formulation of care and life-course, or intergenerational relations, which builds the backbone, the “glue” of South Asian societies and is often framed as morally superior to narratives of Euro-American individualism and societal fragmentation. Furthermore, current demographic dynamics are not yet as dramatic as they might be in some European countries or Japan, the Asian leader of the international ranking of ageing pyramids. However, statistical prognoses foresee these to change at unprecedented speeds and in view of high social and economic mobilities as well as transnational migration.

The present volume invites the reader to explore themes around ageing and care through the lens of other urgent social themes in South Asia, namely through life experiences in rapidly urbanizing environments, changing mobilities and discourses revolving around care. In this context, what we mean by caring about old age is that we aim to contribute to a more refined understanding of the multi-layered “caring communities” in South Asia as well as our “caring” perspective as researchers from humanities and social sciences to carefully scrutinize and appropriately depict vernacular negotiations and discourses of seemingly global approaches to ageing societies. Therefore, we propose that caring about old age in South Asia includes our rethinking of categories with respect to concepts such as “ageing well,” or “active ageing” and to explore—also collaboratively—methods that help us go beyond “centre-periphery,” “East-West,” or “global-local” binaries. By relating thick, vernacular descriptions to transcultural flows of concepts, even paradigms, of old age and the ageing process, we cannot only highlight counter-narratives to globalizing, but also challenge “internationalist” or “developmentalist” responses to population ageing. Moreover, we may come closer to developing more holistic—or comprehensive—understandings of fundamental humanistic concepts like reciprocity, filial piety and care in view of contemporary shifting mobilities, institutions and technologies.

The transculturality of care in South Asia

The authors in this volume, from South Asia themselves or with thorough regional expertise, explore and denominate particular discourses and narratives of the South Asian region by contrasting detailed, small-scale ethnographic perspectives with large-scale ageing discourses and data. For us, care represents a comprehensive key term with which to grasp the multilinearity and vocality of interpersonal and social processes which form relationalities between different generations in families, and more generally, in communities (see also Baldassar and Merla 2014; Brijnath 2014). One significant, multi-layered South Asian moral notion of care is *sevā*: its

meaning of respect towards older persons in the context of moral debts of children towards their parents (gerontocracy, see Lamb 2000; 2009), but also its meaning as social service characterizes the moral and normative roots of a “caring society” or community. Moralities and normative notions of care determine intergenerational relations and offer important guidance in the formulation of new, non-kin “care scripts” (Coe 2017), but also create immense tensions for all sides when clashes between contemporary South Asian life realities and long-performed ways of care make it impossible for the latter to be continued. Renegotiations of care cause highly emotional moral debates because they seem to shake vernacular understandings of family and filial piety to their very foundations, and many South Asians find themselves torn between “traditional” moral systems and neoliberal shifts taking place in their societies and economies which promise progress and more recognition in global hierarchies.

Transculturality is a phenomenon which also serves as an important heuristic lens. If we look at “care” and “caring” as a transcultural phenomenon, both terms reveal a universally valid category that underlines both the increased need to pay more attention to qualitative factors of care and affective relations towards the growing population of people above sixty years. Yet, “care circulation” (Baldassar and Merla 2014) or “global care chains” also point towards a very cultural and socio-specific notion of relations, values and norms that find reflection in gift exchange and depend on body concepts, gender, and class / caste (Hochschild and Ehrenreich 2002). In Asia, they may divert from a service-delivering notion that is increasingly central for the professionalization of caregiving in Euro-American contexts. Transculturality as a concept that is sensitive to often invisible traces of entanglements and multiple, historically rooted aspects of subjectivity and identity formation serves to underline these various forms of encounters and transfer processes, even if they are asymmetrical. Circulation and translocality are constructive tools to address theoretical and methodological implications to care for old age in—and beyond—the Global South.

CIRCULATION OF AGEING PARADIGMS

Another transcultural phenomenon can be found in globally circulating ageing paradigms, namely the two most dominant concepts of “successful ageing” and “active ageing” (see Foster and Walker 2015; Katz and Calasanti 2015; Lamb et al. 2017; Lassen and Moreira 2014). Initially formulated and propagated in the USA and Europe, both ageing paradigms inhere some Eurocentric aspects through their primary focus on remaining an independent, healthy, and in some way productive individual in later life—“optimizing” one’s ageing self along these imperatives turns into a veritable project. As the latest body of literature aptly demonstrates, such paradigms strongly influence public imaginaries of later life and are quickly contextualized with “statistical panic” (Woodward 1999) of inverting population pyramids which represent the symbol of shifting demographics

per se. In this context, frailties—earlier perceived as natural companions of ageing—become negative side effects, and on a national scale old age mutates into an object of medicalization and politicization that needs to be regulated. But how are such paradigms interpreted and (re-)negotiated in contexts like South Asian societies which are based upon different notions of personhood, dependence, and intergenerativity? As the chapters of this volume highlight, more focus is needed on the perceptions and aspirations of ageing persons themselves, but transculturality helps us to detect and detangle flows of concepts, paradigms and notions which are used to coin social issues—such as “the problem of aging” (Cohen 1992)—and, in that process, concurrently contribute to shape them.

We underline that a seamless distribution of such paradigms cannot be assumed and, even if so, would not be productive to a South Asian context. We likewise argue that not all “new” or “recalibrating” approaches come from “the West” to be further disseminated or appropriated. For this, a transcultural perspective can be deemed useful. The transcultural approach stresses the fact that we have to be cautious of cultural and national sedentary reifications: neither should we assume clear-cut categories such as an “Indian” way of ageing, nor a “Western” way, though this is often suggested by the terminology used. By no means does this mean that we privilege a universalist or seamlessly homogeneous approach that flattens differences and ignores boundaries. Instead, we propose a relational approach, one that considers a need for multiperspectivity, connectivities and entanglements. With it comes the concept of “translation” that further illuminates how ideas, practices, and knowledge circulate and are altered at different speeds, alongside which different and even new forms of meaning are created (see Abu-Er-Rub et al. 2019).

How can we develop counter-narratives?

It is difficult to develop counter-narratives to dominant iconic terms like “active ageing” that have been taken over by the World Health Organization (Active Ageing 2002) and the European Union (European Year of Active Ageing and Solidarity between Generations 2012) to phrase uniform responses to population ageing, another step to brave demographic shifts from a productivist viewpoint (see Denninger et al. 2014). Such iconic terms quickly became paradigms to guide nations in developing policy frameworks and public health measures, but also in promulgating imaginaries of appropriate lifestyles which ultimately created new markets, following consumerist logic. Cohen’s seminal dissection (1992; 1998) of such ‘internationalist’ strategies and action plans has shown us the importance of conducting such discourse analysis. To look at ageing in a transcultural context allows us to explore a host of globally circulating concepts, social networks, and institutions in particular contexts of appropriation and translation, and challenges relational perceptions of being

old in demography-wise drastically changing social and trans/regional contexts. Discussions on perspectives on and from South Asia consider debates related to critical gerontology as well as critical area studies and propose productive approaches using transculturality as a heuristic lens. Through transculturality, we can take notice of the international increase of socio-economic changes for and national policies regarding older persons while considering particular cultural contexts, albeit refraining from essentializing these as “container cultures.”

As all contributions in this volume illustrate, intensifying, accelerated global entanglements of neoliberal economies and communication, flows of media imaginaries, people, care, and medical options have profoundly impacted vernacular perceptions of old age. Through increasing age segregation (i.e. shrinking intergenerational co-presence) and institutionalization of later life (e.g. medical and care arrangements, policy), imaginaries of old age developed static images of set life stages, for instance dividing older persons into groups of “young-old” and “old-old,” or employment vs. retirement (see Fry 2010)—imaginaries which attempt to grasp growing longevity. Another result of such changed life realities are isolated and somewhat patronizing representations of older persons as being detached from their social, urban, or kin environment. As shown above, demographic statistics proved to be a double-edged sword: while national ageing and health policies require certain databases, the same data have been employed by media to create “statistical panic” (Woodward 1999), promoting a “discourse of burden [German *Belastungsdiskurs*]” (Kruse 2013) of older persons on contemporary societies and their neoliberal economies.

The eleven chapters of this edited volume explore different issues of ageing and care through the lens of transcultural phenomena of spatiality, mobility, and narrativity. Their common point of departure is South Asia in its transgressing connectivities and entanglements with other locations, concepts, people, and institutions. By taking such a transcultural perspective on the lived everyday contexts of older persons, the individual chapters present nuanced ethnographic insights into current South Asian understandings and negotiations of care (see Abu-Er-Rub et al. 2019). In one chapter, a South Asian scholar’s look into changing European approaches towards institutional care carries forward the transcultural perspective. In addition to its transcultural approach, which has not yet received much attention in ageing studies, this volume assembles much-needed close-up ethnographic research focusing on social dynamics such as ageing in North India’s and Nepal’s rapidly expanding metropolitan areas and megacities which profoundly change its urban fabrics and socialities, and how the mobilities of people from North and South India and Sri Lanka, in many cases across continents, affect and transform forms of “doing family”. This also affects the making, altering, and unmaking of other social relations, often marginalized because of an overemphasis on family relations, but increasingly important also for transnational labour contexts, friendship, cohabitation, and care practices. These dynamics also

reflect in the manifold ways how lived experiences of care and ageing are narrated and framed.

The chapters of the first book section focus on lived experiences of ageing in particular localities. These localities comprise particular places, such as care homes as particular institutions for older persons, and spaces, in this case existing and emerging elderscapes that are enmeshed in urban transformations in South Asia. The first three chapters combine approaches from anthropology, environmental gerontology, and urban studies and look at the specific dynamics of ageing in two heavily urbanizing areas in North India and Nepal. In her chapter on the interrelations of space and power in the National Capital Region of Delhi, *Annika Mayer* investigates how middle-class senior citizens respond to and engage in neoliberal processes of urban reorganization, juxtaposing diverse settings such as in an older middle-class neighbourhood, a condominium, and a senior living project. Chapters two and three are based on ethnographic fieldwork in the Kathmandu Valley, Nepal, one of South Asia's most rapidly expanding urban regions whose more or less non-colonial past led to a different state institutional and administrative environment for spatial restructuring, also with regard to ageing. Along the notion of elderscapes, *Roberta Mandoki's* chapter explores how contemporary social trajectories related to ageing and care translate into Kathmandu's suburban space. Using this concept, she highlights the active and creative role of older persons from the middle classes in such urban place-making processes. In conversation with the first two chapters, *Christiane Brosius* looks at the intersectionality of "ageing in place" and urban transformation in the historical city of Patan where the locality's spiritual landscape and its distinct private and public spaces constitute important resources for older people to dwell in, shape and care for their and other groups' urban habitat. In her chapter on institutional care in Goa, India, *Deborah Menezes* continues to underline the agency of older persons to partake in place-making practices by carefully examining the complex, sometimes subtle articulations of power, agency and resistance between residents and staff in a controversially debated locality.

Expanding the scope of the book, the chapters of the second section explore how caring mobilities translate into the everyday of South Asian transnational families. By following people, objects, and financial flows across borders, but also tracing the effects of national regulations and policies on individual migration decisions and agency, the three authors explore transnational mobility and care on a variety of scales. In chapter five, *Michele Gamburd* scrutinizes the impacts of Sri Lanka's "Family Background Report" policy and its moralized family discourse on different generations of women from rural working families, taking a differentiated view on the intersections of female mobilities, intergenerational support and cultural construction of class identities. Following migrated nurses from Kerala, India, and their parents at home, *Tanja Ahlin's* chapter illuminates the role of information and communication technologies (ICTs) as a crucial part of the care collective of geographically dispersed families

beyond being mere tools, allowing for a nuanced understanding of mobility and care over distance. In the last chapter of this section, *Bianca Brijnath* employs the concepts of kinship, capital, and technologies as a lens to reflect upon ethnographic approaches to transculturally conceptualize care in transnational Indian families.

The third book section introduces the narrativity of care and caring relations from a variety of viewpoints. These narratives highlight how transcultural flows of images, concepts, and people inform and alter local understandings of care. Four authors explore in the local contexts of India, Nepal, and North America how their interlocutors and texts frame and contextualize lived experiences and narratives of ageing, care and illness against social transformation. In chapter eight, *Roma Chatterji* offers a rare South Asian long-term perspective onto altering care narratives in the Netherlands and their direct impact onto a care institution which reflect a neoliberal commodification of care, clashing with the institution's original orientation as a liberal, innovative space. *Axel Michaels* traces the textual roots of a powerful South Asian narrative idealizing the institution of the joint family, demonstrating that this narrative ultimately serves as an epitomization of South Asian identity and a subaltern moral standpoint against transcultural notions from "elsewhere". In her chapter on three Indian short stories which follows the narrative turn in gerontology, *Ira Raja* explores literary articulations of being an older person in the light of dementia, illness, and end of life and highlights the potential of literature as a space for negotiating cultural understandings of and approaches towards the fragility of health in later life. The final chapter of this volume by *Sarah Lamb* carefully dissects transcultural flows of narratives and imaginaries of ageing, care, and personhood in India and North America and offers a differentiated view of the complexities and cultural notions of care and ageing well in a neoliberal world.

Which alternative approaches towards old age informed our aim to express much-needed counter-narratives for the South Asian context in particular and which perspectives allowed us to incorporate ageing persons' concerns and viewpoints? In recent years, researchers from different disciplines suggested alternative approaches which look at old age through the lens of the person's life-course (Poser and Poser 2014; Danely and Lynch 2013) which highlight their individual life histories and their interests and experiences, but also crucial aspects of "ageing in place." Given the extent of global urbanization, one crucial lacuna which has been largely addressed by sociologist Phillipson (2010; Buffel, Handler, and Phillipson 2018) is to adequately look into the specific conditions of ageing in urban environments, but the focus on Asia, and in particular, South Asia, is still dominated by public health-driven studies (see the first book section, "Caring Spaces and Places"). Other authors (see e.g. Coe 2017; Vanderbeck and Worth 2015; Baldassar and Merla 2014) direct our focus towards the continuous meaningfulness and importance of affective and caring intergenerational relations, both within and beyond the

biological family, for developing novel living and care arrangements as an age-inclusive response to demographic change (see the second book section, “Caring Mobilities”). To change the above-mentioned “discourse of burden” into a more adequate representation of older persons, gerontologist Kruse (2013) advocates for a balanced perspective of old age which carefully weighs “potentials” and “vulnerabilities” of older persons (see the third book section, “Narratives of Care”).

The following three book sections (I. Caring Spaces and Places, II. Caring Mobilities, and III. Narratives of Care) address current, inter-related key debates on the topic of ageing in a transcultural context and add views from North and South India, Nepal, Sri Lanka, and a South Asian perspective on institutionalized care in Europe. They relate to global urbanization trends and urban experiences of older people that are often coined by increasing mobility on both local and global levels, involving transnationally operating families and a profound impact of contemporary communication technologies. Entangled with these global categories of shifting social relations and spatial experiences and concepts are on the one hand media practices and representations, and on the other hand global care institutions and networks, as well as transnational networks that deliver and alter care as they circulate through global media- or policy-scapes, for instance, cinema (see Pearson 2008), or the work of INGOs like HelpAge International, and dwell in new localities in manifold ways that ought to be studied closely.

Caring spaces and places—topographies of care?

Ageing studies have only recently begun to address the importance of place and space (Rowles and Bernard 2013) and the entanglements of urban environments and demographic change. Relating space and place-making to old age is thus a recent approach in gerontology and social sciences (Buffel and Philippson 2015; Buffel, Handler and Philippson 2018). Yet, the challenges of producing research on or from Asia have yet not received sufficient attention (Chong and Cho 2018; Rajan, Risseuw, and Perera 2011). The concepts of “spatiality of aging” or “ageing in place” (both in Rowles and Bernard 2013; see also Mayer, in this volume) are of central importance and follow the proposition that places impact the ways in which people live together, interact and feel “at home” or—in the reverse sense—“out of place,” and “homeless,” also underlining a sense of choice. Substantial changes in social relations—be it, for example, families, gender models or working conditions, have altered spatial habitats through transnational and in-bound mobilities and transforming education and labour markets in terms of residential, educational and professional patterns, intergenerational relations and the prospect of prolonging old age—something that also affects notions of well-being and participation in the life-course. This leads to new spatial infrastructures and contributes to the creation of new places, such as old-age homes, day-care centres, and clubs for senior

citizens. Even though they both study old age and urban transformations in Kathmandu, Mandoki's and Brosius's "worlds of ageing" reveal the synchronicity of quite distinct forms of defining and experiencing their interlocutors' notion of being senior citizens, and their ideal of participation in their lifeworlds and the infrastructures of care they have, or do not have, access to (in this volume). This underlines the importance of ethnographic fieldwork since such diverse notions and practices can hardly be uncovered through quantitative surveys. Yet, they speak of the importance of factors such as caste and class, as well as ethnic and gendered qualities of ageing in South Asia. "Ageing in place" is multidimensional and requires particular attention to the qualitative methods of scaling, mapping and historicizing ageing. But we similarly have to consider places such as new gated residential neighbourhoods and housing estates that emerge in Asia (Chong and Cho, 2018; Lamb 2016, 2005; see also Mayer, in this volume); suburban settlements that have come to shape new topographies where old age can 'take place' and be seen as a challenge in terms of quality and quantity. In this context, much attention has been paid to how to cope with the growing calls for such new care institutions and services, to policies of safety provision, health care, and opportunities for participation in public life and other effective structures and services responding to concrete needs of older populations. Spearheading initiatives have been coined by the World Health Organization with respect to active ageing in contemporary urban settings worldwide, in particular the "Global Age-friendly Cities" initiative developed by Alexandre Kalache and Louise Plouffe (2007). Seeing older people as an important "resource for their families, communities and economies," they demand that city administrations and local organizations expand their responsibilities to the aged by providing services and following certain guidelines, such as age-friendly public transport and barrier-free buildings (Kalache and Plouffe 2007, 1).

We propose that there is an exigent need to re-think urban design and policies in regard to the requirements and experiences of older people (Buffel and Phillipson 2015, 315; Rowles and Bernard 2013) which goes beyond the debate around globalized criteria for "age-friendly cities" (Thang 2015). "Age-friendly" relates the urban environment to the relevance of recognizing life-course processes, that is, intergenerational relations and forms of place-making under conditions of urban transformation. Even though the age-friendly city-model considers situations in the Global South, it remains predominantly western-centric, on the one hand by applying criteria through which "development" and "modernity" seem to be measurable. On the other hand, many cities in South Asia, for instance, have not yet incorporated the categories in their plans for urban redevelopment. But, as Mandoki and Mayer (both in this volume) stress, there is as much of a need to recalibrate urban models through age- and place-sensitivity as there is potential in reconceptualizing gerontological epistemologies and methods for their often either universalist or culturally relativist take on life-course and old age. For instance, a certain quality and

role of the nation-state and of civil society may be pre-supposed, as well as different concepts of well-being, precarity and independence, to name a few. Oftentimes, the idea of ageing well is reduced to health and security, and when shifting to the Global South, as in the case of the megacities discourses, essentialized ideas of vulnerability, abandonment and social exclusion are taken for granted (“apocalyptic” view). We want to add to this perspective one of agency, creativity and symbolic capital, to underline older people’s creative potential to shape their environments and habitat (see Kruse 2017). Elderly persons can be “caretakers” (Brosius, in this volume) of neighbourhoods in times of transformation and place-making, or as stakeholders of ritual practices—including rituals that respond to, and accommodate, social change—equipped with a particular knowledge (including memory) of place that in return reveals relevant resources for a sustainable future of diverse generations in urban as much as rural environments. In Nepal, for instance, where a “toothless generation” (i.e., toddlers, children, and elderly) impacts the life in villages due to intense outward migration of male, middle-aged citizens, but also in cities that undergo much transformation despite their deep local histories, such knowledge becomes crucial for thinking about and anticipating the kind of places we envisage to age in (undoubtedly this book does not suggest that these aspirations are universal and consensual).

Another point is connected to the fact that urban and rural conditions in, for instance, South Asia, are also seen as “deficient” and lacking “efficacy”—mainly in terms of “development” and “modernity.” The “developmentalist” and “modernist” bias has been critiqued in other disciplines, such as human geography (see Robinson 2011) or anthropology (see Cohen 1992; Pigg 1992). But neither gerontology nor the interdisciplinary domain of ageing studies have paid much attention to the fact that spatial mobilities and social change must be addressed in the light of a rethinking of their own notions of progress and well-being. While this book certainly does not reject urban transformation and modernization processes and instead privilege a “traditionalist” approach per se, its authors want to underline the fact that in the light of the development narrative, much potential that is swiped away: especially in the rapidly changing cities in South Asia, solid and constructive networks, practices and places could be maintained by allowing them to adapt slowly, and with the support of local participation. Old age could be a promising lens through which the potential of such resilience and sustainability could be considered, also by and for future generations. Moreover, instead of polarizing and thus reifying “Western” versus “South Asian” compartments we would like to highlight the multiscalar relationality and dynamics of traffic between alleged poles, and rather promote a notion of transculturation (Ortiz 1995; see also Abu-Er-Rub et al. 2019) as we try to conceive of ageing in South Asia as something that cannot be rendered exclusively “Asian,” confining it to geophysical boundaries, and that calls for a sensibility towards relational transformation and transgressive processes. This, we propose, also pushes us anthropologists, gerontologists,

sociologists or philologists, to reposition our concepts and methods that often lead to such sedentary positions.

ELDERSCAPES AND ENVIRONMENTAL GERONTOLOGY

Two domains of scholarly research seem particularly promising for us: the concept of “elderscapes” and the field of environmental gerontology. Both offer much scope for such needed critical engagement with the intertwined relationship between places that shape subjectivities, and thus also well-being and belonging, and places that are being shaped by certain notions thereof. This also concerns, of course, residential homes and old-age homes. Institutionalizing old age and caregiving was sidelined for a long time, until it became more prominent, partly because of the demographic change and the need for more institutionalized old-age care, but also because of the realization that the “social aesthetics”¹—the sensory feel of everyday and institutional life—of such elderscapes play a vital role for ageing well, for better understanding intergenerational relations during the life-course, new labour segments and infrastructures, and, last but not least, considerate and responsible policy-making (see Brosius, in this volume). By “elderscapes,” we understand a spatio-temporal field in and through which a social agent, or a group of elderly people navigates by means of aspirations, knowledges, sensoriums, and competences related to his, her or their social relations and cultural beliefs and practices. This historical, physical and imagined space is turned into a personal and social, meaningful place through practices and ideas. Moreover, it transforms into an everyday as well as a special realm, shaping and being shaped by people (see Mandoki, this volume). The elderscape is made up of restrictions of access (see spatial justice below). This restriction can be manifold. In terms of geophysical access, it could mean that people of old age lack access to public spaces, including public institutions, such as cafés or parks. They may also lack access to residential institutions, something that could enrich their health but also other qualities of everyday life, such as leisure and friendship. A common view shared about old age is that it is per se deficient and inert, and that neither are most urban environments “age-friendly” nor are institutions like day-care centres or residential senior homes adequate or even empowering: “Whether in a nursing home, care home, retirement home, assisted living, or other form, institutional care for seniors offers a cultural repository for fears and hopes about an aging population,” write Chivers and Kribernegg in their edited volume *Care Home Stories* (2017, 17). The legacy of either poor house or prison, of being

1 Social aesthetics is a concept coined by anthropologist and ethnographic filmmaker David MacDougall (2006) that stresses the importance of paying attention to sensorial aspects of social practice and place-making, such as the presence of squares for pedestrians, or the lack of pavements, since they allow for particular forms of engagement and collectivity, as well as for certain qualities of speed and mobility, thus orientation in space.

stigmatized or/and locked away, still persists in Asia and beyond, with many people considering a visit to “such a place” as free of joy, “real care,” and life. Here, care is “naturally lacking” because it is paid for and based on old people’s “dependency” on professional services. Such legacies and moral panics must be taken seriously by considering their socio-cultural, religious and economic context as well as their local emplacement. Only then can they also be challenged, which is what this book aims at doing (see below).

To study elderscapes requires considering the different histories of newly emerging institutions such as senior citizen clubs or day-care centres in South Asia. Mandoki, for instance, underlines the short history of residential eldercare institutions in Kathmandu in the light of Nepal’s modern history that differed from the pre-colonial and colonial trajectories of the subcontinent, since earlier missionary infrastructures such as church-led old age homes in Sri Lanka or South India or a larger Europeanized bourgeoisie had not emerged. While Michaels discusses the old-age ashram near Pashupatinath as a state-funded institution based on a Hindu philosophical notion of selfless service (*sevā*), Mandoki also considers the contemporary emergence of privately run senior citizen clubs as well as day-care centres for older persons set up by Nepalis, some of them returned diasporics. All authors in this section highlight the weak and often short-sighted role of the state in considering responsibility towards the demographic challenge of growing ageing populations which results from the South Asian viewpoint that families are accountable for eldercare. Moreover, it needs to be related to different positions of the state, the market, and family, as force-fields in a field of discourse. Lastly, institutions as “hubs” of a larger elderscape must be seen in relation to similar or competing sites that enable or restrict certain forms and notions of being old.

Environmental gerontology is a productive field of research and critical engagement with the ways in which we can better understand and respond to challenges of ageing in particular spatial contexts and transformations. With an increase of depth and attention paid to this realm of inquiry since the 2000s, environmental gerontology calls for an expansion and deepening of research on person-space relations with respect to old age (see Smith 2009; Wahl 2005; Phillipson 2004). Especially the aspect of place-making as an ongoing process of shaping one’s spatial environment (as much as being shaped by it) still requires more attention according to scholars across the disciplinary boundaries of health science, social gerontology, socio-cultural anthropology, or geography. The care given to the qualities and politics of residential privacy and public space, to intergenerational reciprocity and care of the self is reflected in this context. It aims at complementing the predominantly policy-oriented discussion on old-age institutions or “safe cities” by taking seriously the production of meaningful places, the experience of exclusion and the often co-productive strategies of gaining access to an everyday life outside one’s residential home and to societal participation (see Phillipson 2010; Wahl 2005).

From a macro-perspective, both urbanization and population ageing can be considered as the major societal changes in the twenty-first century on a global level (Phillipson 2010; Smith 2009). This section of the book also responds to a paucity of research on ageing and spatiality in the Global South, particularly in South Asia, by considering concepts of elderscapes, urban regeneration and spatial mobility. These concepts are both interesting and challenging in that they are being used as a lens to study urban ageing as a form of transculturation. To consider the ways in which younger members of society “read” urban and societal transformation by attending to elderly peoples’ oral histories and everyday practices seems one way to approach the demographic shifts from a qualitative and interdisciplinary angle (Melville and Hattan-Yeo 2015). The study recognizes debates from the field of environmental gerontology and age-friendly cities. In doing so, it hopes to critically engage concepts on “global” or “successful ageing” (Lamb 2017) by repositioning their epistemological foundations in order to acknowledge local particularity and simultaneously transcultural relationalities of ageing and urban concepts.

This book section deals with the question of how elderly people are shaping their habitations and are shaped by them, whereby people of advanced age play a foundational role in a city by taking care of it in many ways. Thus, Brosius (in this volume) proposes that we must speak not only of age-friendly cities, but also of “city-friendly ageing”: old age can be a fundamental resource for urban regeneration and community building. However, in the case of this research, it becomes evident that this potential, which is generally overseen, can vanish if it is not recognized in time and in space and possibly recalibrated in order to fit younger generations’ aspirations and the way they conduct their lives.

This means that we need to revisit the city and its spaces from an age-sensitive angle. How has the older population been perceiving these fundamental changes and new dynamics in their urban environment over their life-course? How do they engage with the city and urban space, and what contributory role do they assume? In what way can a focus on “ageing in place” (Risseuw 2012) help us to explore social relations and urban inequality with respect to gender, class, or ethnicity? Given the rapid growth of urban centres in South Asia, this book section represents an important contribution not only to cultural and spatial gerontology, but also to urban studies of the area.

RELATING INSTITUTIONALIZATION AND INTERGENERATIONALITY

Another aspect in this book section is of relevance: that of institutionalization as a form of place-making. Much research on ageing institutions evolves from the discourse on the “dilution” of the private institution of the family (see Menezes; Michaels, both in this volume; see also Lamb 2007; Rajan, Risseuw, and Perera 2011). While the fact that old age took place in joint families is more part of a myth from a narrative of modernity as well as national identity, since in South Asia there are several alternative forms

of ageing and intergenerational life-course does not necessarily need to be located in the family, our authors show how newly emerging institutions and places of “shelter” such as ashrams or day-care centres are predominantly seen in relation to the “fragile” family that cannot cater for the elderly any longer, with the fading and failing of gerontocracy seen as a deficit and sign of decline. Several authors in this volume argue otherwise, and present ageing beyond the locus and “sanctum sanctorum” as happening across a terrain of other places and institutions. As much as urban transformation speaks of the ways in which neighbourhoods and caste-based or religious and ethnic communities might pattern the city, institutions like old-age homes or intergenerational spaces too, must be studied and nurtured in terms of senses of belonging, homing, and togetherness. Too little attention has been paid to the ways in which “ageing in place” is not “neutral” and unrestricted but rather constantly contested and negotiated, and thus also renewable and shapeable. An old-age home may provide a previously isolated or stigmatized person with potential to make new relations and connections, both to other people and places (see Menezes, in this volume). As we consider the importance of intergenerational spaces, we are challenged to take a closer look at the often-asymmetrical relationships of domains such as public and private places and spatial arrangements, at the ways in which space is shaped and made by factors such as age. Institutionalization (e.g., day-care centres, old-age clubs and homes) is but one form of such place-making (see Brosius, Mandoki, both in this volume).

Studies by scholars such as Vanderbeck and Worth (2014) stress the need for gerontology, for instance, to challenge the idea of space and place as sedentary and unidimensional. The oscillating boundaries of nation-states, cities, neighbourhoods or families can thus be grasped in a more granulated way, without ignoring the presence of diverse boundary-drawing strategies, of course. Paying attention to the ways in which different temporalities, too, speak through and in places, is productive to grasp the role of memory, the importance of religious and ritualized time, or the temporality of leisure and consumption. In this volume, we also propose that the different histories of urban growth across South Asia must be considered, thus Mandoki’s focus (in this volume) on forms of ageing in residential housing that was planned for middle-class civil servants in Kathmandu, shows how this varies dramatically from closely-tied communities and forms of ageing in traditional quarters of Patan, for instance, in the often caste-based monastic courtyards. Both could have senior citizen clubs, but the themes that connect or create tensions vary also because of the different speed and quality of urban transformation in the distinct sites. Likewise, Mayer, in this volume, shows how ageing in a middle-class neighbourhood of Delhi’s affluent south shows other challenges than the fabric of a senior living project in a new residential enclave in a newly planned part of the city. Different notions of middle-classness (Brosius 2014; Baviskar and Ray 2013) impact on the experiences of “ageing in place” by the elderly citizens in each respective locality. It must also be underlined that the middle-classness Mandoki

and Mayer address differs across the national boundaries, between the two metropolitan centres and their diverse trajectories of undergoing economic liberalization and urban development. All this must be considered if one wants to study ageing in spaces and places, thus turning a comparative angle (e.g., Delhi and Kathmandu) into an interesting methodological and conceptual approach. With a remarkably growing middle class in India, the situation of institutionalization and thus elderscapes in general differs substantially from the situation in Nepal, where the economic growth is evident but not as rapid, although both cities show similar urban growth. The middle class is but one factor to be considered in the larger field of studying elderscapes in urban South Asia; equally important are histories of migration into the two “arrival cities” in Nepal and India.

Spatial and intergenerational justice can be understood as an ideal of the ways in which age-friendly cities and intergenerational spatialization can be spelt out. Referring to Henri Lefebvre (1974) and David Harvey (2008), spatial justice is connected to the “right to the city,” that right to participate, be represented in, and have access to, urban places but also institutions across social strata. Elderscapes do not equal seamless mobility and non-existence of borders. The concept enables us to also attend to questions of power, boundaries of exclusion and segregation (e.g. the gated community as “panopticon” or “prison”; see also Mayer in this volume) as well as new forms of solidarity and reciprocity (e.g., friendship and relations transgressing caste and religious differences).

All contributions in this section draw their data from up-to-date ethnographic research. Mayer’s chapter broaches the issue of ageing in Greater Delhi, India, where she assesses how older people engage with their city between safety discourses, real estate dynamics, and attachment to place. This is illustrated by two contrasting case studies, an urban neighbourhood and a gated community. Mandoki’s contribution investigates emerging spaces for older persons in the Kathmandu Valley, Nepal, currently one of Asia’s most rapidly urbanizing areas. Along the lines of the concept of elderscapes, Mandoki explores how new urban institutions for older people are negotiated and reshaped in the local context.

Caring mobilities

In this volume, we want to shed light on the importance of considering caring for old age as a distributed and highly mobile form of giving and receiving care across social and regional scales. This includes physical mobility, for instance, though transnational care and work chains, but also social distribution of care as a symbolic and social capital and corporeal resource (see Gregory 2011). This also prompts us to consider care as a good that can be restricted, transformed and also traded, that is both intangible and tangible, institutionalized and performed. The lives of older people are increasingly impacted by and entangled in transnational contexts and

mobilities, be it on a social, religious, cultural, economic, or political level. Global educational and labour markets allow as well as demand an increasing flexibility and mobility of individuals and groups who seek to make a living across the globe. Face-to-face relations and smaller-knit networks are now also managed with an altered temporality—couples, families, parents, and their children, might meet less on a regular but more on an irregular basis, following globalized rhythms and patterns of life. Old age in particular has come into the focus of ethnographic or policy-based research only recently. It matters on various levels: 1) there is a transnational elderscape that is made up of people ageing “away from home”, in the diaspora, because they migrated at a much younger age and stayed, or went on, but did not return to their original home; 2) retirement migration in the light of distributed families: concerning those aged persons, a couple or an individual, who are either providers or receivers of care (“flying grandparents”), and 3) the transnational care market: there is a growing need for professional and affordable care work that caters to old age because the conditions in the country of residence are not sufficient enough (Horn and Schweppe 2016; Baldassar and Merla 2014; Brijnath 2009). Thus, mobilities related to old age can concern both active agency and participation as well as rather passive forms of being made to move, and an expanding infrastructure of care as affective labour (Hochschild 1983).

Moreover, mobilities may also include notions of immobility, of inertia, and “being stuck” (Gutkunst et al. 2016). It also refers to the challenges of coping with different lifestyles in the Global South or the Global North. For this book, we have also been inspired by the so-called “new mobilities paradigm” coined by scholars such as Mimi Sheller (2014), Tim Cresswell (2010) and John Urry (2007) in order to search for appropriate concepts and methods to study the complex navigations of people, ideas, institutions or things across geophysical, historical and media-related spaces and boundaries (including the politics of restriction of access to places, justice, education, and the like). Such a multiscalar and multiperspectival approach, we argue, takes seriously the importance of relational dynamics of both movement and stillness, here and there, including the ethical and political dimension of uneven mobilities. This proves to be fruitful for ongoing research on the dynamics of ageing in the contemporary world since the human condition is one of many qualities of mobilities, and today’s conditions of globalized work chains and transcultural knowledge production demand a view that transgresses reification and fixing of identities in essentialized units of theory and practice. Moreover, such an advance helps push some of the current research which reduces mobility to transport and policies of physical movement (e.g. wheelchair-friendly residential homes) to the politics of mobilities. It also calls for a systematic and interdisciplinary fine tuning of mobile methods (such as walk-alongs, mobile visualization, see Sheller 2014, 14).

Even though the aspect of mobilities in ageing must not be reduced to (transnational) migration, diaspora plays a substantial role in generating

new discussions about the factor of “ageing in place” and how to retain place-specificity without reification. Ageing in the diaspora is still an under-researched theme (see Lamb 2009) and poses challenges on the level of researching ageing because many studies are often restricted to national and culturally monolithic boundaries or “containers,” and researching transnational mobilities reveals methodological as well as conceptual issues, too. How, for instance, do family structures change with migration? What about transforming gender roles and notions of a “suitable” life when away from home? How does the altered notion of home trigger new ideas of belonging—also for elderly people who retired and follow their children, for instance, or who commute between their children’s new lifeworld in the USA and their ancestral home in India? Long-distance relationships and care systems have been discussed in the context of family caregiving as a social act that has the quality of a good or a gift. This way, care can be circulated, defines inequality and asymmetrical power relations or is restricted altogether (see Baldassar and Merla 2014), e.g., by means of rejection and denial.² How can one communicate and practice care across geophysical distances, beyond face-to-face intimacy? Ahlin, in this volume, spells this out with respect to the potential that being away can imply continuing to care and look after the aged family members nevertheless—or, even more. It can also help in generating new forms of agency and empowerment (e.g., independence and safety). Baldassar and Merla propose that care circulates between social agents, be they individual or groups, in networks, and is shaped in that context and over time. They underline the role of “mobility and (physical) absence as common features of family life” (2014, 6). But one could also argue that immobility, as well as the presence of other social segments (such as friends, domestic workers) matter just as much.

Moreover, a theme that needs further research and emphasis are the social norms attached to care and its regulation and circulation as a good—Lamb, for instance, has shown how important intimacy is when it comes to allowing for someone to take care of one’s own, or another person’s ageing body, this brings along taboos and moral restrictions—for instance the unspoken imaginary of filial piety and gerontocracy as being the “best possible care,” while low labour care work could instead humiliate and degrade a person in need, or a family incapable of caring for the elderly family members. Moreover, in most places caregiving is still gendered, be it with respect to the “duty” of the daughter, and very often the

2 Baldassar and Merla define care circulation “as the reciprocal, multidirectional and asymmetrical exchange of care that fluctuates over the life-course within transnational family networks subject to the political, economic, cultural and social contexts of both sending and receiving societies” (2014, 24). Thereby, they also pay attention to the mobility turn (Urry and Sheller 2010) that aims at studying multilaterality, speed, and temporality in contexts such as transnational migration. Much attention therein is paid to circulation and connectivities between Global South and Global North mobilities.

daughter-in-law, to give care, or the female worker or nurse in the global care chain. Such culturally coded norms become twisted in the context of transnational migration (Reynolds and Zontini 2014). This opens up room for research on the circulation of kinship ties and taboos, on notions of intimacy as linked to caste, class, race, ethnicity or religious belief as well as gender. Baldassar and Merla (2014, 9–11) also stress the importance of acknowledging that taking care of old age must not be reduced to two entities (e.g., persons) but that it is distributed across the social field and across scales or circulation (e.g., legal issues such as citizenship or illegal migration and informal work, but also mediascapes, ethnoscapes; see Appadurai 1997). They highlight the need to study the multiperspectival and mobile aspects (“lens of circulation”) of care by also considering positionings of children, in-laws, etc.

What has so far been under-researched is the meaning and knowledge attached to certain concepts of age (e.g., active ageing). Moreover, the “emotion work” (Hochschild 1983) is often sidelined, that is, the substantial investment of affect and intimacy into a caring relationship, with all its risks, disappointments, rejections and other moral twists. The idea of investment is also crucial because it points towards that which is considered “worthwhile” being interested in, quite like the idea of productivity in the active ageing discourse is strongly tied up with notions of effectivity and value: one is considered productive if one contributes to societal well-being rather than restricting or “burdening” it. Such a strong metaphor gestures towards the seeming linearity of mobility, such as productivity in the interest of national development (see Denninger et al. 2014). The dangers of such monodirectional assumptions are evident. Gamburg (in this volume) addresses another challenge of mono-directionality. She underlines that caregiving in the context of the global care chain has often only been studied mono-linearly—very little research is done into those agents who are trained to give care and their familial and local contexts, or how their work impacts local networks of care, too.

Beyond migration (and yet, not detached from it completely, since migration is a ubiquitous condition of contemporary life), mobilities play a central role in the shaping of relations and experiences of old-age. Care is a key concept for the analysis of socio-economic and religio-cultural changes in late capitalism because demographic and labour-related shifts demand dramatic adaptations. This becomes particularly obvious in Asian contexts, where economic liberalization has yielded challenges with respect to the role of religious and caste solidarities and practices and the relationship of the state and the market (Lamb 2005) in defining values and morality, welfare and participation. State, market and family negotiate notions of, and responsibilities—or rules for commitment—for care-practice, in different ways. The concept and organization, or institutionalization, of caregiving and care-training, becomes crucial where urbanization, (transnational) migration, and highly fluid working conditions trigger changes in families, residential and neighbourhood milieus, and larger social networks.

Transnational eldercare systems appear to be insensitive to local specificities, to bodily, gendered or religious notions of intimacy and status, privacy and mobility. Not only old-age homes, but also day-care centres, senior citizen associations, changing familial or kinship-based life conducts, or notions of filial piety and intergenerational reciprocity must be considered. Moreover, the concept of co-presence as corporeal and/or virtual helps to explore reciprocity, trust, autonomy, and distance.

Global work mobility and educational options can be considered as the major driving forces for international migration and the increasing existence of transnational families. What consequences do these dynamics have for older people and care arrangements? Transnational family members are located in specific places and times and negotiate their relationships within the territorialized contexts of nation-states, class and citizenship (see Baldassar and Merla 2014). Although local challenges in social work have to be acknowledged in dealing with the increasingly diverse norms and practices of old age (Torres and Lawrence 2012), the concept of care itself too needs to be reconceptualized and broadened beyond physical proximity and the stigmatization of transnational relations (Horn and Schweppe 2016; Baldassar and Merla 2014).

In light of such a broader understanding of care, there is a lack of research on the actual negotiations of “doing family” and care practices of transnational families. The chapters in this section cover aspects such as multiple transnational kin constellations (ageing in diaspora vs. kin abroad) and the fluidity and temporality of migration, but also the global labour market and the feminization of work migration. The migratory mobility of South Asians is visible in their large diasporic communities in the US and Britain, but also increasingly in the Middle East. Gamburd’s chapter in this volume examines gender-related state regulations of migration and their practical impact on intergenerational caregiving in Sri Lanka. Gamburd contrasts the state’s rhetoric of normative family values that are based on a nuclear family model with ethnographic data about intergenerational care arrangements of working-class families. Responding to normative local discourses about abandoned elderly people in India, Brijnath’s contribution scrutinizes care practices of transnational Indian families with older kin in India. By looking at transnational flows of capital and changing interpretations of kinship, Brijnath challenges the idea of care as being bound to physical proximity, but also explores ambivalent feelings and experienced limitations of transnational care practices. In her chapter, Ahlin supports the view that transnational migration must not be fixed in a discourse of elder abandonment in the light of globalization’s burdening impositions, suggesting that it can also be understood a form of eldercare practice.³ Media technologies and communication play an important role in

3 Likewise, one must not deny the burden of many caregivers who work abroad to leave behind their parents who are perceived as suffering more under these conditions. This relation underlines an asymmetrical relationship of care as

this context. Moreover, gerontologist Kruse stresses the fact that we must consider an extended care system that includes more than the biological family. Beyond the critical focus on the normative power of ageing discourses, family and filial piety, this approach facilitates a fresh look at other social relations and formations, such as caste and class, religion, gender, friendship, neighbourhoods—or clubs, for instance. His concept of generativity—the co-production of individual and societal competences when it comes to care for and of old age (2017, 133–36)—can be implemented and complemented by means of paying attention to place and cultural context.⁴

New information and communication technologies (ICTs) challenge our notions of proximity and intimacy as much as those of responsibility and duty—thus these issues play a substantial role in research on transnational care mobilities, such as in Ahlin's chapter in this volume. Media may be said to be a trustworthy means of circulating care, be it via Skype, WhatsApp, or polymedia, to mention just a few. Media technologies have become an important research field in transnational studies, and the ways in which elderly persons take to (or resist) the new media speaks of their agency in participating in different forms of caregiving, but also knowledge production and social networking beyond the family. In her chapter in this volume, Ahlin proposes that instead of considering elderly parents as being left behind and “abandoned” by their transnationally migrant children, “migration led to a particular understanding and practice of care, which included communication technologies.” She extends the field of “care circulation” to “care as a relational practice between people and technologies”—one could even argue, to a field of co-production of care. Her ethnographic focus of Malayalees in Kerala and abroad underlines the methodological challenges and richness of anthropology to ageing studies. Most interestingly, Ahlin even proposes understanding migration as less as a careless practice than as a “new kind of care practice” that allows for the emergence of new forms of proximity and emotional involvement, in fact, the emergence of a rhythmic pattern of care that is structured by ICTs.

Brijnath (in this volume) moreover underlines the need to consider different and even “new modalities of care” in light of migration and ageing populations among Indian middle-class families, and she mentions but a few examples where such modalities surface: in citizenship, and notions of kinship, love, and compassion. She also highlights the ambivalence of care and migration as being both loss and gain. Here, too, we find the rather one-dimensional metaphor of the “old ones being left behind,” as victims of a burdening modernity. While this might in some cases be true, and we know of the many villages mainly inhabited by the ‘toothless generation,’

alleged carelessness that can be “paid back” through remittances or emotional and other “tokens” of love and faithfulness.

- 4 We consider as relevant for such an approach studies of intergenerationality and life-course, as well as environmental gerontology (see Vanderbeck and Worth 2015, Bruckermann 2017, Hromadžić and Palmberger 2018, Wahl 2005, Rowles and Bernard 2013, Kriebner and Maierhofer 2013).

e.g. in Nepal, according to Brijnath we must also understand the potential of empowerment and creativity that opens up when family fabrics change or post-familial relations shape (Beck-Gernsheim 1998). Indeed, new forms of agency can emerge, extended family can move in and become more central, but, moreover, friends can also become parts of the extended family. There might be new and liminal space for navigation that emerges with transnational migration of family members.

Narratives of care

The closing book section focuses on diverse narratives of care from various angles: following Liechty's (2003, 21–27) approach to employing the concepts of narrativity and performativity to analyse particular cultural processes, such as negotiating meanings of care, allows us to articulate fine nuances of vernacular narratives and imaginaries of care and bring them into conversation with apparently globalizing ageing paradigms without ignoring transcultural translations. The chapters of this section look at various manifestations of care on different scales: Ethno-Indologist Michaels tests a dominant contemporary, but not-so-recent discourse, the “decline of the joint family,” in Nepal and India to its textual roots, juxtaposing the results with ethnographic material, whereas literary scholar Raja introduces us to literary reflections from India on imaginaries and articulations of care in view of ending life-courses. Sociologist Chatterji and anthropologist Lamb examine narratives of care on a larger scale: Chatterji scrutinizes shifts in national care paradigms in the Netherlands from a long-term perspective, while Lamb dissects transcultural impacts of a US-American dominant ageing paradigm on a global scale. The chapters explore these vernacular narratives of care and their transcultural entanglements over three (sub-)continents from South Asia over Europe to North America.

A brief look into the academic and political history of the two dominant ageing paradigms allows us to better understand their discursive power. As already mentioned above, the globally circulating ageing concepts of “successful ageing” and “active ageing” formulated in US-American and European gerontology represent an influential transcultural phenomenon which impacts public and personal imaginaries of old age. Both ideas emerged in similar contexts of socio-gerontological work in the 1950s and 1960s (Katz and Calasanti 2015, 26; Boudiny 2013, 1077). In their original intention, they can be very broadly understood as correlated labels for a positive approach to ageing focusing on a healthy lifestyle, personal well-being and social inclusion (Lamb, Robbins-Ruskowski, and Corwin 2017, 1).⁵ The purpose of these concepts was to offer an alternative to the

5 The major theoretical difference between the two concepts is that the idea of active ageing initially was exclusively rooted in American ageing studies' activity theory of the early 1950s which focused on older individuals' adjustment to

former perspective on older age which emphasized its deficits (Foster and Walker 2015, 83). Ironically for the case of “successful ageing,” despite its initial ambition to combine “antiageist advocacy with empirical research” (Katz and Calasanti 2015, 27), the concept’s spread through popular literature and media eventually turned it into a partly ageist movement ignoring the perspective of individual elderly people (Lamb 2017b; 2014).

While conceptually strongly overlapping with the successful ageing paradigm, the active ageing concept has been framed in many European countries as a policy response to demographic change and population ageing from the late 1990s onwards (Lassen and Moreira 2014). Adopted to calm increasing “anxieties about the economic implications of global greying” (Boudiny 2013, 1078), the concept of active ageing fell on fertile ground in Europe and, together with the identification of the “new elderly,” well-settled, educated recent retirees, resulted in a profound “renegotiation of old age”⁶ (Denninger et al. 2014). These dynamics occurred in a time when many countries realized a shift in their demographics, i.e. the growing proportion of older people in the total population of a nation, which was presented in both media and scientific literature as a ‘catastrophic scenario’: despite the above-mentioned renegotiation of old age and an increasingly positive attitude towards the potentials of older age in general, the increasing share of older people was statistically represented as hazardous for national economies and welfare systems (Kunow 2005, 28–29). Woodward described such phenomena as “mobilizing statistical panic,” where probabilities are strategically employed to produce knowledge and receive the needed support in society for policy strategies: “fatally, we feel that a certain statistic, which is in fact based on an aggregate and is only a measure of probability, actually represents our very future” (Woodward 1999, 185).

The active ageing paradigm has mainly been disseminated in policy strategies to influence national ageing policies through intergovernmental organizations (United Nations, World Health Organization, etc.) or supra-national unions (European Union) as a homogenized response to demographic shifts in many countries of the Global North. In that sense, the active ageing paradigm differs from the successful ageing paradigm which is similarly embedded in discourses of public health and medicine, but primarily “emphasizes the power of individual agency and the individual self as a project” (Lamb 2014, 44). What both paradigms have in common is their strong emphasis on autonomy and independence in older age rooted in North American and European understandings of personhood. Despite their understanding of ageing as a universal matter, it is crucial for any

changed circumstances of their life (Lynott and Lynott 1996, 750–1; Bowling 2005, 3ff.; Boudiny 2013, 1077f.; Katz and Calasanti 2015, 27). Havighurst’s (1961) article on successful ageing attempted to offer a concept that could be applied in both individual-centred activity theory (which Havighurst supported) and Cumming and Henry’s then upcoming disengagement theory (1961).

6 German original: “Neuverhandlung des Alters”.

discourse analysis in this context to highlight that these paradigms emerge from “particular cultural values, aspirations, assumptions, and visions of personhood” (Lamb 2014, 42) and shape an “internationalist” discourse on ageing (Cohen 1992) that profoundly influences imaginaries of older age on a global scale.

In this publication, we aim at tracing counter-narratives of such dominant paradigms and their inherent Eurocentrism which are formed through processes of transcultural translation and incorporate vernacular particularities. In their contributions, Chatterji and Lamb scrutinize different articulations of such narratives of how to age well and how approaches to care shift in view of changing socio-political circumstances, whereas Raja and Michaels examine shifting care narratives of families as spaces for care and liminal stages in the life-course. In her chapter on altering care narratives in public health and policy and consequent shifts in institutional care approaches in the Netherlands, Chatterji draws a detailed, comparative picture of her initial ethnographic study of a Dutch care home for disabled older persons in the 1980s and the institution’s approach thirty years later. By including literary narratives in the form of cartoons and short writings of a professional in this institutionalized care context, she explores his critique and self-reflexivity of the institution’s shift from a once pioneering, liberal care approach to care marked by a neoliberal care environment. Chatterji’s observations as an Indian scholar conducting research in European care institutions are a perspective that we unfortunately rarely have the opportunity to read of; from a distant viewpoint she offers valuable insights into the narratives of an “elsewhere” (Robinson 2016) society with distinct understandings of personhood, sociality and care. Such shifts of perspective are of great importance to a refined examination of transcultural processes of translation.

Narratives and imaginaries of being old and ageing are also impacted by media, and such media representations play a decisive role in how young people perceive the ageing process, and how older people look at themselves. In some cases, media may contribute to the stereotyping of ageing, but in others, such as the literature studied by Raja in her chapter, certain media genres may even break and alter stereotypes, and open new spaces of imagining and engaging with ageing. Raja looks at such literary perspectives on the conditions of old age through the lens of gerontology’s narrative turn. She explores imaginaries of life stories as narratives in particular moments of life, such as dementia, illness or approaching death, where older people’s voices become less heard because they are no longer in a position to compose stringent narratives of their life-course and self (Brijnath 2014). The medium of literature suggests a negotiation space for exploring opportunities of how to care for old age through such disrupted or assembled narratives as expressions of selfhood in view of the frailties of ageing.

At the roots of the above-mentioned global “care circulation” are shifting narratives of what is the appropriate place for care. Whereas in Asian

countries in particular the family continues to be regarded as the primary locus of care, mobilities and changed labour markets challenge such moral norms, and a gradual institutionalization of later life is taking place to adjust to large-scale longevity and new public health scenarios in care. Michaels addresses the narrative of the decline of the joint family as epitomizing South Asian moral values: following Lamb (2007), he helps to critically recalibrate the dominant discourse on the joint family as an ideal care system which serves as one of the most significant symbols of South Asian identity and personhood. As elaborated on in the second book section, the discrepancies between powerful normative narratives of filial piety and care and contemporary South Asian life realities where long passed-on performances of care need to be negotiated and adapted (see Ahlin, this volume) may lead to tensions and even impasses between different family generations. Michaels juxtaposes this discourse with textual sources and ethnographic material which reveals the moral roots of this narrative as a subaltern moral positioning against the Euro-American “elsewhere.” In this context, a promising alternative view on care which stems from a different sociocultural context is suggested by gerontologist Kruse: he stresses the fact that we must consider an extended care system that exceeds the biological family. Beyond the critical focus on the normative power of narratives of ageing, family and filial piety, this approach facilitates a fresh look at other social relations and formations, such as caste and class, religion, gender, friendship, neighbourhoods or clubs, for instance.

In her chapter, Lamb, who conducted pioneering research on travelling concepts such as “successful ageing” (2017; 2014), reflects on transcultural assemblages of care and personhood. In this paradigm, she sees a powerful neoliberal narrative of self-care which profoundly shaped US-American contemporary understandings of lifestyles, sociality and personhood in later life. Contrasting dominant American ageing imaginaries with notions of old age from her long-term research in West Bengal, she understands successful ageing as a current “obsession” whose “emphasis on personal responsibilities complements neoliberal ideals about individual freedom, self-governance, and minimizing public support” (2017, 7), i.e. as an imperative to avoid dependence, which converts productivity into a merit and thus aims at diminishing the individual’s “footprint” on family, friends, and the state. By carefully bringing into conversation such large-scale discourse analysis with the opinions of individuals in India and the United States, Lamb impressively deconstructs narratives of ageing which apparently care for old age, applicable in a global context, but which ultimately represent Eurocentric moral imperatives to “discipline” old age and reduce its “burden” on societies and their economies. Lamb’s findings, as well as the previous chapters of this contributions, highlight the importance of the anthropological lens and critical research to uncover and articulate important vernacular and individual counter-narratives to seemingly globalizing narratives of care, ageing and the life-course as central elements of the human condition.

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PART I

Caring Places and Spaces

Annika Mayer

Gateways of Ageing: Middle-class Senior Citizens in the National Capital Region of Delhi

Abstract This chapter explores new ways of ageing in the National Capital Region (NCR) of Delhi. On the basis of different case studies I explore how urban developments influence ageing. The key focus is on the relation between urban change, class, and ageing. I argue that new elderscapes, which I understand as cultural spaces and sites that have emerged for and by older persons, are determined by the affiliation to class. The ethnographical material illustrates that new elderscapes are key sites for strengthening a middle-class identity at old age, reproducing social and economic differences in urban space. Environmental gerontological studies have often drawn attention to the marginalisation of elderly people in urban settings who cannot afford to take part in cultural or recreational activities. Societal exclusion of older persons is expected to rise under the influence of globalisation. However, my fieldwork shows that older people are not only subject to social demarcation processes but actively take part in them by distancing themselves from lower classes and by creating exclusive middle-class spaces. I argue that it is essential to keep in mind that the reproduction of class status is necessary at all ages and that segregation not only takes place between generations but also among them.

Keywords ageing, middle-class, India, urban, elderscapes

Introduction

While global ageing has attracted public attention, the fact “that the ‘longevity revolution’ is taking place in the context of growing urbanization” (Gusmano 2009, 397) is only slowly moving onto the agenda of international stakeholders. Scientists and policy-makers often postulate an “urban age” because more than half of the world’s population now lives in urban areas.¹ But sociological and anthropological research on ageing in the city is still rare.

This chapter explores new ways of ageing in the National Capital Region (NCR) of Delhi. Since the 2000s, retirement communities and senior housing have arisen for the first time in India. They cater to those upper middle-class elderly in the city who no longer spend their later life within a joint family. The lives of many middle-class elderly in Delhi are marked by global displacement of kin, attachment to place, and security concerns. Urban change, like property development and notions of urban (un)safety, influences people’s choices of where and how to age. On the basis of different case studies,² I explore how urban developments impact ageing. The key focus is on the relation between urban change, class, and ageing. As social scientist Véronique Dupont reminds us, location is never neutral, but rather a space “signifying a political and societal vision of the city and access to it” (2007, 89). Studies on ageing and urban space often pinpoint the social exclusion of elderly people from urban participation (Buffel and Phillipson 2015). Whilst this is a crucial issue, scholars tend to ignore the fact that the elderly actively take part in urban segregation. In this chapter, the relationship between space and power is addressed by illustrating the historical and contemporary class-making and demarcation processes of stakeholders and (upper) middle-class seniors in different spaces. I argue that new elderscapes, which I define as cultural spaces and sites that have emerged for and by older persons, are determined by the affiliation to class. The ethnographical material illustrates that new elderscapes are key sites for strengthening a middle-class identity at old age, reproducing social and economic differences in urban space.

I also look at the role locality plays in the ageing process considering altered global–local connections. The local has gained new attention by scholars of globalization who acknowledge the challenge to redefine its importance in a globalized world (Donner and De Neve 2006). Global transformations have changed the political context in which individuals,

1 Yet, urban scholars critique the concept and argue that the urban and urbanisation must be understood as theoretical categories that denote processes, not universal forms (Brenner and Schmid 2014).

2 Findings are based on a ten-month ethnographic fieldwork in the NCR of Delhi between September 2013 and March 2015. Tape-recorded conversations and interviews are marked with the date of data collection. The research was financed by the German Research Foundation (DFG) in the context of the Cluster of Excellence “Asia and Europe in a Global Context” at Heidelberg University (research project “Ageing in a Transcultural Context”).

communities, and regions are embedded and the local has “acquired radically new meanings and contents, often counteracting the homogenising tendencies of cultural globalisation” (Donner and De Neve 2006, 2). A topography of ageing, which lends itself to this chapter, describes localized processes through which social and spatial transformations occur. Delhi’s neoliberal restructuring of space is not only taking place through large-scale projects of elite high-rise enclaves that have considerably changed the urban landscape, but also becomes evident in older neighbourhoods which are being remodelled through reconstructions of middle-class housing. Exploring existing and emerging middle-class spaces in the city will allow me to illustrate how senior citizens navigate social and urban changes. Real estate development in India is key for framing middle-class ideas of citizenship and belonging. Urban development by urban bodies and private developers as well as narratives of safety play a vital role in growing old in the mega city of Delhi. Various stakeholders have recently developed retirement communities, so-called “senior living” projects. They try to evoke a new “lifestyle” at old age, marked by leisure activities and the company of like-minded peers. In contrast to other middle-class spaces, these senior living projects not only indicate economic success, but are also markers of the absence of family care and therefore remain socially ambivalent.

New ways of ageing

The boom in India’s economy after economic liberalization in the early 1990s has led to a preoccupation with the Indian middle classes in public discourses (Fernandes 2016, 232). Social science studies as well as market research companies have highlighted the emergence and growth of a new consumer group, even though their estimates vary considerably.³ Scholars stress that there is no single definition of the Indian middle class and suggest speaking of *middle classes* instead in order to do justice to the heterogeneity of this strata of society. Heiman et al. (2012, 8) suggest researching *middle-classness* encompassing middle-class practices and subjectivities which are permeated by aspirations and anxieties. Studies on the middle classes often focus on younger generations who make up the majority of India’s population. Yet, the number of affluent middle-class elderly is increasing as well.⁴ According to a study by an Indian consulting

3 An often-quoted McKinsey study estimated the Indian middle classes at 50 million people in 2007, based on real annual household disposable income. They projected that in 2025, the middle classes will expand to about 583 million people, around 41 percent of the population (Beinhocker et al. 2007, 56). A more recent Credit Suisse research defining middle class according to wealth rather than income was much less optimistic and assumed the Indian middle class to amount to 23.7 million people in 2015 (Credit Suisse Research Institute 2015, 123).

4 The demographer R. B. Bhagat estimates that out of the 103 million Indian people over the age of sixty counted in the 2011 census, “38 million belonged to the

company, there were nine million “arrived veterans” (fifty-one to sixty years of age) in 2005 (Brosius 2011, 461) who are now past retirement age. Private companies, especially real estate developers, have begun to target this new market. Jones Lang LaSalle (JLL), a financial and professional services firm specializing in real estate, published a report in 2015 highlighting the “untapped opportunities” for investment in this field.

The senior living sector in India is at a crossroad. With the relaxation of Foreign Direct Investment (FDI) restrictions on investments in the sector and increasing population of seniors (over 100 million seniors in India at present) to cater to, there clearly exists an untapped opportunity for investment and development in this sector. Unlike western countries where the senior living industry has gained maturity, India provides an opportunity to developers, service providers, healthcare players and operators to create solutions specific to India while leveraging learning from across the world (M. Kumar and Gattani 2015).

This passage evokes the image of India as the land of untapped opportunities for development in the senior market. Considering the changing dynamics of Indian society and demographics, investment seems to be a promising business opportunity. Due to extensive migration and emigration⁵ of adult children seeking new job opportunities, and new notions of the nuclear family, there is a small but growing number of elderly in India who live alone or with their spouse. The increase in incomes of middle-class families has enabled people—both adult children and elderly parents—to live independently and to afford the “outsourcing” of eldercare (Lamb 2009, 51). Over the past few years, large private property developers have built “senior living” projects with special facilities for the aged all over India, for instance, Ashiana Housing, Paranjape Schemes, Max India Group, and Tata Housing.⁶ The companies provide gated residences, typically located in the peripheral areas of India’s metropolises, and promise a secure and “hassle-free” life after retirement catering to new notions of middle-class lifestyle.⁷ However, according to the JLL report, the biggest

lower class, about 40 million to the middle class and the remaining 24 million belonged to the upper class” (Bhagat 2015, 258).

5 With 13.9 million people emigrating out of India in 2013, India is the leading emigration country worldwide (World Bank 2016).

6 See <https://www.ashianahousing.com/senior-living-india/>; <http://www.pscl.in/athashri-homes/>; <http://antaraseniorliving.com/>; http://www.tatahousing.in/senior_living.php, accessed March 26, 2016.

7 Gated high-rise housing often comes with the promise of secured water and electricity supply and other amenities like security, common grounds, a community centre, and leisure spaces like tennis courts or swimming pools. In personal conversations, my informants stated that to them “hassle” connoted both unwanted people on the premises and inconveniences with maintenance. Nevertheless, gated residences do often face problems, especially with water supply.

“stumbling block for senior living in India is the social stigma attached with the concept” (M. Kumar and Gattani 2015, 7). Ageing within the joint family and caring for one’s elderly parents are still seen as Indian core values (Lamb 2009, 50). In public discourses and everyday conversations there is a prevailing anxiety that economic prosperity entails the deterioration of Indian values, including the decline of the joint family. Even though the discourse of the decline of the joint family is often referred to as a recent phenomenon, coming along with a growing influence of the West, the discourse itself has had a long history in India, and the decline of cohabitation is far less dramatic than often depicted (see Uberoi 2005; Cohen 1998; Shah 1999). The majority of India’s elderly still live with their children,⁸ and cohabitation is even more prevalent among middle and upper classes than among lower classes (UNFPA 2012, 73). Not surprisingly, start-up companies also began to target the home care sector. Kabir Chadha,⁹ founder and CEO of Epoch Elder Care, estimated the home care market in India at over one billion US-\$. The former McKinsey analyst founded a company providing home care services (Bhatia 2014). Such private service providers have been mushrooming in and around Delhi lately.¹⁰ They offer medical, legal or financial support, as well as “intellectual companionship” where caretakers spend time with the elderly. Other trends include e-commerce websites like *Senior Shelf*¹¹ which provide online shopping for seniors.

These new senior services are part of global flows of ageing (see Lamb, this volume).¹² While the analysis of global flows on a large scale used to predominate debates on globalization, social scientists have more recently stressed the importance of studying the entanglements of local and global

8 According to Sathyanarayana et al. (2014, 87), who use data of two rounds of the National Family Health Surveys, the countrywide percentage of older persons living with children (and grandchildren) accounted for 78.4 percent in 2005–2006.

9 Names of persons in public or professional contexts are not anonymous. All names of private persons used in this chapter are pseudonyms.

10 See <http://www.pramaticare.com>; <http://www.whenat60.com>; <http://www.homital.in>; <http://www.maxhealthcare.in/home-care>; <http://www.medcareathome.com>, accessed on March 26, 2016.

11 See <http://www.seniorshelf.com/>, accessed March 26, 2016.

12 People are growing older worldwide and this demographic change—often termed “global ageing”—is gaining international attention. In 2002, delegates of over 160 states, intergovernmental institutions, and NGOs gathered at the United Nations Second World Assembly on Ageing in Madrid and came up with a revised long-term strategy for ageing populations. Since 2013, the NGO HelpAge has been publishing a Global Age Watch Index, ranking countries by the well-being of their population over the age of sixty (<http://www.helpage.org/globalagewatch/>, accessed March 26, 2016). The UN and WHO continuously publish reports on this topic and there are various research initiatives concerning global ageing. However, Lawrence Cohen cautioned against these international initiatives producing a unilateral discourse, postulating a “universal gerontological order.” “As constituted by the World Assembly on Ageing, international gerontology is a flow of information from countries who produce discourse to countries who may resist discourse but must ultimately answer to it” (Cohen 1992, 127).

transformations and their regional particularities (Donner and De Neve 2006, 2). Metropolises are the “terrain where a multiplicity of globalization processes assume concrete, localized forms” (Sassen 2000, 147). Delhi and its surrounding satellite cities comprise over 16.7 million people¹³ and have undergone vast transformations in the past decades. This case study illustrates the multiple ways and apparent contradictions by which older people ascribe meaning to urban change and globalization.

“Ageing in place”

The meaning of place in the ageing process (“place in ageing”) and, more particularly, the meaning of staying in a familiar environment while growing old (“ageing in place”) are key foci of environmental gerontological studies (Rowles and Bernard 2013; Wahl et al. 2012; Smith 2009; Chaudhury and Rowles 2005; Oswald and Wahl 2005; Rowles 1993). Over the years, people develop an attachment to their surroundings, their homes, neighbourhoods, places of worship, shopping areas, parks, etc. This ambient space influences the behaviour and identity of residents, but also impacts place-making dynamics. “Personal identity is constantly spatialized because people narrate the things and places around them as part of their biographical development” (Katz 2009, 465). “Ageing in place”-studies often stress the positive effects for elderly people when they stay in their community. Policy makers and intergovernmental organizations like the World Health Organization (WHO) equally favour this option as home-care services are less costly than institutionalized care (Wiles et al. 2012, 357). However, Graham Rowles (1993), a trailblazer in spatial gerontology, points out that “ageing in place” reasoning must neither overstate or romanticize familiarity with and emotional attachment to place, nor exaggerate negative effects of a change of residence for the elderly. Instead, it is necessary to “take into account all the pragmatic, intergenerational, income-related, situational and technical realities that go into residential decision-making” (Katz 2009, 465).

“Ageing in place”-debates in Western environmental gerontology often highlight the importance of home¹⁴ for older people. I argue that a crucial component of “ageing in place” is the cultural aspect of ageing. The place where one feels “at home” does not only depend on the locality or one’s own house, but also on notions of the “right” way to age. Even though a growing number of seniors live alone in Indian cities—either in neighbourhoods or

13 According to census data, Delhi metropolitan area had a population of 16,787,941 people in 2011. <http://www.census2011.co.in/census/state/delhi.html>, accessed March 14, 2016.

14 The concept of “home” is controversial as the term is used both for an object (the house) and for an object-subject relationship (the relationship of house and resident) (Rapoport 1995, 29). Nevertheless, “home” is a useful tool to scrutinize the way older persons emotionally connect to space. Therefore I do not equate “home” with house, but rather ask how space can become home, meaning an emotionally significant place.

in senior living facilities—many still do not consider this an appropriate way of ageing. “Ageing in place”-debates are based on a Western value system, focussing on independence and autonomy in late adulthood and neglecting local ideas concerning ageing. Sarah Lamb shows in her research that in India it is regarded as appropriate to be dependent on family members in old age. This is an integral part of a familial intergenerational relationship which is based on notions of long-term reciprocity. As parents care for their children when they are little, children pay back part of the debt they owe their parents by caring for them when they grow old (Lamb 2013, 174). In a broader definition of the term, which I use here, “ageing in place” denotes living in a meaningful environment for older persons which must not necessarily mean one’s own house. There are multiple reasons for residential decision-making amongst upper middle-class older persons in Delhi. Intergenerational realities are important as well as the quest for securing one’s family’s class position. While for many, staying with their family is essential, others find new ways to *age in place* in the city, following a new middle-class lifestyle of greater independence. However, almost all informants of my study would agree that ageing within the family is the “ideal” form of ageing, and the majority of Delhi’s sixty and above population still live with or near their children.¹⁵ The case studies I will draw on later in this chapter show that experiences of ageing are very heterogeneous and depend on the life history and the subjectivity of the person. “Ageing in place” is not only bound to locality, but rather to various factors like family support, mobility, perceived (in)securities, and notions of (in)dependence and lifestyle.

Delhi—ageing in a “world-class” city

Sociologist Chris Phillipson calls for a “turn” towards an urban focus of gerontological research (Phillipson 2004, 2010). I follow his research agenda (1) by making the urban dimension explicit in my research, (2) by looking at the “impact of globalisation on definitions and perceptions of place,” and (3) by providing urban case studies that “can capture the experience of ageing within cities now subject to intense global change” (Phillipson 2004, 969f.).

Delhi’s population growth has been induced by a concentration of resources in the capital and has been determined by a massive flow of refugees (Ahuja 2006, 10). The city witnessed a dramatic increase in population

15 According to a government survey, Delhi’s population above the age of sixty amounted to 5.5 percent in 2004, or just under 830,000 people. Of these, 79.5 percent lived with their children (either with or without their spouse), while 17.5 percent lived without their children, either with their spouse (14.4 percent) or alone (3.1 percent). The remainder lived with other relatives or acquaintances. Out of those living alone or with spouse, almost 40 percent lived in the same building as their children, and 28.5 percent lived within the same city (Government of National Capital Territory of Delhi 2006).

owing to the partition of British India into the sovereign states of Pakistan and India in 1947.¹⁶ Thereafter the government developed various housing colonies to come to terms with the large numbers of migrants. Plots were allotted to refugees according to their class and caste status (Kaur 2007), and thus often people of the same region or ethnic community shared a neighbourhood (Nakatani 2015). Being the colonial and then post-Independence capital of India, Delhi became a city of bureaucrats and administrators. Delhi's conservatism added to the image of an "unloved city" whose inhabitants would not rave about its reputation but rather be indifferent to the city or would actively dislike it (Vidal et al. 2000, 16). Yet, recent civic initiatives evoke a new favourable image of Delhi mingling urban nostalgia with urban activism,¹⁷ and since the early millennium the city itself has actively pursued a new branding as a "world-class city" (Brosius 2010; Ghertner 2011). With ongoing liberalisation, "Delhi is coming to occupy an increasingly large role in the economy of India [...]" (Vidal et al. 2000, 24). The older generation has witnessed these changes during their lifetime. The city has transformed into an urban fabric with a high level of air pollution and high traffic volume representing a challenging living environment for its citizens. Yet, many are proud to be part of an aspiring metropolis that is able to compete on a global level. When I asked Mr. Goswami, a man in his mid-seventies, in what way the city has "improved" or "gotten worse" over the last twenty years, he stressed that a growing city implicated deterioration but that urban development predominated:

Nothing has gone worse. It's an individual [perspective] ... like people say: 'Look, my health has deteriorated.' [The] question is: your health what you were at twenty-five, you cannot have the same health at the age of seventy. There is a natural decay. So when the city grows, some things do happen. Law and order situation, cleanliness, there's hardly any space, mushroom localities are coming up, illegal localities are coming up, because people cannot afford. People sleep on the roads, there's more begging. These are things, they have [come] ... but then development you see all around. Now at least we are at par with any world-class city. Of course we're the best in India, but it can be compared with any world class city. [...] Any facility you ask for, it is here. We feel ourselves in a fairy land, you see (December 20, 2013).

16 Just after Partition, 470,000 Hindus and Sikhs from West Punjab and Sindh sought refuge in Delhi, whereas 320,000 Muslims fled to Pakistan. While the census counted a city population of almost 700,000 inhabitants in 1941, the number of citizens had doubled to more than 1.4 million ten years later (Dupont 2000, 229).

17 See, for example, the initiative "Delhi—I love you" which, according to their website, is "an independent socio-cultural movement of love in the city. A heady mixture of history, environment, art, music, and social initiatives, the movement is aimed at celebrating the city through an extensive programming of collaborative projects." <http://www.delhiiloveyou.com/>, accessed March 14, 2016.

Mr. Goswami compared the city's growth to the ageing of a body, which, in his opinion, also included a "natural decay." In his narrative, the increase in population inevitably led to a decline in order and cleanliness, as well as to the development of illegal settlements. By assuming that this was the ordinary course of events, Mr. Goswami naturalized inequality. In his view, this condition needed to be accepted rather than complained about or changed. Instead, one should actually look at the developments that have placed Delhi "at par with any world-class city." Mr. Goswami's equation of Delhi with a "fairy land" is based on the notion that Delhi is rapidly moving forward and upward and can now keep up with other global metropolises. Many metaphors which express a vision of the country's successful rise to world status are created in the context of India's neoliberalization. In contrast to the years of a socialist economy, middle-class aspirations of a capitalist lifestyle are now regarded as something to be proud of (Brosius 2010, 11).

Property acquired by older persons has turned into a valuable asset. This can lead to conflicts within families, and there is a prevailing discourse that older people should not hand property down to their kin during their lifetime as their children would no longer feel inclined to care for them (Lamb 2009, 99). While media accounts of children taking away their parents' property are often highly dramatized, there is some truth in this narrative. According to a police inspector I interviewed, the main reasons for older people to call the senior citizen helpline are family related conflicts, including property (March 2, 2015). Property is therefore not only a means of accumulating affluence, but also a site where home and family are negotiated:

Property regimes and urban space lie at the heart of how various social groups construct new identities for themselves, while simultaneously creating and accumulating capital. In this lies the dual role of urban property: (a) as an engine of capital accumulation, and (b) as a site of housing, place-making and identity formation. Indeed, property regimes that promote private homeownership are today crucial to the development of group-based identities, a multiplicity of urban ways of living, and notions of what makes kin, neighbourhood and gender relations (De Neve and Donner 2015, 258).

Property is also a space where middle-class identities are created. New residential enclaves are mostly designed for a nuclear family setting, and even though the vast majority of people cannot afford to live in these high-rise condominiums, there is a growing aspiration to participate in this "world-class" lifestyle advertised through various media like billboards, magazines, and real estate booklets (Brosius 2013).

Apart from the lifestyle entailed, not only young people but also elderly couples shift to these new kinds of living facilities for reasons of convenience and security. In Delhi, there is an omnipresent discourse on safety. Urban fear does not solely stem from recent incidents of violence and

crime, like the brutal gang rape case in 2012, but also from certain historical turning points where socio-religious boundaries and mistrust were created.¹⁸ Nowadays the fear of murder, crimes, and gendered violence often revolves around migrants¹⁹ coming to the city, making it an unsafe place. Daily newspaper articles on rape and murder cases add to the perception that Delhi's public places are insecure, even though in global comparison, Delhi is by far not the most dangerous city.²⁰ When living alone, older people and their children are worried about safety. An article in *The Times of India* reported an approximately forty percent increase in murders of senior citizens. An included infographic, entitled "Elders in Danger," stated: "Delhi's elderly are unsafe even inside their own homes, often ending up as targets of gruesome crimes" (Mandal 2013). Thereafter a table informed the reader about the numbers of senior citizens having being killed in the last years, accounting for thirty-five murders in 2011 and forty-eight murders in 2012 (Mandal 2013). Compared to Delhi's elderly population of over 990,000 people at that time,²¹ the actual probability of becoming a victim of crime was very low. Nevertheless, the evaluation of such statistical charts produces insecurities rather than reassurance (Woodward 1999, 198). The report also dramatised the risk by comparing absolute numbers and stating a forty percent rise in murder rate. Personalised cases of murders and crimes picture a frightening reality intensified by the assumption that the police do not have sufficient resources to guarantee safety. Such media reports fuel fears. In 2004, the Delhi Police established a Senior Citizen Cell with the objective of monitoring "all matters related to Safety & Security of [the] vulnerable category of Senior Citizens of Delhi."²² According to police inspector Gaur from the Delhi Police Senior Citizen Cell, this insecurity is more a sentiment than a real threat. In his view, it is the physical weakness

18 Two ruptures in the city's history are Partition and the anti-Sikh riots that took place in 1984. A series of pogroms against Sikhs in Delhi started after Indira Gandhi was assassinated by her Sikh bodyguards on October 31, 1984. Similar to the Partition, this communal violence stirred up distrust amongst the city's citizens, creating socio-religious boundaries (Das 1998).

19 Even though Delhi has always been a migrant city, poorer newcomers are often stigmatised. "Despite Delhi's history as a city of migrants, where the overwhelming majority of the population consists of first or second-generation migrants, the fact of migration is selectively used to stigmatise certain social groups. While attempts by the bourgeoisie to construct a genealogy explaining its presence in Delhi are granted legitimacy, similar strategies are denied to the property-less. Perceiving the poor as migrants and as newly arrived interlopers on the urban scene is a strategy to disenfranchise them from civic citizenship" (Baviskar 2003, 96).

20 Delhi's murder rate (homicides per 100,000 people) in 2014 was half that of New York City, for example (Burdett et al. 2014).

21 According to the Census of 2011, 5.9 percent of Delhi's population was over the age of sixty, giving an approximate elderly population of 990,000 people, http://censusindia.gov.in/vital_statistics/SRS_Report/9Chap%202%20-%20202011.pdf, accessed March 15, 2016.

22 Apart from monitoring registered senior citizens in neighbourhoods, the Senior Citizen Cell of Delhi Police provides a senior citizen helpline and gives advice and safety instructions on their website as well as at informative events: <http://www.delhipolice.nic.in/seniorcitizen/history.htm>, accessed March 15, 2016.

and especially loneliness rather than experiences of threat which make elderly people feel insecure (March 2, 2015).

By means of two case studies, I will now reflect on how “ageing in place,” property development, and perceptions of insecurity influence ageing of middle-class seniors in and around Delhi. I will start with the analysis of a neighbourhood, as this is still the predominant form of living for middle-class elderly in the city, before turning to a discussion of new forms of “senior living” which have started to sprawl in the suburbs of the metropolis.

Ageing in a neighbourhood

MIDDLE-CLASS ENCLAVES

Middle-class neighbourhoods like Safdarjung Enclave in the south of Delhi are precursors of newer urban developments marked by a uniformity of (upper) middle-class residents, a “modern” housing style, and the anxiety for compartmentalization.²³ Yet, there are also differences to these recently built residential enclaves, as Delhi’s neighbourhoods are often characterized by a sense of community that stems from the similar social background of their residents. Safdarjung Enclave was developed in the early 1970s by the Delhi Development Authority (DDA).²⁴ Even though it is not one of the rehabilitation colonies generated for refugees after Partition,²⁵ a substantial number of Punjabis live there. Mr. Goswami, for example, had come to Delhi with his parents during Partition, leaving behind their home in West Punjab like many other elderly in the city. His narration sounded like a rags-to-riches story. Although his parents came to the city with “nothing,” Mr. Goswami was allowed to study. His graduation enabled him to get a job in the medical sector where he progressed fast “by virtue of working very hard, honestly, sincerely,” as he told me. Mr. Goswami’s narration is part of what Ravinder Kaur calls the “master narrative” of Partition among Punjabis in Delhi, a collective memory of loss, and a successful self-rehabilitation created and perpetuated by public authorities, intellectuals, and affluent Punjabis (Kaur 2008, 286). It is important to note that even though the mass displacement was a collective experience, it did not overcome social distinctions as state support and compensation depended on class and caste status. Besides, segregating allotment strategies for different castes maintained strong class and caste boundaries within the city quarters and sent lower-caste and lower-class migrants off to housing colonies on the margins of the city (Kaur 2007, 2008). Thus, the success of upper-caste Punjabis in regaining affluence in Delhi and the opportunity

23 For similar urban development in Kolkata see Donner (2015, 331).

24 The DDA was founded in 1957 as the “apex planning authority for the city” (Kacker 2005, 71).

25 www.rgplan.org/delhi/Basic_Statistics_of_Delhi.pdf, accessed March 15, 2016.

to buy property in this well-off neighbourhood owed not only to their hard work, but also decisively to privileges they enjoyed.

As the post-Partition government allotted plots according to ethnicity, caste, and class, Delhi's city quarters are often inhabited by people of similar social background. In Safdarjung Enclave, Punjabis numbered half of my informants (ten households) while the others came from surrounding north Indian states, namely Uttar Pradesh (five households), Haryana (two households), and Delhi (two households). Only one family was originally from south India. The neighbourhood is predominantly populated by Hindus and a minority of Sikhs.²⁶ Out of the twenty households I visited, three couples and eight single elderly shared their flat with their adult children, three couples lived with children or other relatives in the same house, and three couples and three singles had no family close by. The composition of residents in Safdarjung and other colonies of Delhi has been changing slowly as real estate has become very expensive and people sell their property to buy new residences elsewhere (see also Nakatani 2015, 173). Older people felt that bonds within their neighbourhood had weakened over the last decades, and that new generations were less family- but more self-centred, which had altered the solidarity in the neighbourhood. Some residents thought about moving elsewhere, feeling that the neighbourhood had become too crowded with people who shifted from less developed neighbourhoods to Safdarjung Enclave. Numerous single-storeyed houses had been redeveloped into multi-storeyed buildings, so more cars and people frequented the colony and fewer parking spaces were available. Upper middle-class people moved to more posh residences and the mix of residents has therefore changed. In a conversation two older women stated:

DESHNA KAUSHIK: *Nowadays, some people have moved away from here to places like Gurgaon, where there are private houses. And from other places like Chandni Chowk and East Delhi, which were crowded areas, these people have shifted to settle here in Safdarjung. [...] Those who had a house here, those people from here all shift to Gurgaon, Noida, and also Faridabad. But Gurgaon is a little better, college-wise, and the area is developed a little better.*

SUNDHYA PAHUJA: *So many malls.*

DESHNA KAUSHIK: *There are also malls.*

ANNIKA MAYER: *Which place do you like better, Safdarjung or Gurgaon?*

DESHNA KAUSHIK: *I used to like this place, but now we're also thinking we should move from here. [...]*

ANNIKA MAYER: *But if you move to Gurgaon or Faridabad, then you won't know your neighbours, no? Now, here, you know most of the ...*

26 Communal violence in the history of Delhi has led to a clustering of people along religious lines (Dupont 2016, 230).

DESHNA KAUSHIK: *No, no. There has been a lot of change in this aspect as well. In former times, there was space around. This lane, when I was in A2 block, that time, there were only few DDA staff, since my husband was in DDA. So in our back lane, the housewives who lived there, they came, sat down, all asked 'How are you?', there was a lot of social gathering. Today, if a house is constructed, nobody knows who has made it. [...] Everybody is shifting. In this lane how many old neighbours are left? All is rented out (November 15, 2013).*

The neighbourhood can be conceptualized as “a specific type of urban locality where politics and power struggles are located and take place on a day-to-day basis [...]” (Donner and De Neve 2006, 9). However, as Ms. Kaushik’s comment shows, it cannot be seen as an isolated unit, but it is always related to other city spaces. My informants evaluated and reproduced middle-classness in the locality—for instance, by reconstructing their houses into fashionable multi-storeyed buildings, by forming middle-class peer groups in the nearby park, or by distancing themselves from other lower-class living. Hence, the reproduction of a middle-class lifestyle in older neighbourhoods is always competing with newer forms of housing like gated condominiums which promote a middle-class lifestyle from the outset.

For senior citizens, social upward mobility is connected to the neighbourhood. The vast majority of my informants in the neighbourhood had purchased their plots in the 1970s, when this area was still on the outskirts of the city. Due to the incredible expansion of the city, housing in this area is now in great demand and property prices have risen enormously, explained Mr. Goswami:

You see, when we came [to Delhi] the population was seven lakhs [700,000]. Now it’s one point five crores [15 million]. It’s twenty times. You see, this place, it was dead cheap. Rather people used to be scared to take this place. When I purchased this plot, I purchased this plot for 57,000 [INR]. You can say now 1,000 dollars. And now it costs 500,000 dollars. And that time there [were] no buyers. Now, you just ask and there are twenty buyers (December 20, 2013).

Real estate has indeed become a major factor in the accumulation of wealth in Indian metropolises. Housing in urban India has been commodified and “property has enhanced both monetary gains and social status for those individuals and communities benefiting from post-liberalization ownership regimes” (De Neve and Donner 2015, 255). As Mr. Goswami owned two other houses in much sought-after localities, his rental income was higher than his work income. Many other informants sublet one or more floors of their property and thus gained additional income.



Figure 1: Newly constructed building in Safdarjung Enclave, 2013, South Delhi.

As indicated, neighbourhoods have undergone visible changes during the last decades. Delhi's urban planning was heavily influenced by the garden city movement which envisaged a garden environment in the city (Khosla 2005, 13). The Master Plan of 1962 restricted the height of buildings,²⁷ making the city grow horizontally instead of vertically. Plots in middle-class neighbourhoods typically included a garden and a single- or two-storeyed house. Since the late 1990s, private builders have succeeded in convincing property owners in (upper) middle-class areas of Delhi to turn their low-rise residential houses into fancy multi-storeyed buildings (see Fig. 1).

Middle-class status demands a level of consumption that includes housing. To maintain a status among peers, people feel the need to "improve" their houses and make them look modern. As part of the many policies which aim at transforming Delhi into a world-class city, "private developers

27 The maximum height of a building is calculated from the floor area ratio (FAR) and the ground coverage. However, in some areas there is a restriction of maximum building height. (Interview with Arunava Dasgupta, head of the Department of Urban Design at the School of Planning and Architecture Delhi, February 12, 2015).

increasingly fight height restrictions in the city and promote upper-class residential enclaves [...]” (Bhan 2009, 140). During construction, the builder bears all the costs, including temporary housing for the owners. In return, he receives one or two floors to sell. Disregarding the compulsory height limit of three-and-a-half storeys, builders often illegally generate additional levels (A. Kumar 2000, 159). Elderly people I talked to had frequently faced problems with builders. In one case, a couple had a lot of trouble maintaining their new house as the building materials used were of poor quality. In another case, the builder cheated the couple by starting to tear down the house without having the necessary permission to build the new one. As the plot was next to a protected monument in Deer Park, the elderly house owner had to fight with municipal and legal bodies for more than two years until he was allowed to construct a new house on the same plot. His status as a retired army officer and the authority that comes along with it helped him solve his problem in the end.

As it became apparent during my research, people decided to rebuild their houses for different reasons. For some families, it was an opportunity to gain more space. Grown-up children would move into the flat above their parents’ apartment so that they were still close to them while securing more privacy for themselves. Sometimes the additional flats were sublet and therefore accounted for an important rental income for the elderly. In other cases, property issues were involved. Mr. Lal, a man in his early seventies, was thinking about having his single-storeyed house reconstructed for family reasons. Even though he had bought the property in the 1970s, it was registered in his parents’ name. When his parents died, the property was inherited by all eight siblings. Mr. Lal feared that if he died before his wife, his siblings would not let her stay in this house. For Mrs. Lal, like for many women in India, “the fact that her husband had been coparcener in a joint family home did not in any way guarantee access to legal share in the property” (Donner 2015, 326). Yet, Mr. Lal did not want to reconstruct his house as he was a passionate gardener and spent a lot of time in his yard. In older houses, the elderly normally lived on the ground floor and frequently maintained a garden. At present, new bylaws make it mandatory to provide parking space on the ground level and to construct the building on posts. Thereafter gardening, a frequent pastime of predominantly male elderly, is no longer possible. It also implies that the mobility of elderly facing health problems gets more restricted. Even though new buildings often have elevators, these are frequently out of order, so that the ability to walk the staircases determines the mobility of older inhabitants. This is of course also true for older houses without elevators. An eighty-seven-year-old man who lived in the neighbourhood had developed pain in his leg and therefore stopped going to the market or the temple on his own. He was restricted to the flat and the terrace of the house. Only occasionally would he ask his daughter-in-law, who took care of him, to take him along when she went shopping and help him climb the stairs.

EMERGING PEER GROUPS

Almost all my informants thought that their children were very busy and tended to have less time than previous generations. Consequently, many of the elderly felt the need to search for additional activities outside their household. Going to nearby parks for a morning or evening walk was a very common activity. Most of my informants went to Deer Park, a spacious park south of the neighbourhood, which was easily accessible on foot. The gated neighbourhood around the park was to their advantage as the slower traffic enabled them to walk with more ease in the area. In Deer Park, numerous elderly got together in various groups. I conducted fieldwork among a senior citizens' yoga group which met daily at 7:30 am for yoga exercises, chatting, singing, and reciting poems, or telling jokes (see Fig. 2).

On Sundays, they would extend these social gatherings by organizing tea and snacks, and many more elderly who did not take part in the yoga exercises also joined in. The team members, whom they referred to as "family" (*parivār*), were highly enthusiastic about their social circle, like Mrs. Gupta:

Now they say that otherwise what happens once you become old that you say: 'Oh, now we have become old, life is over' and all, but once you go to this yoga class you see: now my life has started, now it's the beginning of my life. Because till now I was doing for my job, I was doing for my children, now I have got the breathing space I can live myself. Whatever the rest of my life is left, I can do those things which I never did today, I can do for the society, so we feel very happy (December 16, 2013).

The group was strongly middle-class-based, and people stressed that it was pleasant to be in the company of "like-minded" people who formed a useful network apart from their families. Mr. Ahuja explained:

The people are from different strata. Professionals are there, doctors are there, engineers are there, lawyers are there. So if you got any problem you can talk to them and they will give you advice (December 12, 2013).

Indeed the "yoga family" was a source of relationships that secured social cohesion amongst middle-class residents. For elderly women this was a favourable opportunity to leave the private sphere of their house. Anthropologist Henrike Donner observes that to protect their image of dutiful housewives, many middle-class elderly women in a central neighbourhood in Calcutta "withdraw from the public sphere" and "devote more time to food preparation and religious activities than the cultivation of relationships within the neighbourhood" (2008, 149f.). Elderly women in Safdarjung Enclave also spent most of their time on household duties, but



Figure 2: Senior citizens' yoga group in Deer Park, 2014, South Delhi.

they would nevertheless meet with their friends in the colony, go for outings or wedding celebrations, take part in religious recitations and song, or in other activities in the park. An elderly lady who had to look after her grandchild in the mornings eagerly looked forward to Sundays when she was able to join the yoga group and leave the house. Mrs. Agrawal recalled:

It feels fresh when one walks in the morning. It also feels good when you talk to someone. [...] We don't have any neighbour here even to talk to. It feels good to meet people. There [in the yoga group], we get to meet many people. Someone tells jokes, someone tells poems, someone dances. It's quite fun there (December 9, 2013).

Andrews et al. remind us that too often “there is a tendency to treat place simply as a context (clinical or living), rather than seeing it as productive of particular outcomes for older adults, as well as being shaped by them” (2007, 162). The yoga group was an elderscape²⁸ that allowed seniors to form a peer group. Yet, this social interaction depended largely on the mobility and the personality of the individual. While one man actively engaged with the neighbourhood, invited neighbours, attended the local club, and went for morning walks in a nearby park, another man mostly stayed at home, feeling that there was a lack of sociality in the neighbourhood. One lady,

²⁸ Using a term coined by Stephen Katz (2009), I define elderscapes as the *cultural spaces and sites that have emerged for and by older persons*, including residential spaces, leisure spaces, and market spaces.

whose son had moved out of her house, wished she could move in with her son's family but felt that her daughter-in-law would not be pleased. For her the family environment rather than the neighbourhood was the decisive factor for where she wanted to age.

The heterogeneity of ageing experiences in this neighbourhood shows that "ageing in place" depends not only on the possibility to stay in one's own home, but on various factors like property developments, family, mobility, (perceived) security, personal contacts, and personal engagement.

SURVEILLANCE AND SECURITY

With the increasing number of affluent colonies in Delhi, residents formed various neighbourhood or civil society organizations, most prominent being Resident Welfare Associations (RWAs). These local associations were founded to pursue the interests of private property owners in civic matters such as security and infrastructure to create social and recreational spaces, often in the form of exclusive clubs, and to lobby local bodies like the Municipal Corporation or government departments for their aims and objectives. Resident Welfare Associations are institutionalized bodies that regulate public life in middle-class neighbourhoods, providing a sense of security, shared values, and common interests, like clean streets and parks. Although these local associations represent highly different localities and pursue diverging, often contradictory, aims by various sections of the middle classes (Kamath and Vijayabaskar 2009), they nevertheless share a claim to middle-classness by articulating "a common set of issues that are seen to affect all 'middle-class' people" (Srivastava 2015, 86). Leading posts in the RWAs are generally occupied by elderly male residents. Mr. Kapoor, the then president of an RWA of his neighbourhood, stressed in an interview that apart from having more leisure time than younger people, it was the good relations seniors usually had with representatives of the government that made them perfectly suited for the job:

Senior citizens manage to have good relation repo[sitory] with the elected representatives of the government: municipal corporation, member of the legislative assembly—they have lot of funds to develop your colony. So [the residents] want a senior citizen who can keep liaison, good relations with [the representatives to] get something for the colony. That's why you have a senior citizen generally who is the president of a colony (November 28, 2013).

Mr. Kapoor, like many other presidents of RWAs, was a retired officer of the Indian army. Sanjay Srivastava thinks that RWAs may tend to fill their posts with members of the armed forces in order to "attach the aura of military discipline to that of the modern housing locality" (2015, 89). In my view, the appointment of military retirees is rather owed to the due respect paid to

elderly army officers, both by peers and by younger generations.²⁹ Their status is regarded as beneficial for their capacity to lobby for the colony's interests. The voluntary engagement of Mr. Kapoor as well as of other male senior citizens working for RWAs not only shows the desire of older men to keep a position of power, but also shows their active involvement in securing and expanding middle-class interests. Although middle-class activism is not a contemporary phenomenon,³⁰ it changed from a leftist commitment to uplift the poorer sections of society to a protection of self-interests making claims against the state which is in general seen as favouring the poor (Srivastava 2015, 88–89). Resident Welfare Associations actively secure demarcated middle-class spaces and lobby with government officials to develop their residential areas, for instance by tarring roads or reconstructing local markets. Since the mid-to-late 1980s, RWAs have installed and maintained gates at points of entry to their colonies, not only reducing traffic but also monitoring the access of people to the residential area. According to Sanjay Srivastava, RWAs “became the key vehicles for articulating an exclusionary urban politics of space” (2015, 113). These new modes of urban activism are a defining feature of the new middle classes in India,³¹ and senior citizens often actively commit to civil society organizations, which aim at gentrifying and “cleaning up” cities, enhancing a greater political inequality in India's cities (Harriss 2006, 2007).

Urban segregation processes are usually embedded in a discourse of unsafety or threat from lower classes. For those of my informants living alone or staying alone during the day, security was of concern, even though most people felt that the neighbourhood was relatively safe. In May 2015, there was a burglary in the flat of Mr. and Mrs. Lal. When the couple came home, they found their closet broken open and valuables like cash and jewellery stolen. It was the first time this had happened to the elderly couple, but according to Mr. Lal, burglaries were not uncommon in the area. He was upset that the police were neither able to safeguard the area nor to restore his financial loss. Nevertheless, he stressed that the robbers could not “snatch away his happiness” and in fact, the incident did not seem to make him feel insecure. However, the writer of an article in a neighbourhood online forum used the incident to promote the intensification of safety measures in the neighbourhood like police patrolling and CCTV surveillance.

The entire area is under shock, especially the senior citizens who live by themselves. Their security is greatly at risk. [...]

29 In my presence, military retirees were often praised for their disciplined way of life as well as their service to the nation.

30 During colonial and post-colonial times, movements fighting for freedom or various social reforms were “important sites of public activity by the ‘educated classes’” (Srivastava 2015, 88).

31 Nevertheless, this new kind of urban governance is not restricted to India but promoted globally, often supported by funding from international institutions like the World Bank (Upadhyaya 2009, 265).

This particular block is a safe target of robbers as the location is highly vulnerable with many open points of escape. Street lights and day and night police patrolling is the need of the hour. Police needs to draw exhaustive plan to secure the area as our seniors are soft targets. Their confidence into police needs to be restored at the earliest. The RWAS also need to be more vigilant and more CCTV Cameras need to be installed at strategic locations.

We all need to be very vigilant and each of us should take care of the seniors living in our area. Any suspicious activity should be immediately reported to the police. Such incidents shake our faith in the system. Now the police and senior citizen forum needs to come into action to instill a sense of security among seniors of the colony.

Encroachment on Govt land is also on the increase and there is no check by police. Police cooperation is absent even when they are intimidated by residents about the encroachment in their area. Many phone calls made for encroachment near B-[block] have gone on deaf ears (Tiwari 2014).

The article reproduces middle-class anxieties around the loss of state control over infrastructure, crime, and unruly people (Baviskar 2003, 96). According to the author, the failure of the state to provide security makes it necessary for RWAs and citizens to take action and to self-monitor the neighbourhood. Like many other middle- and upper-class colonies of Delhi, Safdarjung Enclave was semi-gated. Barriers were deployed at the entrances of the colony (see Fig. 3). Some of them were guarded by watchmen and closed during the night, but others were permanently open because the RWA of this sector did not raise enough money to employ security guards. These are the "open points of escape" the article refers to. Besides the heightened vigilance of residents, the author promotes a strengthening of day and night police patrol to restore a "sense of security among seniors of the colony." In the writer's view, lower-class people, who encroach upon the area, are to be blamed for the increase in insecurity. These people are seen to make the area unsafe. Indian publisher and writer Urvashi Butalia reports that in the locality where she lived, tea stalls and street stalls which addressed a poor working class clientele had been removed from public space,

in order to make, as the welfare association claims, 'the colony safer for our residents, particularly our elders, our women and children.' The assumption is that the mere presence of working class people, no matter that these same people work in the houses of the wealthy, somehow renders a public space 'unsafe,' perhaps because here is where they may loiter, and therefore get up to no good (Butalia 2012, 3).

Middle-class life depends significantly on domestic workers who manage different tasks like cooking, cleaning, gardening, and driving. In former



Figure 3: Entrance gate to B4 block, Safdarjung Enclave, 2013, South Delhi.

times, “servants”³² used to be employed for a longer period of time and often patron-client relationships evolved. Now elderly people in the neighbourhood complain that servants have become very unreliable and are making too many demands. There is a lot of anxiety concerning lower-class workers in middle-class residential spaces who are hired to provide security (Webb 2013, 4). One elderly woman, who lived with her husband in a recently rebuilt house, worried about hiring a “trust-worthy” security guard. She wanted to get “professional guards,” one at night and one during the day, who, in her opinion, were more reliable albeit more expensive than the guard they employed at the time. This is one of the reasons why the private security industry has boomed in recent years. It did not only benefit from state policies outsourcing security measures to private-public partnerships, but also from the middle-class perception of urban fear which led to a “deployment of private security guards at all manner of public and private sites [...]” (Gooptu 2013, 16). As Sanjay Srivastava rightly observes, the gating of Delhi’s colonies indicates several middle-class anxieties, namely “the lack of confidence in the police to provide security, the strong sense of a ‘middle class’ under threat from urban under-classes, and the overwhelming perception that such threats can only be countered through localized and locality specific means that convert public thoroughfares into private and highly regulated spaces” (2015, 114).

32 The word servant is commonly used in India. I only use the term when referring to my informants’ opinion.

Serving the middle-class longing for security, the Delhi Police Senior Citizen Cell started an initiative to address people over the age of sixty living alone or remaining alone during daytime. These persons are now able to register with the police. Police officers will then periodically conduct visits or call registered elderly to check on their status. When I asked police inspector Gaur what advice they would give senior citizens on how to secure their private space in middle-class neighbourhoods, he suggested a mix of security measures:

First [...] we advise them to get their domestic help[er]s—whether it is washerman, gardener, whatever service he is providing—we ask them to get him or her verified. Main thing is, get your servants and helps advised... no, verified and if you have some tenants also get them verified. Second thing, we check their premises. And advise them to get it secured. If they don't have grills on walls or windows and so you should put grills on your walls, on the windows, you keep a magic eye on your door, safety chain. And if you can afford then install a CCTV camera. So these are the things (March 2, 2015).

The middle-class perception that lower classes are potentially threatening and therefore need to be monitored is fortified by police advice to verify domestic workers. The verification and the installation of grills or CCTV cameras are ways to draw clear boundaries between assumed upright middle-class residents and untrustworthy lower-class people. Distinction is at the core of class formation and the shielding is a way to normalize dominance and inequality. The proclaimed menace deriving from the urban poor reproduces class lines in which lower classes “intrinsically” threaten middle classes. One elderly couple I visited had indeed followed this suggestion and installed a grill in front of their door to keep back potential intruders. Yet, aside from this couple, elderly people living alone were in general less anxious about their security, but more concerned about the lack of support in case of medical emergency.

Gateways of ageing

Like other Indian metropolises, Delhi has undergone vast transformations in the last decades. Since the early 2000s, public funds have shifted from “education, public housing, health care, and food subsidies towards large, highly visible, and ‘modern’ infrastructure developments” and prestige projects like the Delhi Metro Rail or the Commonwealth Game Village (Ghertner 2011, 280). Part of this modern urbanism are gated residential enclaves that have been developed extensively in the National Capital Region (NCR) of Delhi³³ in the last two decades (see, for example,

33 The National Capital Region (NCR) encompasses New Delhi but also adjacent areas in the neighbouring states of Haryana, Uttar Pradesh and Rajasthan:

Searle 2013). Real estate developers have transformed vast agricultural areas into residential enclaves. Even though these “fortification” or “gating” practices can be observed worldwide, they take specific local, social, and spatial forms (Nelson 2011, 214). In Delhi, the gating of housing is not a new phenomenon, but rather an expansion of the “logic of separation” that has motivated gating practices of neighbourhoods in the city since the 1980s (Srivastava 2015, 114).

Condominium living is mainly associated with younger generations. Nevertheless, a growing number of older people reside in these kinds of facilities, either with their families or alone. Older persons living in The Nile, a condominium in Gurgaon, a booming satellite city thirty kilometres south-west of Delhi, stressed that the two main differences between living in a neighbourhood in Delhi and living in a gated enclave in Gurgaon were safety and the composition of residents. Mr. Sharma reported:

We have seen change happening in the last thirty, forty years, whatever changes have taken place. We witnessed all those changes. So, urbanization has happened, this kind of living [has come up]. One thing that most of us have is that we are living independently; most of the children have gone away. So we are looking at security. And this is a place where one could find some kind of security; at least the physical security is there. That is one. The second is of course, you come across different kinds of people; you come across people with different experiences. [...] Probably in another place you could not have this kind of a great mix of people of all kinds (November 21, 2014).

As already noted, colonies in Delhi have often been community-based due to the government’s allotment policy, even if this is slowly changing. In contrast, condominium living is rarely attributed to ethnicity in the first place. It is class, not ethnic affiliation, that makes residents part of this “world-class” lifestyle.

Different stakeholders see great economic potential in senior living projects in India. Ashiana, an eminent real estate developer, was the first to develop housing exclusively for older persons in Delhi NCR. Up to 2016, they have pursued six housing projects for senior citizens in the vicinity of major metropolises of India (Delhi, Pune, Chennai, and Kolkata). Om Gupta, the founder of Ashiana, came up with the idea to build senior living residences as he had come across this residential form during his years of study in the US. In the 1990s, he developed the idea to invest in retirement communities in India as part of his real estate endeavour. Initially,

<http://ncrpb.nic.in/ncrconstituent.php>, accessed on March 15, 2016. It is one of the world’s largest urban agglomerations with a population of over 46 million people: http://ncrpb.nic.in/pdf_files/Annual%20Report%202014-15.pdf, accessed March 15, 2016.

the company did intensive research on retirement communities in the US, Canada, and Europe. In 2007, the first project was constructed in Bhiwadi, an industrial hub around seventy kilometres outside Delhi (see Fig. 4).

The management of The Golden Estate (Fig. 5), a senior living project in the NCR region, also studied senior living schemes in the US, Europe, Australia, and New Zealand. These projects are thus highly informed by Western concepts of eldercare. Yet, Amit Vaidya, management leader of The Golden Estate, stressed that he had realized they had to come up with their “own” model, as there were significant cultural differences between India and the West. For him, it was important to add a “human angle” to the concept which, in Western countries, was “too process-driven” and “too professional.” He contrasted a Western model of a rigid personal space with a more inclusive Indian model of common space that allowed for social interactions. In his opinion the Indian intrusive “nature” was helpful because people enquire about other people’s worries. He claimed that Indian people were more willing to share their problems and therefore had less need of consulting a coach or psychiatrist than Westerners. Amit Vaidya compared the spatial design of the compound with the spatial design of large family houses. As the joint family is an icon of the ideal form of aged care in India, it is not surprising that stakeholders in senior living projects try to establish a link between familiar living concepts and these new spaces. He explained:

AMIT VAIDYA: *The way we have structured ourselves is borrowing from what we already had—that was a joint family system. So we used to have huge houses, shared by a very large family where your bedroom was your personal space and the rest is shared with everyone. So we have tried to structure ourselves like that.*

ANNIKA MAYER: *In what way, can you give an example?*

AMIT VAIDYA: *See, the way we have structured the whole facility is like that. So in terms of, like a simple thing like we made it compulsory to eat food in the dining area, so you can’t cook in your room. So by design we have ensured that all of them come and interact with each other, no one is left isolated, even if a person wants to—or is going into that path of being withdrawn and into himself which happens to a lot of single people who stay with us—the other person tends to detect it (December 5, 2014).*

According to Mr. Vaidya, the design of their premises prevents isolation, as no one can evade common interaction during meals. It is interesting that the institution objects to the withdrawal of residents although, according to the Hindu model of life stages,³⁴ it is part of the ageing process

34 “According to the Hindu ethical-legal Dharmaśāstra texts, as a person enters old age, he will move to the forest as a hermit, either with or without his wife,



Figure 4: Ashiana Utsav senior living compound, 2014, Bhiwadi, Rajasthan.



Figure 5: The Golden Estate compound, 2014, Faridabad.

to renounce one's social ties at old age. The renunciation model has—in contrast to the old-age homes Sarah Lamb researched in Kolkata (Lamb 2009, 161–180)—not become part of the mission of these new senior living projects. The image they are promoting is highly influenced by global discourses on *active ageing*, as I will explore later in more detail.

While The Golden Estate offers furnished units and provides all other services like cooking, cleaning, washing, monitoring of medicines, etc. in-house, Ashiana sells fully-equipped apartment units so that people can decide whether they want to cook and spend time “at home” or rather engage with others in the activity centre or the parkway.³⁵ Ankur Gupta, joint managing director of Ashiana, emphasized that they especially catered to the “sense of security” of older persons in their senior living projects:

We followed the financial model which we thought would be best in India, the sales-model. We sold our senior living unlike the US and Australia where it's a deposit model. We thought there's this sense of ownership and safety [which] is still you know ... We are very insecure about ourselves, right? And there is no other financial security in the country which is available to us, so the security we grab on is real estate. So when you are a senior citizen and you don't have security, sense of security, you grab on real estate (November 19, 2014).

The sense of insecurity Ankur Gupta refers to is not only corporal, catered to by the gatedness of the estates, but also mental and financial. As ageing outside the family is still a new phenomenon in India, it is connected to insecurities about care arrangements. Residents stressed that they felt safe living in these senior living enclaves, referring not only to physical safety but also to security concerning health care. As children often work during the day or live abroad, they are no longer reliable care providers in case of emergency. Mr. Chadha, a resident in The Golden Estate, hoped that the considerable amount of money he paid would make the institution care for him, at best like a family member. In his view,

in a process of relinquishing material desires. The life phase of a forest-dweller, or *vānaprastha*, is the third of four life stages—of studenthood (*brahmacharya*), householder (*gṛhastha*), forestdweller (*vānaprastha*), and finally renouncer (*sannyāsa*). In this third life phase, which works as a transition between material and spiritual life, the person is in a retreat from worldly life or *saṃsār*, living with as few material possessions and family ties as possible, as he prepares for the fourth and final life stage of *sannyāsa*—complete renunciation of the world, with a focus solely on God, spiritual realization, and release” (Lamb 2009, 161).

35 Ashiana Utsav Bhiwadi comprises 640 flats, one cafeteria, one activity centre, one (Hindu) temple, and one nursing home which was opened only two years ago. For a two- to three-BHK (Bedroom, Hall, Kitchen) apartment, buyers would have to spend ₹25–45 lakh (ca. €30–60,000). The Golden Estate consists of seventy-five bedroom units, an outside pavilion, a recreational area, and a medical unit. A one-bedroom unit would require a ₹27 lakh deposit (ca. €35,000) and a monthly rent of ₹35,000 (ca. €465).



Figure 6: CCTV at The Golden Estate, 2014, Faridabad.

in advanced age problems are going to come, health problems. Then as we see over here, there is an *organization* to look after [you]. Their job is to look after us. They have a vehicle. They take you to the hospital. They have a doctor, who may not be there to treat you, but he will monitor your treatment in the hospital. [...] Your child, your son or your daughter-in-law may not have that much of time to look after you. So we are hoping ... we are hoping that this organization will be responsible enough to treat us like their own family member. [...] Now for an example, people who have their children staying abroad, if the parents fall sick in a place like this, they will be first all reasonable sure that [their] parents have been looked after by an organization. There is no need for panic for them over there. And even if they come, they can't stay over here for long. They will speak to the director, they will speak to the medical officer and they will say that 'I see, now we have to go and look after business' and they will leave. So they go back reassured that their elders are not left to fate (December 5, 2014).

Mr. Chadha, like many other informants, stressed that security not only made them feel safe, but also eased their children's mind who, being abroad, were no longer physically able to provide support in case of emergency but who nevertheless cared for their parents' safety. To cater to the feeling of safety, The Golden Estate provides emergency alarms within the units. Furthermore, the common areas of the premises are monitored by CCTV (Fig. 6), and the single-entry gate is constantly monitored. The

supervision and the disciplinary measures to integrate residents remind us of Foucault's panopticism (1977) in which human populations are systematically and spatially controlled through invisible structures as much as they internalize the control.

Apart from safety issues, proximity to the city mattered to many residents. According to Ankur Gupta from Ashiana, most of the flats in their senior living projects in Bhiwadi were bought by elderly couples from Delhi. Apartments could be purchased by people of all ages, but residents had to be over the age of fifty-five. Some people kept their flat in the city and commuted between the two localities. In the last years, other senior living residences which are even closer to the city followed, catering to financially well-off elderly. Amit Vaidya of The Golden Estate stressed that they had consciously chosen the locality of Faridabad as their own research revealed that elderly people wanted to stay in the city. He elucidated:

Doing our research, we found that most of the people—unlike what was thought of—actually didn't want to be out of the urban fabric. Their entire lives they had lived in cities, so I found that it was a myth that people want to go and be in a resort kind of a situation. So then we decided, ok if people want to be within urban fabric then we need to build within the urban fabric. But the land prices in Delhi area is very high, in the entire NCR for that matter. So in any project the land becomes one of the major components of costs and as we were doing something which was very new as a concept, especially in Delhi, so we thought ok let's keep our costs down and try and find land which is within the urban fabric. Plus we had some other criteria, like we wanted to be located within thirty minutes driving distance of a hospital; we wanted the infrastructure to be easily accessible, like banks, parks, theatres. So this, where we are sitting today, is like the heart of Faridabad, everything is accessible within ten, fifteen minutes of driving distance, and plus it is very peaceful. So, in spite of being in the heart, it has got its peace and quiet also (December 5, 2014).

The "vision of safety and peaceful seclusion" Amit Vaidya refers to is a prevalent narrative of urban Indian lifestyle advertisements for residential enclaves (Brosius 2010, 94). Senior living developers not only rely on these imaginaries of "world-class" living, but also on successful or active ageing discourses that have "taken hold in global public policy and popular cultural worlds as well" (Lamb 2014, 44). Ashiana brochures advertise a new "freedom" to enjoy life on one's own terms, following an "enviable lifestyle" in a "hassle-free" environment, pursuing new hobbies or discovering "a new passion." (Ashiana, n.d., 7, 14, 16) A banner along the highway from Delhi to Bhiwadi advertises an "active life after retirement," depicting two senior men playing football (Fig. 7).

Successful ageing discourses in the US have a strong focus on being able to keep control, on being independent, and on being productive while



Figure 7: Ashiana advertising billboard on the highway between Delhi and Bhiwadi, 2014.

ageing. Furthermore, they create a vision of not ageing at all (see Lamb 2014). Senior living advertisements in India make use of these images, but they do not negate ageing per se. An Ashiana brochure states:

Since time immemorial, people have been searching for the elusive “Fountain of Youth.” This desire has motivated millions to search for solutions that can reverse the effects of aging. But the pursuit for such “magic potion” has not been very fruitful.

At Ashiana Senior Living, we might not prevent aging, but we have definitely helped in transforming the way you age. By offering a lifestyle that is active, healthy, carefree, dignified and independent, we have mitigated the impact of aging. We constantly facilitate our residents in finding ways to be more productive and more creative, by adding more opportunities to their lives (Ashiana 2014, 3).

Even though these real estate companies have tried to advertise their facilities with a desirable middle-class lifestyle, both Ankur Gupta and Amit Vaidya admitted that it was a major struggle to “break the mind-set” of people in India as there were still many reservations about or resentment against moving into such a facility. Mr. Gupta explained:

We tried doing PR-work with videos and online activities and advertising and all of that. [...] So if you look at these brochures, the idea is that, you know, you think of destitutes—[but] we look at them as the people who’ll have fun, who’ll add a lot of value. So you know

we are converting it [the notion of living in a facility for the elderly] completely. The actual product will be closer to the active but it'll not be that bright, right? But by giving a lot of visual impact we are trying to just break the mind-set that there is life after a time and which is a high value. Why waste it? (November 19, 2014).

Ankur Gupta suggested that people needed to visualize the difference between old-age homes for the destitute and their retirement homes where people could experience an active lifestyle at old age. At the same time, he admitted that "the actual product," and I assume he was thinking of their senior living projects, would not be as bright as the advertisement projected. But by using positive images, the company intended to break the mind-set, so that people could see the potential of these new elderscapes.

The JLL report on the senior living sector in India lists four key challenges for investors in this sector. Apart from affordability, manpower, and the legal framework, stigma is the major challenge. They recommend advertising the provision of services rather than of real estate to "change the perception of such projects and shift the positioning from social stigma to an 'aspirational project' to be in" (M. Kumar and Gattani 2015, 7). One resident told me that although he felt comfortable living in the posh institution equipped with a spa, a cinema hall, a fitness centre, and other amenities, visitors pitied him and could not understand his decision to live there. Despite the negative image that senior living facilities were confronted with, residents often stressed that they felt comfortable in this new living environment. They especially valued the "companionship" of peers whose different backgrounds added new perspectives to their lives. Women in The Golden Estate appreciated the fact that they were freed from doing household work since cooking, cleaning, etc. were taken over by the institution. Women in Ashiana would regularly organize kitty parties, a common activity of middle-class women in Delhi (see Waldrop 2011), and enjoy each other's company. But when standing apart from other residents, one woman told me that in truth this was not a home for her. She said: "To tell you the truth, this is not home, I mean what is there? It is peaceful, there's a lot of greenery and the people are nice but otherwise there's nothing. No market, no shopping, nothing is there." To her, the place was like an isolated island that lacked urban life. She therefore often commuted to the city where she and her husband still owned a house.

Conclusion

Like any other city, Delhi is unique in its history and marked by particularities. Being the capital of India, Delhi is a city of bureaucrats with a particular history of migrant flows and spatial expansion. It is also a "world city" in the sense that it is "affected by the structural realignments of capitalist economies across the world" (Huysen 2008, 11). In its urban imaginary,

the city is marked both by fear and by striving to rank as a “world-class city,” as an “eventful, safe, clean and ordered” place (Brosius 2010, 42). To explore the entanglements of urban space and ageing, this chapter was designed around the ways spatial practices, urban imaginaries, and current developments in the National Capital Region of Delhi inform ageing in the metropolis.

Building my analysis on theories of environmental gerontology, which emphasize the role of place for older persons, my study ventured into new directions, looking not only at spatial practices of my informants, but also at larger urban transformations and urban imaginaries that inform ageing in the city. Most of my informants were attached to place and wanted to stay in Delhi, despite the city’s drawbacks for older persons (like its perceived insecurity or the difficulties in commuting within the city). “Ageing in place” debates in Western environmental gerontology often highlight the importance of “home” for older people. My fieldwork underlines that this assumption has to be reconsidered carefully. Urban middle-class Indians take into account a number of factors that determine their choice of residence. Residential decision-making not only depends on the locality, but also on family support, mobility, and perceived (in)securities, and is connected to cultural notions of the “right” way to age. The case studies illustrate that urban spaces of “world-class” living are embedded in local and cultural contexts and marked by uncertainties and ambivalences. The new elderscapes of retirement communities are advertised through notions of “active ageing” and “global living,” which are informed by Western concepts of market-based eldercare. They aim at appealing to middle-class aspirations for a cosmopolitan lifestyle, status, and safety. However—in contrast to other new middle-class spaces like gated communities—they struggle to attract customers because they are not able to overcome strong negative connotations that accompany ageing outside the family. In daily discourses, these projects are not associated with a cosmopolitan idea of an “active ageing” community, but rather with the neglect of children to care for their parents. Marketers see great potential in the senior living sector in India because the number of affluent elderly living without children is on the rise, but it still remains to be studied how the imaginaries of an active lifestyle at old age, but also the discourse on urban insecurity, translate into aspirations and spatial practices of middle-class elderly. To date, these projects do not have the same appeal as other neoliberal living complexes, which are an alternative option for senior citizens who seek retreat from the buzzing city.

Furthermore, the case studies reveal that negotiations about space not only take place in these insular neoliberal spaces. Established middle-class spaces like neighbourhoods have a longer history of spatial and social segregation, but they are likewise affected by an urban restructuring which changes not only the texture of housing, but also the social composition of residents. Place-making strategies of elderly in these localities are equally marked by aspirations to belong to “world class,” an altered understanding

of leisure activities in common spaces (for instance in parks), and a longing for “cleanliness” and orderly spaces.

My analysis shows that changing urban spaces not only shape the lives of my informants in manifold ways, but also that the elders themselves very much influence the changing processes. This engagement has its limits when people are not or are no longer able or willing to play a part in their social and spatial environment. Still, as Sarah Lamb suggests, it is necessary to consider older persons as “potential agents in the workings of social-cultural transformation” (Lamb 2010, 85). Middle-class elderly actively create elderscapes, for instance in forming groups in neighbouring parks, thereby claiming their “right to the city.” Elderscapes, like new senior living compounds, old-age homes, or meeting points of older persons, are spaces where negotiations around class and belonging crystallize.

Environmental gerontological studies have often drawn attention to the marginalisation of elderly people in urban settings who cannot afford to take part in cultural or recreational activities. Societal exclusion of older persons is expected to rise under the influence of globalisation (Wahl and Oswald 2010, 119). However, my fieldwork has shown that older people are not only subject to social demarcation processes but actively take part in them by distancing themselves from lower classes and by creating exclusive middle-class spaces. Hence, it is essential to keep in mind that the reproduction of class status is necessary at all ages and that segregation not only takes place between generations but also among them.

On these grounds, I suggest a more comprehensive reading of the entanglements of ageing and the city, taking into account the multiple interrelationships between class, space, events, institutions, and community which characterize much of modern life.

Figures

Fig. 1–7: © Annika Mayer.

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Abbreviations

BHK	Bedroom, Hall, Kitchen
DDA	Delhi Development Authority
JLL	Jones Lang LaSalle (International Real Estate Consultant Company)
NCR	National Capital Region of Delhi
NGO	Non-Governmental Organisation
RWA	Resident Welfare Association
UN	United Nations
WHO	World Health Organization

Roberta Mandoki

Suburban Elderscapes and “Modern” Modes of Ageing: The Spatiality of Contemporary Urban Ageing in the Kathmandu Valley, Nepal

Abstract This chapter focuses on the spatial experiences and place-making practices of older persons, mainly from the middle classes, in different suburban settings of Nepal’s rapidly transforming Kathmandu Valley. One key question here is how contemporary social trajectories with regard to ageing and care translate into the urban space of this metropolitan area in the Global South which is often represented as being “off the map” (Robinson 2006). The perspective of elderscapes, understood as multi-layered, embodied spaces of age, proves to be a helpful conceptual tool to explore the intersectionality of shifting modes of ageing and altering urban space. In this chapter, I introduce two ethnographic case studies, conducted between 2013 and 2017, which give insight into the circumstances where novel elderscapes emerge in Kathmandu’s suburban middle-class spaces. They represent a response of older persons and actors from civil society to changing forms of cohabitation and intergenerational relations and reflect the relatively recent perception of older persons as a distinct, age-based peer group, the senior citizens. Novel spaces, such as senior citizens’ centres and care homes, epitomize changing “care-scripts” (Coe 2017) and altered cohabitation realities, mostly with regard to the mobility of younger generations, which provoke new approaches towards care and non-kin sociality. Through such urban and sensory ethnography, we can understand older persons’ creative urban citizenship and their concern for their social and spatial environment as practices of “ageing in place” and generativity, contributing to an “age-friendly city” for themselves and future generations.

Keywords urban ageing, elderscapes, “ageing in place”, environmental gerontology, Kathmandu / Nepal



Figure 1: Walking through Wotu. Still from web documentary, 2016.

Today Kathmandu holds out the prospect of a muddle where one loses one's identity in a maze of dark alleys enticing one to a confused destiny. The narrow alleys of the city have no logic; the tall new buildings have no character; the old city is in steady ruins; the new city centres are breeding cosmopolitan philistines. No one can stop for a quarter of an hour in the New Road without being suffocated, both mentally and physically, by the muddle that is Kathmandu (Malla 1967, 9).

Sensing Kathmandu City

On a cold, sunny January afternoon in 2014, I was following Mr. Shrestha, a vivid and mobile Newar in his mid-sixties who had become a close friend of mine, through the narrow and shadowy lanes of Wotu, one of Kathmandu city's central business areas, a bustling labyrinth of wholesale shops just behind Kathmandu's famous New Road (Fig. 1).¹ The slender ground floors of the new multi-storey concrete buildings were occupied by innumerable clothing shops using all front space to display their Chinese bulk commodities. Behind a small, almost imperceptible passage between two houses, we entered a larger courtyard (*chowk*)—now used as a parking lot for motorcycles—which unveiled the area's old Newar architectural structure.

1 This walk-along was filmed as part of the interactive web documentary project "Elderscapes. Ageing in Urban South Asia" (Mayer et al. 2016) that was realized at the Chair of Visual and Media Anthropology, Heidelberg University, between 2013 and 2016. A shorter video version of our walk-along, "Narrow Lanes and Modern Trade," is available online at http://kjc-sv013.kjc.uni-heidelberg.de/elderscapes/klynt/#Narrow_lanes_and_modern_trade.



Figure 2: Horizon over Wotu's rooftops. Still from web documentary, 2016.

Here, as well as in other alleys, a few older two- or three-storey Newar houses had still withstood the vertical growth of Kathmandu's city centre, but due to highly increased real estate value it was just a question of time until they would be replaced by higher concrete buildings. Due to the height of the surrounding concrete buildings, the sunrays hardly entered any of the lanes, which meant that one could not escape the winter chill in the lower floors without a heater.

Absorbed by the surrounding impressions, I struggled to keep pace with Mr. Shrestha through the bustle of merchants pitching their goods, porters carrying away huge parcels, passers-by and motorcyclists. As in many places in Kathmandu, one had to watch one's step on the uneven, partly unpaved ground, circumstances that I would have assumed to impact older people's mobility. Mr. Shrestha navigated this meander of shops and lanes with ease, whereas I would have been lost on my own: he knew this place like the back of his hand since he had lived here for many years in a rented room with his wife and children, saving all their income to construct their own house in a suburban neighbourhood that was developed for housing in the early 1980s. Later, when we were standing on the airy rooftop of one of these multi-storey business buildings overlooking Kathmandu's skyline (Fig. 2) which Mr. Shrestha's eldest son now owned, Mr. Shrestha reflected about the spatial transformations he had witnessed and participated in over the past three decades in his previous neighbourhood:

Earlier, this was a residential area. [...] There used to be old houses here, but they were demolished, and new buildings were constructed for business purpose. [...] People used to live here with their families. Gradually they sold their [old] houses and shifted to

other places [...] where land was cheaper. They built a house there and saved the remaining money in the bank, and took up a job.

His thoughts illuminate not only the processes of gradual expansion of Kathmandu city through suburbanization and re-designation of residential space in the city's centre into business areas, but also a profound change in this area's ethnic community life which used to be predominantly inhabited by local Newars and characterized by the architectural structure and social interactions of this ethnic group (see B.K. Shrestha 2013, 134). His quote also offers a glimpse into the changing spatial and economic practices of the city's new middle classes from the 1980s onward as a reaction to the city's enormous population growth (Liechty 2003, 53).

Watching the winter sun as it set slowly on the horizon of rooftops and mountain ridge, I asked Mr. Shrestha what memories came up when he thought of his past in this area. He compared his family's earlier life in their tiny rented room with living in the spacious self-owned house in a suburban neighbourhood and explained, from his view, how urban growth in the Kathmandu Valley was entangled with Nepal's economic development: over the past decades, the meaning of cash had considerably increased and therefore influenced everyday life and local aspirations tremendously:²

So much progress and development has taken place now, but [earlier] you could easily cover your basic needs. Now you need to spend a lot of money for that. Without money, nothing happens. Earlier all the neighbours grew spinach and would give some to you if you wanted to prepare spinach. Later they gave up farming, so they, too, had to buy things. And for buying things you need money. Money means income. And not everyone has income. [...] [N]ow people wear good clothes, buy a car, so others feel they also need that. The ambitions have risen a lot (Mr. Shrestha, January 26, 2014).

Although Mr. Shrestha entirely supported the rise of living standards and "development" (*bikās*) in Kathmandu, his response mirrors a certain nostalgia about the past when lifestyles appeared simpler and more collaborative: a time when neighbours shared fresh, self-grown vegetables and life seemed to be less profit-driven, less competitive. While it was difficult to imagine that only a few decades ago there used to be open land in the now densely-built area of Wotu, I thought of a recent visit to the north-eastern edge of the Valley where such re-designation of farmland was happening at that very moment: single houses gradually formed new unplanned residential areas and swallowed up the remaining open fields, resulting in shrinking open spaces and various other urban vulnerabilities (Haack and Rafter 2006, 1057; Muzzini and Aparicio 2013, 64–65; also see Fig. 4, this chapter).

2 For an account of the growth of Nepal's cash economy and Kathmandu's particular role in it see Liechty (2003, 47–52).

This vignette of "walking with" (Pink 2007) a senior resident of Kathmandu introduces from a sensorial perspective some aspects of the fundamental spatial transition that is taking place in the Kathmandu Valley (Muzzini and Aparicio 2013). Walking with Mr. Shrestha who himself was a passionate walker, a habit from his youth when there were only few vehicles available, through the dense centre of Kathmandu to his suburban middle-class neighbourhood allowed me to sensorially experience his "walking rhythm" and his "routes and mobilities" (Lee and Ingold 2006, 68–69) as place-making practices. Simultaneously, I could explore aspects of walkability and mobility for older people from his perspective in one of South Asia's fastest growing cities, an important aspect in the global debate on age-friendly cities (Buffel et al. 2012). As expounded in more detail later, including a sensory approach in ethnographies of urban ageing creates a powerful tool to better understand the heterogeneous character and local particularities of ways of ageing in the complex and rapidly changing environments of cities (Pink 2009; Phillipson 2010).

In this chapter, I investigate place-making practices and spatial experiences of older people from the middle classes in the context of profound urban change in the Kathmandu Valley.³ Within this setting, I explore emerging middle-class "elderscapes" in the city, sites where older persons engage with the city or which form spaces specifically aimed at the elderly. These novel spaces reflect larger social processes of changing forms of cohabitation and intergenerational relations, but also processes of nation-building by civil society and around the relatively recent age-based peer group of senior citizens. The chapter is structured in three major parts: first, I introduce the focus of ageing in urban environments and suggest a stronger inclusion of urban and sensory ethnographic methods which allows for a better theorization of this field. Then I describe the Kathmandu Valley's spatial and economic transition and contextualize emerging elderscapes as a response of older people to these shifts. Finally, I introduce two diverging case studies of such elderscapes: an ageing suburban neighbourhood of Kathmandu and its residents' commitment in the local neighbourhood association; and the recent burgeoning of private care homes in the Kathmandu Valley which represents a fundamental shift in local practices of care and cohabitation.

3 This chapter is based on multi-sited ethnographic fieldwork that I conducted over twelve months in different areas of the Kathmandu Valley between 2013 and 2015, with brief revisits in 2016 and 2017. In my work, I focus on the opinions and perspectives of senior residents of the Kathmandu Valley: the majority of my informants belonged to more privileged ethnic communities who would describe themselves as belonging to the urban middle classes, as well as a limited number of others of a more restricted economic background. Most of them lived in suburban, but already well-established middle-class neighbourhoods with a multi-ethnic character. The care homes, day-care centres and clubs I visited during my research were located in urban and early suburban areas belonging to the municipalities of Kathmandu, Lalitpur, and Bhaktapur.

Approaching ageing in urban environments in the Global South

On a global scale, the twenty-first century is characterized by significant shifts in the demographic composition and spatial distribution of societies, i.e. by processes of population ageing and urbanization. To capture these dynamics, sociologist Phillipson notes that this century has often been described as the “century of the city” or the “urban age,” catchy, but also somewhat indistinct labels which are used to highlight the scale, immense speed, and the complex character of urbanization processes, but also the spatial mobility of people (Phillipson 2010, 597–598). However, Gusmano (2009) and, more recently, Buffel and Phillipson (2015, 315), two of the few pioneers in research on ageing in cities, asserted that the interrelations of these two major social trends have so far been largely neglected in both research and policy: even though a number of publications from fields such as anthropology, environmental gerontology, and geography cover the research topic of ageing in cities, many of these studies do not explicitly theorize upon the urban dimension as a particular environment for ageing, or upon the entanglements of urbanity and old age.⁴ In view of the United Nations (UN) conference Habitat III⁵ in October 2016, the non-governmental organization (NGO) HelpAge International re-emphasized the relevance of the topic of ageing in cities:

The global population is both urbanising and ageing at historically unprecedented rates, particularly in low and middle-income countries. These century-defining mega-trends will change the way we live, work, play, socialise and experience our urban environments throughout our lives and into our older age. [...] Over 518 million older people live in towns and cities today, representing 57 % of all older people.⁶

During Habitat III in 2016, the United Nations’ member states, including most South Asian countries, signed the “New Urban Agenda,” a non-binding

4 There are a number of publications from anthropology addressing ageing in urban areas since the early 2000s (e.g. Cohen 1998; Eeuwijk 2003, 2006; Lamb 2009; Risseeuw 2012b; Vera-Sanso 2012; Brijnath 2014; Coe 2016), environmental gerontology (e.g. Smith 2009), or geography (e.g. Wiles et al. 2012; Wiles and Jayasinha 2013), which focus on a wide range of issues, such as health impacts, economic aspects related to caste and class, sociality in diverse settings, and “ageing in place.” Sociologists Buffel and Phillipson have published several works on the interrelations of old age and urbanity (Phillipson et al. 2005; Buffel et al. 2012; Buffel and Phillipson 2015, 2016).

5 The United Nations Conference on Housing and Sustainable Urban Development (Habitat III) was organized by the United Nations Human Settlements Programme (UN-Habitat) in Quito, Ecuador in October 2016. Habitat III was the third conference in a bi-decennial turn after Habitat I in Vancouver, Canada, in 1976, and Habitat II in Istanbul, Turkey, in 1996. For more details, see: <http://habitat3.org/> (last accessed on November 2, 2019).

6 See: <http://www.helpage.org/download/577a619c3d3fb/> (last accessed on November 2, 2019).

declaration to set global standards for sustainable urban development that include age-responsive urban planning and development.⁷ These very general policy guidelines are based on previous global strategies to adapt to population ageing, such as the World Health Organization’s (WHO) framework of Active Ageing (2002), and its related initiative for global age-friendly cities (2007). “Active Ageing” is defined by the WHO as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (2002, 12). In order to achieve this aim in urban environments, the WHO later conducted a large-scale, participatory research project on age-friendly cities in thirty-three cities of various scales in the Global North and South, reflecting “the diversity of contemporary urban settings” (2007, 7), and accordingly developed globally applicable guidelines to adapt a city’s “structures and services to be accessible to and inclusive of older people with varying needs and capacities” (2007, 1).

While such guidelines may represent a valid step towards a growing empowerment of older people in urban environments, some aspects of such a generalizing perspective are problematic. First, this approach—drawing from Western-centric gerontology and its medicalizing perspective on old age—focuses on older people’s challenges, vulnerabilities, and social exclusion, but tends to overlook their active contribution to and their “care for place,” i.e. their participation in shaping urban environments (Wiles and Jayasinha 2013, 93–94). Second, given the complexity of the ongoing processes of urbanization on a global level, which Brenner and Schmid suggest be designated as “planetary urbanization” (2015, 172–175), it is crucial for the research on urban ageing to overcome foregoing binaries of “traditional models of metropolis and hinterland, center and periphery, city and countryside” (2015, 174), and offer a stronger theorization of the field which takes findings from critical urban studies into account. Here, it might prove helpful to differentiate between the city “as a local entity” (Kip et al. 2015, 16) and the urban as a more abstract concept, understood as a particular form of “spatial organization of society [...] [which] is comprised of structural aspects, i.e. the acceleration and densification of connections, which are materially embodied in the development of the built environment, but also cultural aspects, i.e. ways of dealing with difference and complexity, which are based in the micro-physics of the everyday encounter rather than sovereign planning” (2015, 17). As Brenner and Schmid emphasize, international organizations such as the UN, World Bank and also the WHO perpetuate the idea of the urban as a “bounded spatial unit”—rather equating the urban with the city—which does not grasp its processual characteristic that “even while continually reinscribing patterns of agglomeration across the earth’s terrestrial landscape, simultaneously transgresses, explodes and reworks inherited geographies (of social

7 See: <http://habitat3.org/the-new-urban-agenda> (last accessed on November 2, 2019).

interaction, settlement, land use, circulation and socio-metabolic organization)" (2015, 165–166). Third, the theorization of urban ageing must take into account the specific local research setting, adequately representing cities and urban environments in both the Global South and North in all their heterogeneity and particularities, a recurrently addressed lacuna in urban studies (see e.g. Robinson 2006; Roy 2009; Edensor and Jayne 2012; Parnell and Robinson 2012), but not without contextualizing them within "a world of cities" (Robinson 2011).

What can we draw from these arguments for the approach of ageing experiences of older people living in urban environments subject to rapid transformations? As Phillipson has repeatedly argued, urban ethnography offers very helpful methods to achieve a nuanced perspective because it "captures the disparate experiences of living in cities now subject to intense global change and strongly influenced by complex patterns of migration. [...] [It] bring[s] to the surface the attitudes, motivations, and experiences of older people who are 'ageing in place'" (2010, 604). By including tools from sensory ethnography, such as the walk-along,⁸ or emplaced learning through participating in particular everyday activities, which understand ethnography as a multisensory and participatory research process, building upon the emplaced body and interconnected senses of the ethnographer, as also on new forms of representing research findings (Pink 2009), we can gain comprehensive insights into the manifold ways in which older people actually engage with, care about and for their urban environment, and what individual strategies they employ to "age in place" in an ever-changing surrounding. Simultaneously, these methods allow us to understand in more detail local notions of what features make the city age-friendly by moving around together with older interlocutors and learning how urban places feel to them and us. Only through combining the macro perspective of processes of urbanization, globalization, and gradual population ageing in a certain city or urban area with such micro perspectives from ethnographic research can we achieve a comprehensive understanding of ageing experiences in specific urban environments which then can be further analyzed from a comparative angle.

The methodological focus of this chapter is therefore to explore spatial practices and ageing experiences of older people in the rapidly transforming environment of Kathmandu Valley through methods from urban ethnography and a multisensory perspective. Novel elderscapes reflect the intense urban and social trajectories that have marked Nepal since the 1970s. Using this approach allows us sensitive insights into the life worlds of older people and the ways in which they participate as urban citizens in a capital of the Global South which is commonly perceived at the "global periphery" (Liechty 2003) or "off the map" (Robinson 2006).

8 For reflections on "walk-alongs" (or "go-alongs", "walking with") as a research method in ethnographic fieldwork, also see Kusenbach (2003); Lee and Ingold (2006); and Pink (2007).

Kathmandu's urban transition through the lens of old age

The gradual shifts in Nepal's demography towards a larger share of people above sixty years⁹ are a social topic that is relatively new on its national agenda. Despite the fact that the Government of Nepal was the first in South Asia to have introduced its Old Age Allowance Programme in the financial year 1995–1996, providing universal social pension of initially Rs. 100 to all older persons of seventy-five years and above (Rajan and Palacios 2008, 340), and in 2002 agreed to the Madrid International Plan of Action on Ageing (MIPAA) (Geriatric Center Nepal 2010, 12), the topic of ageing was rather neglected in public and political discourses until the mid-2000s. One probable reason for this negligence was Nepal's decennial civil war from 1996 to 2006 which significantly impacted the political stability of the country. Parker et al. (2014b, 354) see another significant reason in the prioritization of the Millennium Development Goals (MDGs) in Nepal's policy and international development work which do not include objectives related to old age.¹⁰ Similarly, the other SAARC¹¹ member countries had also hardly addressed population ageing until then (Parker 2009, 89–91). Apart from a few early exceptions (Goldstein and Beall 1980, 1981, 1982, 1986; P.R. Sharma 1982; Jonas 1992), sociological or anthropological research in Nepal did not focus exclusively on older people before the mid-2000s either. In the last decade, the substantial rise in average life expectancy at birth for both sexes in Nepal from 49.5 years in 1981 to 66.6 years in 2011,¹² together with a sharply mounting ageing index¹³ (Central Bureau of Statistics 2014c, 62–63, 190), has created an increasing awareness of the topic of ageing (Parker et al. 2014b, 354). Influential international NGOs have contextualized Nepal's projected demographic shift as "global ageing," resulting in the need for action to prepare the country for a larger proportion of elderly people (United Nations Population Fund and HelpAge International 2012). Local NGOs working in this field refer to these international discourses influenced by gerontology for a broader acceptance

9 In the Senior Citizens Act of 2006 (2063 B.S.), Nepal's government defined the new category of senior citizens as "a citizen of Nepal having completed the age of sixty years" (Nepal Law Commission 2006, 1).

10 Due to its more or less non-colonial past, Nepal has been one of the "favourite sites" for international development aid since the 1950s. Therefore, its economy has become heavily dependent on foreign development funds (Liechty 2003, 48–49). Consequently, trends and foci of international development work substantially influence Nepal's socio-economic policy, and also international funding for research.

11 The South Asian Association for Regional Cooperation (SAARC) comprises India, Nepal, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives, and since 2007, Afghanistan.

12 There are significant disparities between urban and rural areas: while in 2011 average life expectancy at birth for urban males and females was 70.1 and 71.0 years, respectively, the average for rural males and females was only 64.9 and 67.6 years, respectively (Central Bureau of Statistics 2014c, 191).

13 The ageing index indicates the ratio between the older population (sixty years and above) and children (zero to fourteen years).

of their work (see e.g. Geriatric Center Nepal 2010), following established international paradigms of how to view and respond to population ageing (Cohen 1992, 128–129).

KATHMANDU'S PHASES OF URBANIZATION

In his book *Kathmandu*, Thomas Bell recapitulates the fundamental transformations that the older generations of Nepal's capital have witnessed since the 1950s, such as several revolutions and changing political systems, linking the country to a road network, an increasingly cash-based economy, electricity and media, and a growing influx of rural migrants. Such changes have happened elsewhere, too, but it is the extremely condensed time span in which the city was connected to the political and economic logic and lifestyles of other places which is particular to the meteoric urban growth of Nepal's capital in the late twentieth century:

The result of this shrinking time lag is a city that feels at once abandoned by the modern world and buffeted by it. The failed introduction of democracy, the failure of foreign aid, the crisis of social values, the environmental catastrophe: these things have their equivalent in many old cities' experience of modernity, but probably no other city was woken so rudely from mediaeval sleep, to find itself exposed in the electric light of the later twentieth century. Suddenly Kathmandu is possessed by new spirits, of individuality, consumerism, class struggle, and identity politics (Bell 2014, xxviii).

What does it mean then at a personal level to be an older person in the Kathmandu Valley which is today one of Nepal's fastest-growing urban areas (see Fig. 3) with an ever-increasing population density and spatial expansion that has reached the valley rims (Muzzini and Aparicio 2013, 27)? How do older individuals experience such fundamental spatial and economic transformations over their life course?

First, it is important to mention that in Nepal, a dualistic divide between urban (implicitly often equated with Kathmandu Valley) and rural areas has long been perpetuated through development aid and a very uneven distribution of capital. This dichotomy has been sustained by local tropes of "modernity" and "development," contrasting between the centralized–Kathmandu Valley as a hub of power and the epitomization of "modernity," and Nepal's rural, partly very remote, settlements, difficult to access because of the mountainous landscape, and by some urban elites derogatorily associated with an "uncivilized," backward lifestyle (Pigg 1992; N. Shrestha 1993).¹⁴ Neglected in this oversimplifying divide are the

14 Subedi, author of the Population Monograph's section on urbanization, suggests we scrutinize the underlying imaginaries of this divide in Nepali terms like "*śahar / śahariyā*" (city, town/urbanite), and "*gāū / gāūle*" (village/villager).



Figure 3: Aerial view of Kathmandu and Lalitpur, 2014.

numerous temporary and permanent migrants to Kathmandu Valley who likewise shape the city, be it through their soundscapes (Stirr 2009), or by renting middle-class property and influencing the architectural appearance of the urban periphery (Nelson 2017b). Concurrently, this attitude elides the fact that urban farmers continue to pursue agricultural activities in the remaining spaces for farming of the valley, such as small fields, and livestock farming in between houses or at the outer rims of urban settlements. With its urban population at a growth rate of six percent for the past four decades, Nepal currently represents South Asia’s fastest-urbanizing country (Muzzini and Aparicio 2013, 27). This trend can be explained through its comparatively low, but rising total urbanization level: while Muzzini and Aparicio still state ca. seventeen percent (2013, 27), the Population Monograph of Nepal 2014 already indicates it at 27.2 percent. The divergence of this data originates from the declaration of seventy-two new municipalities between the two publications, a strategy which probably illustrates Nepal’s ambition to catch up with its South Asian neighbour countries with respect to their urbanization levels (Central Bureau of Statistics 2014d, 100). This also means that the national definitions of urban concepts, terminology, and legal instruments need to keep pace with these developments (see Central Bureau of Statistics 2014d, 98). The classifications and terminology

Subedi mentions a third category, “*kāñṭh/kāñṭhe*” (outskirts, suburbs/their [unsophisticated] residents), which are, according to him, somewhat derogatory expressions that he roughly translates as “peri-urban/peri-urbanites” (Schmidt et al. 1994; Central Bureau of Statistics 2014d, 97).

employed to describe the status of urbanization in Kathmandu Valley's administrative subdivisions—an urban agglomeration with an urban core of five urban settlements and further peri-urban areas, officially termed as rural space, housing a population of ca. 2.5 million (Muzzini and Aparicio 2013, 34–35)—illustrate the diversity, fluidity and impermanence of settlements and land use that concomitantly coexist there. From this perspective, Brenner and Schmid's above mentioned argument of approaching such rapidly changing dynamics of urbanization as “planetary urbanism” seems most helpful to grasp on-the-ground experiences.

Situated in Nepal's central hill region in a bowl-shaped valley of ca. 665 km², with moderate climate and fertile grounds, Kathmandu Valley has been a main economic and political hub in the Himalayas for many centuries and has a long history of urbanism (Liechty 2003, 40–41; Chitrakar et al. 2016, 31). The three ancient Newar kingdoms of Kathmandu, Lalitpur, and Bhaktapur, dating to the late thirteenth century with a rare urban culture in the Himalayan region (Gutschow and Kreutzmann 2013, 17), formed the foundation for today's three largest urban settlements in the Valley. The road network that was established to link the Rana palaces, built outside the medieval Newar cities during the Rana rule (1846–1951), with the city cores initiated the first phase of urban expansion along these roads, mainly north and west of Kathmandu in the form of scattered residences and markets (HMGN 1969, 74–82; Nelson 2017b, 60). Although several master plans and legal town planning measures were drawn up from the 1960s onward, their implementation mainly failed, and the majority of Kathmandu Valley's urban settlements have grown in a largely unplanned way (KMC and World Bank 2001, 6; Gutschow and Kreutzmann 2013, 24–25; B. K. Shrestha 2013). With the construction of the Ring Road in the 1970s, which surrounded Kathmandu and Lalitpur, and of several highways during the Panchayat period (1951–1991), these two cities in particular grew rapidly so that the designated farmland situated between these major connecting roads was gradually converted into residential space.

This “Baneshworization” (Nelson 2013),¹⁵ as this haphazard development is informally known as, was the beginning of a “site-then-services” building practice lasting until today (see Fig. 4), where the provision of urban infrastructure follows—if at all—the construction of housing (Gutschow and Kreutzmann 2013, 30; Nelson 2013, 55–57, 2017b, 60). In the late 1970s and 1980s, three neighbourhoods were established under public management (the site and services programme, landpooling projects) as an urban development strategy which worked too slowly and insufficiently for the demand for housing—from 1977 to 2003, these programmes only provided 8,095 housing plots as compared to a housing deficit of 48,545 units in 2001, and a steep rise in slums and squatter housing since the mid-1980s (Gutschow 2011, 969; Nelson 2017b, 60;

15 This colloquial term refers to the vicinity of Baneshwor where, for the first time, such re-designation of land and urban sprawl took place on a large scale.



Figure 4: Houses and fields south of Thimi, 2015.

B.K. Shrestha 2010, 88–91). From the 1990s onward, Kathmandu Valley witnessed another considerable increase of population when, during the Maoist insurgency, many people left their rural homes for the safety of the Valley. During this time, the great demand for housing in Kathmandu Valley reached its peripheries, i.e. areas outside the once urban boundary of the Ring Road, where different types of housing have been emerging, from unplanned residential space to elite gated communities, as Nelson has analysed (2013, 2017a, 2017b).¹⁶

SUBURBAN LIVING AND THE NEW MIDDLE CLASSES

As shown, the dynamics of suburbanization (in the 1970s and 1980s) and peri-urbanism (from the 1990s onward) constitute major changes in the spatial, but also ethnic composition of the Valley and illustrate the gradual shift to a more class-oriented and later neoliberal society. Liechty notes that between 1971 and 1985, more than a third of Kathmandu’s population moved from the city centre to suburban areas: this process

reflects important changes in patterns of domesticity and the socio-logical make-up of communities. On the domestic front, middle-class

16 Drawing on Dupont’s (2007) and Chattopadhyay’s (2012) arguments to recognize a particular South Asian peri-urbanism in urban studies, Nelson emphasizes the mixed and fluid nature of Kathmandu Valley’s peri-urban spaces where “one finds factories, residences and commercial spaces interspersed with farmland” (Nelson 2017b, 60).



Figure 5: Suburban middle-class settlement in Kathmandu, 2015.

migration to the suburbs parallels the growing prevalence of nuclear families. In addition [...] Kathmandu is home to a large number of first-generation residents and their children, who make up much of the new middle class (2003, 54).

The major part of my research took place in these suburban neighbourhoods—understood as the areas located between the Newar city centres of Kathmandu and Lalitpur, and the later peri-urban settlements surrounding them.

The increasingly multi-ethnic composition of these vicinities, as also the availability of new construction materials like cement and steel, and the influence of foreign architects brought considerable changes in architectural style (Gutschow 2011, 973–977, 2012, XI). Unlike the community-oriented Newar houses in the ancient city cores which were clustered around semi-private spaces (B.K. Shrestha 2013, 127), many suburban middle-class houses were built with high boundary walls separating private domestic space from the public space of roads and paths (see Fig. 5), a feature that Nelson compares with the styles of Bahun-Chhetri or Tamang village houses (2013, 56). While there are probably a number of underlying reasons, such as ethnic background, a growing sense of security, or architectural fashion, these suburban building forms have significantly influenced social interactions among neighbours. Urban growth, the neoliberal real estate market, and a stronger emphasis on domestic space led to a negligence of public and open spaces, important for both community interaction and safety during natural disasters (see e.g. Shahi 2015; Himalayan

News Service 2015): as Chitrakar et al. demonstrate (2016), in both planned and unplanned sub- and peri-urban settlements, most residents experience a considerable lack of public space or discontent with its design in their locality. Whereas the historic city centres are characterized by their emphasis on community and semi-private spaces such as the *durbar* squares, temples, resthouses (*pāṭī*) and courtyards (*bahal*) (B. K. Shrestha 2013, 127), there is hardly any equivalent space available in suburban neighbourhoods which stimulates social interactions to a similar extent.

Elderscapes: A spatial perspective on ageing

As briefly stated, population ageing is still regarded as a comparatively new issue in Nepal which had little priority in policy. Yet, from a gerontological and geriatric perspective, the Kathmandu Valley offers comparatively good facilities for some needs of older people: through public transport, various levels of medical care, and growing eldercare facilities, older people's independent mobility, healthcare, and other care requirements are better than in most other regions of the country, especially the less densely populated and remote areas (see Parker 2009). All elderly interlocutors I spoke to during my research cited these provisions as the biggest assets for them being based in Kathmandu, often recalling how much more precarious the situation used to be in their youth. In opposition to these amenities stand serious health hazards, such as severe air and environmental pollution, and also infrastructural problems such as water scarcity, which are related to Kathmandu's urban growth and lack of urban planning (ICIMOD et al. 2007). Moreover, various NGOs and voluntary organizations working in the field of ageing are based in Nepal's capital. They mainly engage in health-related areas like dementia and Alzheimer's disease, general awareness and advocacy work on the rights and specific needs of older people, or offer recreational programmes.

Over the past four decades, altering societal patterns of subsistence and education towards more individually-oriented labour for livelihood and institutionalized learning for children have brought fundamental changes in the lifestyles, co-presence and everyday practices of urban middle-class families (see Liechty 2003, 56–58). Furthermore, both international labour and educational migration from Nepal have steeply increased since the late 1990s. The vast majority of migrants seek work opportunities abroad. Urban migrants with higher education levels and middle-class students moving to destinations like the United States, Australia, or the European Union represent a minority among the large percentage of labour migrants who mostly aim for the Gulf region, Malaysia, and India (MoHP 2012, 22–24; Central Bureau of Statistics 2014c, 226; S. Sharma et al. 2014, 32–45).¹⁷

17 Sharma et al. provide a detailed analysis of the state of migration in Nepal, especially regarding aspects of gender and education. Census data of 2011 state

Consequently, many older people have at least one child living abroad, a fact which further impacts family structures and household sizes. Whereas many of the senior citizens of my study had themselves engaged in gainful employment and sent their children to school, especially those who were first-generation migrants to the Kathmandu Valley, many are currently experiencing, first-hand, how far-reaching the consequences of this occupational shift are for older people. Combined with the migratory mobility of younger generations, it challenges and modifies intergenerational relations in general and, more specifically, cohabitation and previously valid care responsibilities, the “kin-scripts” of adult children towards their parents (Stack and Burton 1993), so that accustomed modes of ageing become increasingly fragile and need to be renegotiated. Furthermore, transcultural notions of “active ageing” and possible “potentials” of senior citizens, which are based on concepts from international gerontology, meander in the Kathmandu Valley through a wide scope of channels. Here, they are locally integrated into and adapted to “media-” and “ideoscapes” (Appadurai 1990) of old age. Among Kathmandu’s urban middle classes, notions of appropriate spaces for and spatial practices of older persons undergo profound transformation. Lamb (2013, 173) underlines that from a historical perspective, many countries have experienced similar shifts, particularly regarding the societal role of the family for eldercare and cohabitation. As shown above, in Nepal these transitions have evolved at an exceptionally fast pace, so that it is vital both to look at the “unique forms and meanings” (Lamb 2013, 173) of such changes in Kathmandu’s middle classes, as well as to locate them in the broader context of globalization and demographic shifts.

ELDERSCAPES AS EMBODIED “SPACES OF AGE”

In her research in Kolkata, Lamb (2009) specifically referred to novel eldercare institutions, i.e. old-age homes, as a result of a partial shift away from mere family-based options towards market-based living and care options. To grasp the distinct atmosphere and dynamics I witnessed during my fieldwork in Kathmandu between 2013 and 2016, I take a slightly different perspective and focus on contemporary spatial practices of older people and related emerging elderscapes, social spaces aimed at or initiated by older people. The idea of new elderscapes emerging from the valley’s suburban

that in total, more men (ca. eighty-eight percent) migrated abroad than women. However, according to the Nepal Living Standard Survey 2010–2011, the share of women moving to destination countries *other* than India, Malaysia, and the Middle East was considerably higher, with thirty-one percent than the overall average of thirteen percent female migrants (S. Sharma et al. 2014, 41). There is also a larger percentage of females (ca. thirty percent) among overseas students, which is even slightly higher (up to thirty-five percent) in the European Union, the US and Canada, and the Pacific Ocean region (S. Sharma et al. 2014, 85). Since work and education are the key incentives for migration, there is only a marginal number of people above sixty years (one percent) among the absentee population (S. Sharma et al. 2014, 34).

fabric illustrates that very research momentum and helps to conceptualize these "unique forms and meanings" which fundamental social shifts bring to a "remote, predominantly rural society in transition, in all spheres [...], [to] a nation on the move, [...] increasingly becoming part of the globalized world" (Parker et al. 2014a, 234).

How do I exactly understand elderscapes? Initially, sociologist and critical gerontologist Katz (2009) used this term in his research on Florida's unique coastal retirement communities to demonstrate how, in this setting, mobility became a key component of retirement that needed to be addressed in spatial gerontology:

[O]ne of the most interesting and unique spatial developments has been retirement communities. Unlike other elder spaces and networks, retirement communities call for a somewhat different kind of analysis because lifestyle and leisure values, rather than historical community and social relationships, frame their spatial characteristics and affiliated retiree identities (2009, 468).

Unfortunately, Katz does not offer any conceptualization of the term elderscape(s), but instead refers to Urry's (2000) approach to frame and study global mobilities, so that his understanding may have been guided by Urry's definition of "scapes" to view elderscapes as a spatial network for mobile retirees.¹⁸ Despite this, he remains vague on his actual purpose of using the term. I adopt Katz' term to capture novel "spaces of age" (2009, 463) in Kathmandu for the following reasons: first, despite working in a very different cultural context and a different societal approach to ageing, Katz employs elderscapes as a spatial perspective on retirement communities and mobile retirees as unprecedented modes of ageing, a result of transformed economic and temporal practices in postwar North America. Against this background, Katz emphasizes the need for stronger inclusion of analysis of "the larger cultural forces at work redefining age" (2009, 468) in gerontological research which can be—at least partly—achieved through an interdisciplinary perspective drawing from urban anthropology and critical spatial gerontology. Second, I find the term elderscapes conceptually helpful in my research context if used in a more Appaduraiian

18 Similar to Appadurai's terminology, Urry uses "flows," "scapes," and "nodes" to describe dynamics of transcultural relations and forces in globalized settings, but ascribes more conventional meanings to these terms, in particular to scapes. Urry understands scapes as a sort of infrastructure for flows, as "the networks of machines, technologies, organisations, texts, and actors that constitute various interconnected nodes along which the flows can be relayed. Such scapes reconfigure the dimensions of time and space" (2000, 35). Appadurai, in contrast, saw the necessity to transcend the geographically-bound limits of previous theorization of globalization. He uses the suffix "-scape" detached from its original term "landscape" to conceptualize that his five dimensions of global flows do have a certain geophysical situatedness, but are "deeply perspectival constructs" and build the foundation for less territorialized "imagined worlds" (1990, 296). Surprisingly, Urry does not refer to Appadurai's earlier work at all in his publication.

sense to denote an urban “ethnoscape” of and for older people who are part of and at the same time produce this social space. The emergence of these urban elderscapes can be theorized through Lefebvre’s (1991, 33–40) triad of spatial practice, representations of space, and representational spaces (or perceived, conceived and lived space): through spatial practices, i.e. their daily interactions and movements within the urban fabric, Kathmandu’s residents create representational, or lived, space, “the space of ‘inhabitants’” (1991, 39), which also comprises elderscapes, reflecting the fluid, ever-changing nature of urban space. In Kathmandu’s unplanned suburban areas, representations of space, or conceived spaces, follow a different social logic than in Lefebvre’s original context: it is not the “scientists, planners, urbanists” (1991, 38) who conceive and shape the structures of this particular urban space, but land brokers (*dalāl*), real estate companies, cement and brick companies, as well as home owners and builders (Nelson 2017b, 59–60). Combining Lefebvre’s approach with Low’s concept of embodied space, “the location where human experience and consciousness take on material and spatial form” (Low 2011, 467), allows me to phenomenologically capture the process of how new elderscapes evolve in Kathmandu’s suburban neighbourhoods:

The actor as a mobile spatial field, a spatio-temporal unit, with feelings, thoughts, preferences, and intentions as well as out-of-awareness cultural beliefs and practices, creates space as a potentiality for social relations, giving it meaning and form, and ultimately through the patterning of everyday movements, produces place and landscape (Low 2011, 468).

By marrying Appadurai’s framework of global cultural flows, Lefebvre’s concept of the production of urban space and Low’s approach of embodied space, I suggest to employ elderscapes as a spatial lens to conceptualize the intersectionality of ageing and urbanism. The perspective of elderscapes acknowledges older people as creative urban residents, actively engaged in shaping their urban environment through their actions and bodies and, at the same time, considers the various transcultural entanglements at work without falling into dichotomic traps.¹⁹

KATHMANDU’S SUBURBAN ELDERSCAPES

In the initial phase of my research, my attention was soon drawn to the socio-spatial epitomization of the challenges that Nepal’s manifold transitions caused for Kathmandu’s senior citizens. I discovered long-established and more recent elderscapes in the Kathmandu Valley: the established elderscapes were embedded in the historical and religious architecture

19 On the conceptual problem of dichotomic approaches to globalization, see footnote 22.



Figure 6: Established elderscape: a *pāṭī* used by older men, Bhaktapur, 2014.

and partly marked by a temporal and ethnic-based use of the space, such as some of the Newar *pāṭī* (Newari: *phalcā*),²⁰ public arcaded platforms, in Lalitpur and Bhaktapur’s historical areas (see Fig. 6), the early morning and afternoon Buddhist *kora*²¹ around the stupas of Boudha and Swayambu, or the country’s oldest *br̥ddhāśram* (old-age home) located at the temple complex of Pashupatinath.

As a response to the need for more public and semi-public spaces for sociality in suburban areas, paired with the growing awareness of senior citizens of themselves as a distinct peer group, novel elderscapes have contemporarily been emerging out of community or private initiatives (see Fig. 7). These spaces comprise a variety of self-organized interest groups of older people, various forms of day-care programmes for diverse social strata, senior citizens’ clubs aimed at suburban middle-class seniors, and also residential care facilities ranging from community-based charitable “old-age homes” (*br̥ddhāśram*) to private-paying care homes. The recentness, but also connectivity of these spaces to “modern” institutions of other countries was reflected in the ways the initiators described them in their

20 See Brosius in this volume.

21 The stupas are honoured through different practices. Besides making offerings, many Buddhists include “doing *kora*” (Tibetan: *skor-ba brgyab-pa*), i.e. circumambulating the stupa in a clockwise direction together with reciting mantras, in their daily routine (Moran 2004, 36). With these daily actions, Buddhists accumulate merits which influence their future rebirth at the time of death (Gerke 2012, 169–173).



Figure 7: Novel elderscape: a suburban senior citizens' centre, Kathmandu, 2015.

narratives. As if they were referring to Cohen's seminal article "No Aging in India" (1992), I was told by a prominent NGO founder that until the end of the first decade of the 2000s, there was no awareness about dementia and Alzheimer's disease in Nepal at all—a field that was rapidly gaining importance as a result of the increase in life expectancy. On a different occasion, a young founder of a senior citizens' centre peremptorily declared that her institution, which offered computer, reading, and music classes—"Nepal's first life-long learning centre"—was the first of its kind in the country.

These burgeoning elderscapes are a response of Kathmandu's older generations and stakeholders from civil society to the above-described complex interplay of migration and changed working and co-presence practices of urban families, haphazard urban growth, and a consequent scarcity of community space (Chitrakar et al. 2016). They must be understood in the wider context of the immense trajectories in Nepalese society and represent the quest for a unique Nepalese way of responding to contemporary needs of older people, without entirely disconnecting from previous norms and practices in old age.²² It is important to note that novel

22 Relating to the development sector in Nepal, Parker et al. (2014a, 234) critically ask if Nepal in this quasi-neo-colonial situation can "resist the westernization of all its social institutions, values and traditions, and particularly in relation to an aging society", well in line with Cohen's (1992) previous critique of the "internationalist" nature of gerontological discourse. However, I suggest a more differentiated perspective to more precisely grasp the transcultural flows of gerontological knowledge in Nepal. Local strategies regarding Nepal's demographic shift certainly are inspired by other countries' experiences, but as I hope

elderscapes are not a pure middle-class phenomenon: as the diversity of institutions functioning under the umbrella term "day-care centre" illustrates, their activities range from offers for elderly farmers from Newar communities to middle-class retirees in suburban neighbourhoods.²³ Residential care facilities show a similar range from small charity-run shelters for destitute elderly to private care homes of middle-class standard offering nursing care and care for dementia patients. Elderscapes are also a reaction to the changing needs for sociality of older people and epitomize a certain turn towards peer-based support and friendship. This is strongly linked with an increased withdrawal into private space, fostered by architectural designs of suburban housing (Nelson 2013) and the spatial arrangements of new neighbourhoods (Chitrakar et al. 2016; B. K. Shrestha 2013), as the following case study among senior residents of a suburban neighbourhood will show. Therefore, new "spaces of age" also constitute strategies to counter feelings of loneliness and social isolation: many of my interviewees stated they experienced loneliness (*eklopan*) through the day and saw it as a major cause for the increase in depressive episodes among older people (see Chalise et al. 2007a; Chalise et al. 2007b).²⁴ Elderscapes do not mean a turn away from the family, but through the contemporary structure of everyday activities, the time span of jointly spent, shaped, and experienced time of all family members has shrunk considerably from the perspective of older persons, so that earlier generations' norms and role models of shaping and spending later life clash with the situation of "modern times" (*adhunik kāl*).²⁵

Ageing of a neighbourhood

The first case study is a suburban middle-class neighbourhood of Kathmandu Metropolitan City which was established in the late 1970s as one of the first housing projects of the city, i.e. it represents one of the few government-planned areas. The available plots in this area were allotted through a lottery system where service holders without their own property

to demonstrate with the concept of elderscapes, they take very unique forms instead of being globally homogenized.

- 23 Although many older people from the working class had less leisure time for such activities because of care tasks or work for livelihood, interviews in the Old People's Association (OPA) of a semi-urban area between Kathmandu and Bhaktapur (2014) and at a day-care programme in Bhaktapur (2013–2015) revealed that the participants regarded these spaces as important opportunities for socializing with other peers, and understood them as a contemporary continuity of respect for old age.
- 24 Chalise et al. (2007a; 2007b) emphasize the need for more and refined research on the correlations between intergenerational support and conflict, local understandings of loneliness and depression, and the experienced quality of life in old age.
- 25 The most common—and normative—cohabitation model in my study was a three-generational household consisting of the elderly parent(s) living with one married son, his wife and their child(ren).

in the Kathmandu Valley could register (B.K. Shrestha 2013, 129). Many of these service holders had come from other regions of Nepal to the Valley for higher education so that the new settlement naturally became a multi-ethnic neighbourhood of the new middle classes (Liechty 2003, 51–52). Until today, the neighbourhood’s original character of a better-off government workers’ vicinity has largely remained, but naturally some owners sold their houses, new houses were added, and local shops changed their product range. Whereas the neighbourhood was located at the outskirts of Kathmandu City in the late 1970s as one of the first suburban settlements, it is today fully encircled by other vicinities which grew in an unplanned manner. Nowadays, many of the initial house builders are retired, which has created a unique suburban setting: the first generation of service holders growing older together as neighbours, what could be designated as the “ageing of a suburban neighbourhood.”²⁶

Education, a central part of middle-class culture in Nepal, has been playing a major role in the life of many of these senior citizens (see Liechty 2003; Donner and Neve 2011). Many of the residents—both female and male—in the 1970s and 1980s received stipends for higher education and consequently found employment in the government sector, military, the educational sector, or private business. A large number of these older generations’ children followed their parents in pursuing higher education, either in Nepal and India, or further abroad in countries like Australia, the United States, or Great Britain. Because of the country’s manifold crises, many students decided to settle abroad, seeking a better future for themselves and their children outside of Nepal. Kripendra, one son of seventy-year old Pramila’s four children who was visiting his parents in the neighbourhood over the festival of Dashain,²⁷ explained to me how in the late 1990s he and many other youth from the vicinity went to Australia for their master’s degrees and finally became permanent residents overseas:

[E]ven my childhood friends were also going to Australia. With me there were ten to twelve of my close friends who went at the same time. All of them are citizens of Australia now, and all of them went for further studies. [...] We tried to finish the studies and then come back [to Nepal] to bring something. In the middle of our studies [around 2000] we found out that they [the Australian government] just started caring about what they call “migration for special studies,” and we thought that time why not finish the studies and try to settle over there and apply for a permanent residency (PR) from the studies. [...] That’s how we settled over there (Kripendra, October 6, 2014).

26 It should be stressed that this neighbourhood represents a very specific case study because of the planning history of the area.

27 Dashain is Nepal’s most important annual festival which is celebrated in the month of Āsvin according to the Hindu Bikram Sambat calendar, the official calendar in Nepal. Many non-resident Nepalis return to Nepal for Dashain to commemorate the festival with their family members.

This quote demonstrates how initially Kripendra and the others had planned to return to Kathmandu, but ultimately decided in favour of the opportunities that opened up in Australia in contrast to the unstable political environment and uncertain future in Nepal, marked by the Maoist insurgency during those years (see MoHP 2012, 1). Other interviewees from the neighbourhood also felt that international migration had become an omnipresent topic, stating that almost every family there had at least one family member abroad.²⁸

If these changes are looked at from an older person's perspective, on the one hand they may be rationally understood as the natural consequence of educational advancement in Nepal. On the other hand, many households have constantly shrunk in size,²⁹ and daily periods of jointly spent time, i.e. co-presence in multi-generational families, are much shorter than in previous generations, as Liechty expounds in his analysis of Kathmandu's middle-class culture of the late 1990s:

The city's new cash and market-oriented economy demands that people pioneer new forms of cultural practice, identification, and privilege. [...] Unlike their great grandparents, today's residents are likely to work individually to make money, not as a family or caste group to farm, trade, or make products. They are engaged in a monetized economy where their subsistence depends on wage labor and commodity purchases. They spend most of their time away from home and are tied to rigid daily work schedules that do not vary with the seasons (Liechty 2003, 56–57).

Although this shift is not a particularly recent phenomenon, their interviews showed that many interlocutors intensely reflected on these trajectories and their effects on their generation, and searched for a new position and appropriate behaviour as an older person in such "modern times" (*adhunik kāl*). For practical reasons, older people from the middle classes in their everyday life spend considerable time on their own because younger family members work in offices and grandchildren go to school and join tuition classes in the afternoons. The following quote illustrates how loneliness

28 Demographic statistics support these observations: Sharma et al. (2014, 32) note that nearly 50 percent of Nepal's households have a household member either staying or having returned from overseas. Among Kathmandu's approximately 36,000 student migrants in 2011, a vast majority of 78 percent went to the European Union, the USA, and Canada, and the Pacific region (Central Bureau of Statistics 2014a, 315). The reasons for this are probably manifold, but class certainly plays a distinctive role to be able to afford studies at destinations with high living costs. Unfortunately, these details are not available at the ward level.

29 The average household size in Kathmandu Metropolitan City was 3.84 members, as compared to the national average of 4.8 in 2011. In general, household sizes have been decreasing since Nepal's census in 1961, and in urban areas, households of more than five members are not very common (Central Bureau of Statistics 2014b, 21, 2014d, 226–229).

(*eklopan*) had become a troubling issue for the senior neighbours who met that afternoon in one of their gardens to chat over tea and enjoy the warm winter sun:³⁰

Mr. Shrestha: Earlier we used to live in joint families, with many family members. Now we live much lonelier. Loneliness has increased a lot. [...] If only our relatives were with us, we would talk to them. We don't even meet our neighbours so frequently. We only meet the neighbours on the way, greet them, that is it.

Mr. Khakurel: Here in the city, the [houses'] doors are closed. Had it been in the village, people would have come out in the grounds [in front of their houses], in the fields and would have met each other. [...] But here, the doors are closed, and houses have dogs, so one cannot [just] walk in (Neighbour chat, January 20, 2014).

In this conversation, the senior citizens of this neighbourhood articulated the impediments they experienced in social interactions and ascribed them to a suburban lifestyle.

With respect to the community sense of neighbourhoods, B. K. Shrestha (2013, 134) also considers the combination of intense urban and social trajectories "to weaken the traditional social network and reduce the scope of instrumental [...] and emotional support" which, to a large extent, is based on ethnicity. Certainly, the older neighbours' views expressed a nostalgia towards past village lifestyles and idealized earlier family life in larger households.³¹ However, the metaphor of closed main doors and watchdogs in suburban gardens, often behind high compound walls, powerfully illustrates the withdrawal into the private sphere in many suburban areas of Kathmandu Valley (see Fig. 8). The underlying reasons probably range from middle-class consumption practices (owning property, keeping a dog), architectural design (compound walls), to security concerns (entrance gate, closed doors) because of urban growth. However, if we compare the architectural principles of this conceived space (Lefebvre 1991) to the central ancient settlements of the Malla period with their shared courtyards (*bahal*) or arcaded platforms (*pātī*) (B.K. Shrestha 2011, 110–111), the tremendous impact of architectural design on spatial practices becomes apparent. In this context, it is also important to mention that the spatial mobility of older people within the neighbourhood as well as outside is a highly gendered practice: whereas older men can sometimes be seen immersed in long conversations at the small local shops in the lower market area of the neighbourhood, older women, especially widows, would

30 You can watch this part of the neighbours' conversation on the interactive web documentary: http://kjc-sv013.kjc.uni-heidelberg.de/elderscapes/klynt/#Of_dogs_TV_and_other_modern_things.

31 See also Michaels (in this volume) on the idealization of the joint family.



Figure 8: Walled-off compounds in a suburban lane, Kathmandu, 2014.

not feel comfortable doing so because of existing social norms and middle-class morality. If someone had the impression that they were roaming around, it would negatively affect their own and the family's prestige (*ijjat*), so that a woman would not leave the house without an appropriate reason (Liechty 2010, 323–324): it was morally accepted to go on a morning walk with others, to buy groceries or visit a temple, but not to go anywhere without a distinct purpose or have long chats with others in the street (Field notes, February 4, 2015). The discussion with neighbours also revealed that the large amount of spare time that came with retirement within the transformed urban economy and the need to shape, structure, and fill this time with activities that were meaningful to oneself—and morally accepted by others—was still an unusual, ambivalent experience for both older men and women.³² This process conflicted at times with notions of intergenerational reciprocity and the “appropriate dependence” of older parents involved (Lamb 2013, 173–174).

Relating to the spatial arrangement of middle-class houses and the few public spaces in the neighbourhood, many middle-class senior citizens expressed their frustration about lacking community space (see also B.K. Shrestha 2013, 135–141) and a need for more opportunities for social interaction outside the domestic sphere. The residents of this locality have been organised in the local neighbourhood association since 1989 (2046 B.S.) that was jointly founded by many of these now senior neighbours. Mr. Pokhrel explained why the members of the neighbourhood association, mostly above sixty years themselves, established an elderscape for the local seniors in 2012:

Mr. Pokhrel: All of us senior citizens have one problem or the other: that becomes obvious in our conversation. Like someone has lost his wife, someone has lost her husband. [...] But we can do something for senior citizens, for their peace of mind, be it to a small extent only. That's the main reason why we have started the day-care programme in our neighbourhood.

The idea was strongly inspired by a wealthy widower in his eighties who had been very supportive of his children becoming successful in life, but now felt this hindered them, especially his sons, from fulfilling their filial responsibilities to the extent he had hoped for:

Mr. Pokhrel: We have taken people like him into consideration, we have considered their thoughts, and have pondered what can be

32 To a certain extent, this experience resembles what German and Swiss gerontologists dramatically termed as a “retirement shock” (*Pensionierungsschock*) in the 1960s, describing the often challenging transition from employment to a new phase of life where the personal way of life had to be adapted and reshaped (*Lebensgestaltung*). The concept of “active” or “successful ageing” was initially introduced in social gerontology as a strategy guiding retirees towards a more satisfying way of life (Ruoss 2015, 164–165).

done for their good [...]. Even if it is only once a week, by organizing programmes for recreation, like pilgrimage, or other plans, like spiritual talks, religious singing, etc. we can help them to be at peace, even if it is to a little extent only (Neighbour chat, January 20, 2014).

As a new base for the neighbourhood association, a long-needed community building was constructed step by step through donations from the neighbourhoods. There, the volunteers of the newly founded committee for the senior citizens' programme started to run a weekly afternoon programme for the local seniors (see Fig. 9), the *jyestha nāgarik milan kendra*, literally translated as “meeting centre for senior citizens.”³³ Most people colloquially referred to this elderscape as the “day-care centre” when speaking in English, contextualizing it with other day-care centres that had been emerging across Kathmandu Valley over the past decade.



Figure 9: Senior citizens' programme, Kathmandu, 2015.

Regular participants from the vicinity need to register with the committee and pay an annual membership fee. In 2014, more than one hundred registered participants were from mid-fifty to just over a hundred years old, so that actually several generations of elders were addressed through the programme. The *jyestha nāgarik milan kendra* was scheduled every Wednesday after morning *dāl bhāt*, and took between two and three hours, depending

33 You can watch a short version of a senior citizens' programme session online: http://kjc-sv013.kjc.uni-heidelberg.de/elderscapes/klynt/#Senior_citizens_programme_tour.



Figure 10: Senior citizens' programme, Kathmandu, 2017.

on the agenda. The programme followed a regular routine: it usually started with a short session of *kirtan bhajan*, the singing of devotional songs, then the main programme took place, and concluded with a light meal or tea and snacks. The senior citizens' committee raised awareness about their rights and helped with administration, such as applying for the senior citizens' card which is needed to receive discounts on public transport or in hospitals. The main programme, arranged by the senior citizens' committee, varied: external speakers were sometimes invited for particular topics related to old age, popular were also spiritual talks by the local priest or one of the neighbours who took up topics of the Bhagavad Gita (see Fig. 10).³⁴ Other programmes included yoga and interactive sessions, and some religious festivals, birthdays or death anniversaries were jointly commemorated. The entire programme was realized through donations (*dāna*) among the neighbours: for instance, it was a popular practice to sponsor a joint meal on the occasion of one's birthday, or to donate an amount to better equip the community building, such as kitchenware or curtains.³⁵

34 Many older interviewees frequently read this classic text in Nepali or Hindi translation to reflect about spiritual issues like "the purpose of life, God, death and the cycle of reincarnation" (Bomhoff 2011, 106). The Bhagavad Gita is generally regarded as summarizing the quintessence of Hindu belief (Lamb 2009, 292, fn. 30) which explains its popularity among older Hindus.

35 The practice of *dāna* (gift-giving or donating) is embedded in Hindu *dharma* and is very popular among Kathmandu's middle classes (see Heim 2004, 74–82).

As the members of the senior citizens' committee explained, the programme's general principle was to offer a community space for elderly women and men in the neighbourhood to socialise and exchange, irrespective of their ethnic or economic background. One important aspect that was repeatedly mentioned was that older people should be supported to achieve peace of mind (*manko shānti*), which underlines the challenges of negotiating new modes of ageing. Many participants joined the programme because they appreciated socializing with like-minded peers: here they could share their experiences and challenges of old age with others in the same situation, as one resident explained during a session when he commented on his donation to sponsor curtains for the large meeting hall:

This is our common place. It's a great pleasure to do something for it [donating]. [...] We are getting introduced to so many new people. We can share our joys and sorrows, we can open up to the others here, and we learn new things through the contacts here. This centre facilitates such interactions (Mr. Duwadi, January 22, 2014).

The senior citizens' programme strengthened social bonds within the neighbourhood community, and the large number of participants reflected their interest in such community space as a form of an "extended neighbourhood" (de Jong 2005)³⁶ where they could expand their emotional and social support beyond the family. Furthermore, this elderscape represents a crucial local contribution to age in place: decreasing physical mobility influences the spatial practices of older persons, so that the proximity of the community centre and its location in a calm area was a central reason for many elders to join. Especially the very old participants could manage the short walk to the centre independently since no wide roads or traffic had to be negotiated.

To conclude, this elderscape is a unique example of how older people use their agency to respond to the economic, social, and urban trajectories: as active urban citizens who participate in shaping their urban environment, they added, in a joint effort, community space to the settlement to adjust it to the needs of the ageing generation of neighbours. However, it must be stressed once more that this specific planned neighbourhood and the middle-class economic background of its residents represent a privileged and unique situation. The process of establishing a community building and designing a specific programme to facilitate social interaction is a powerful example how such embodied "spaces of age" are created. It reveals how older persons engage in place-making and care for their environment, for themselves and for others in future—socio-spatial practices which gerontologist Kruse describes in his work with the German terms

36 De Jong (2005) originally uses this concept to describe networks of social security in a poor neighbourhood in south India. In the context of this middle-class neighbourhood of Kathmandu, I suggest applying the idea of an extended social network in a broader sense to denote networks of social support by peers and volunteers.

Selbstgestaltung, Weltgestaltung, and Generativität (generativity) (see Kruse 2013, 33; 2017, 90–91).

“Mushrooming” care homes

The second case study of a novel elderscape focuses on one of the first private care homes in Kathmandu Valley which has been operating since 2005. To explain the background of and ambivalences towards such institutions, I first give a brief general overview of eldercare facilities in the Valley.

Residential eldercare institutions have a comparatively short history in Nepal compared to other South Asian countries, most probably because Nepal was never incorporated into the British Empire, and the regimes prior to 1951 strictly controlled external influence, which also included transcultural flows of institutional concepts.³⁷ In India and Sri Lanka, charitable institutions for destitute elderly were founded from the eighteenth century onwards and gradually increased in the nineteenth century. They were initiated mostly by religious or philanthropic organizations, and to date government institutions are much fewer in number in South Asian countries. A major reason to found these care institutions was to provide shelter for the destitute elderly, a charity-based idea adapted by both Christian missionary organizations and Hindu and Buddhist reform movements in South Asia (Liebig 2003, 160; Rajan 2000, 11–12; Risseeuw 2012a, 696). In Nepal, “old-age homes,” shelters for poor elderly, usually denoted as *briddhashram* (*br̥ddhāśram*), have only been existing since the late 1970s when the prominent and only government-run facility, Pashupati Social Welfare Centre Briddhashram (*Samaj Kalyan Kendra Briddhashram*), was officially founded at the premises of the temple complex of Pashupatinath (Tandan 1996, 588).³⁸ Today, it has a maximum capacity of 230 residents who are only admitted if they can prove their destitute situation, and then are provided with accommodation, food, clothes, and basic healthcare, and can attend religious activities like singing *bhajans* in the mornings and evenings. The old-age home’s auspicious location at Nepal’s most important pilgrimage destination (*tīrtha*) is an important feature for the elderly residents, promising *mokṣa* (liberation) at the time of death through the location’s qualities (see Michaels 2008, 193–200). At the same time, this

37 This does not imply that Nepal was isolated from the socio-political dynamics in British India or elsewhere (Whelpton 2005, 61–65). As Joshi and Rose highlight, from the early 1900s on, ideas of social reform movements like the Arya Samaj had been received by critics of the Rana system in Nepal, but their efforts for social change were suppressed for several decades (Joshi and Rose 1966, 50–56).

38 I use the English term “old-age home” as the translation for *briddhashram* (*br̥ddhāśram*), as it is commonly translated in Nepal. To differentiate the concepts, the term “care home” is used to denote residential eldercare homes in the private sector.

location means a high visibility of the country's largest old-age home: many pilgrims and tourists pass by the institution, and media frequently use visual material of Pashupati Briddhashram in TV and newspaper reports on old-age homes, or more generally on older people, presenting its residents as “forgotten elderly” who were abandoned and later life as a deplorable state (see e.g. Adhikari 2014; Kwok 2015; *The Himalayan Times* 2015). Such undifferentiated reports create a stereotype imaginary of residential care facilities as shelters for the destitute, connoting institutional care with poverty and abandonment (Brijnath 2012, 699–700), which is then implicitly projected onto private institutions.

Non-contributory, community-based old-age homes have been rising since the 1990s, and private care homes have been emerging in Kathmandu Valley since approximately the early 2000s, so that we can speak of a differentiation process of these elderscapes.

Because Nepal's government does not further engage in this field, the absence of options for better-off senior citizens from Nepal's middle classes is tackled through private social initiatives and entrepreneurs. Regmi (1993, 41–42) earlier pointed to an urgent demand for diverse types of institutions catering to different income groups (destitute, low-income and more affluent), which seems to have gradually been responded to within the past two decades (see Fig. 11 and Fig. 12). Since Nepal's government does not keep a central index of residential—and other—eldercare institutions, it is impossible to give an accurate account of the number of existing institutions, neither for the Valley nor on a nationwide level (Geriatric Center Nepal 2010, 11–12; Parker et al. 2014b, 359). It is important to note, however, that only a very minor percentage of Nepal's senior citizens reside in eldercare facilities³⁹ against the large majority who live with their married sons (eighty percent), and a much smaller proportion with their married daughters (three percent), due to patrilineal cohabitation practices (Ministry of Urban Development 2016, 25).

Private care homes represent small and modestly expanding elderscapes which mainly aim at middle-class families because of their high costs as compared to the average income. The monthly fee at the five different private care homes I visited averaged between NPR 10,000 and 20,000 (ca. € 85–175) in the years 2013 to 2014, excluding the costs for individual medicine.⁴⁰ The recent burgeoning of these institutions can be

39 Based on rough estimations available (Geriatric Center Nepal 2010, 11; P.P. Khatiwada 2013, 41) and the author's projections, there is reason to assume that de facto less than one percent of Nepal's approximately 2.2 million senior citizens live in eldercare institutions.

40 In 2014–2015, the average monthly household income in Nepal's urban areas amounted to NPR 32,336 (ca. € 264), and the richest consumption quintile group had an average income of NPR 53,578 (ca. € 437) (Nepal Rastra Bank 2016, 23–26). Therefore, the monthly fee for such care homes meant considerable expenditure for many families. Many residents I spoke to actually used rental income from their property to cover their expenses and were supported by remittances from their children abroad.



Figure 11: Charitable old-age home, Kathmandu, 2013.



Figure 12: Courtyard of a private care home, Kathmandu Valley, 2013.

explained by a variety of interrelated reasons: increasing longevity, which is the result of improved healthcare and nutrition, creates novel needs, especially in the context of the increasing mobility of younger generations at the both national and transnational levels. The present extent of transnational migration constitutes an unprecedented situation among many families, which challenges hitherto existing practices of intergenerational reciprocity and multigenerational living on a very physical level. Therefore, institutionalized eldercare outside of the family represents a very recent idea which is quite stigmatized and clashes with old-established “kin-scripts” (Stack and Burton 1993) of intergenerational reciprocity (*sevā*), the service and respect to one’s elders.⁴¹

Eldercare in Nepal, as well as elsewhere in South Asia, is primarily regarded as a family affair (Brijnath 2012; Lamb 2013, 2016). This attitude is based on reciprocal practices between parents and children, and the patrilineal understanding that mature sons and their wives, as Lamb proposes,

live with and care for their aging parents—out of love, a deep respect for elders, and a profound sense of moral, even spiritual, duty to attempt to repay the inerasable debts (*rñ*) they owe their parents for all the effort, expense and affection the parents expended to produce and raise them (Lamb 2009, 32).

Therefore, the emergence of institutional eldercare, as minor as it may be in actual numbers, is conceived as a powerful threat to the multigenerational family concept itself and, to link again to Lamb’s research, to “a quintessentially” *Nepali* “way of life, morality, and tradition” (2013, 174). After long periods of political instability and ethnic disparities, the institution of the family as the “glue” of Nepali society seems at stake, so that the very existence of private care homes provokes emotional moral discussions about a perceived decline of social norms and values. The following quote from an article published in 2014 in *The Kathmandu Post* represents a widespread conservative opinion and exemplifies well the normative character of such narratives:

[W]e, as their next of kin are the only people responsible for taking care of the old people around us. It is necessary to understand that sending the elderly to old age homes does not qualify as fulfilling the responsibility towards one’s aging parents. Old-age homes only provide food and medicine and not the true love that these aged people long for and expect their children to give (N. Khatiwada 2014).

41 The term *sevā* (or *sebā*) in its basic sense can be translated as “service,” e.g. public service, or “worship” of deities (Schmidt et al. 1994, 784). In the context of filial piety, it refers to the above-explained “service to and respect for the aged” (for details, see Lamb 2009, 32). In the context of social commitment or work, *sevā* denotes “social service” (*samājik sevā*) or “humanitarian service” (Beckerlegge 2016).

The normative emphasis on the family as the ideal place for ageing and care pushes those who depend on institutional eldercare service into a moral dilemma. Opting for a care home is a stigmatized step among Kathmandu's residents since it implies that familial circumstances deviate from normative ideals. In addition, middle-class families do not want to be associated with this negative imaginary of old-age shelters which might harm the family's prestige (*ijjat*). Yet, for locally dispersed families who can neither provide "personal support," including "'hands-on' caring" (Baldassar 2007), nor come up with an alternative care scenario, external eldercare institutions are increasingly becoming a necessary and at the same time immensely ambivalent option. While some families circumnavigate these shifts by determining one child—or daughter-in-law—as the main on-site caretaker, others seek ways to come to terms with such novel, non-kin based care settings.

To illustrate how residents and staff navigate these ambivalences and how they shape this particular novel elderscape of a private care home, I finally return to the case study I conducted between late 2013 and early 2015. The care home is located near one of the Valley's historic city centres and had an initial capacity of thirty-five residents before two more storeys were added in 2015 to house up to sixty residents. According to manager Ashish, the care home had received increasing requests and even had a waiting list, which prompted the expansion. The initial idea for opening a private institution providing residential space and geriatric care in this central location was pursued by a local foundation in the early 2000s which is organized as a non-governmental organization (NGO). The diverging financial concept of this care home in a way mirrors its pioneering aim: while the physical infrastructure of the care home was funded by a foreign organization and individual donors, the operating costs were covered by monthly fees paid by the residents and by irregular donations. The major financial focus was to cover the institution's running expenses (e.g. staff salaries, food, basic medicine), not to make a profit. On various occasions, groups and individuals contributed financially or in kind (*dāna*) to pay respect to the elderly residents.

The residents were aged between fifty-eight and ninety-six years, had different ethnic backgrounds, and mostly belonged to the middle classes. The gender ratio was quite uneven with about thirty percent male versus seventy percent female residents, which coincides with other findings that female residents represent the large majority at eldercare facilities and illustrates the vulnerable position of elderly women in a predominantly patriarchal society (Acharya 2008; Khanal and Gautam 2011). The residents' reasons for joining the care home were manifold: some residents had dementia and Alzheimer's disease, there were diabetic patients, and many needed regular medical assistance; some of them lived in the institution because their children were abroad or their daughters could not take them to their in-laws' household. Through conversations with some residents and background information provided by the staff, it became



Figure 13: Day-care programme, attached to private care home, Kathmandu Valley, 2013.

apparent that the residents attached great importance to maintaining their own and their family's moral prestige in the environment of the care home, for instance by presenting a morally accepted reason for their stay (e.g. need for medical care, children living abroad), or by highlighting that they had taken this decision on their own and funded their stay themselves (e.g. by renting property). Still, I experienced a strong ambivalence behind these narratives told to me as an outsider: in general, the majority of the residents were content with the living and care standards of the care home, and in particular with the staff's dedicated and affectionate performance of service (*sevā*),⁴² but at the same time they would have preferred to stay with a family member if possible, and somehow felt deprived of the filial reciprocity and respect through kin that old age entitled them to.

The residents lived in either larger rooms for up to six residents or in single or double rooms, the latter for married couples to stay together. Manager Ashish highlighted that he and the staff kept close and regular contact with the residents' families and offered counselling because many experienced this care arrangement as a challenging novelty. They mediated between family members and residents in case of problems, encouraged regular visits by both sides, and tried to relocate elders to join their family whenever possible (Field notes, November 6, 2013). An initiative to integrate the residents into a larger social network was the spiritual day-care programme for older people from the care home and the local

42 See footnote 41.

community that took place in a large hall next to the care home's building (see Fig. 13). The programme was established to respond to the elderly's spiritual needs, but also to promote interaction between the predominantly Newar farmer community and the home's residents.

The care home's staff played a central role in shaping this elderscape, therefore I focused on their understanding of care and negotiations of social norms in an ambivalent social space.⁴³ Initially, both staff and residents had lacked role models and guidance in this unprecedented situation: past experiences of life in old age were not necessarily any longer valid, and the concept of an eldercare institution based on care provided by non-kin caretakers still had to be given new meaning (see Coe 2016). So, they gradually developed their own method of performing non-kin care, a process that Coe (2017) describes as "care-scripts" in reference to Stack and Burton's above-mentioned concept of "kinscripts." One strategy the staff team included in their care approach was counselling, a form of emotional care to help residents, their family members, and sometimes also staff members themselves, to cope with the new care situation and the challenges involved, as nurse Sushila explained:

The old mothers need to feel that they're in their own house because they are alone. Sometimes they weep, you know. [...] We make them feel that they are our mothers and fathers. [...] In counselling, I learn about their family history and tell them not to worry. They come here for different reasons. Some do not have families here [in Nepal], but some do. Like [Sumati Ma]. Her family comes to meet her, but she is not satisfied. But she can't go along with them to home because she is sick. She can't go. We need to counsel such old people in any way and give them immense care (Sushila, January 27, 2014).

Another strategy employed by the care home's staff was to revert to inter-generational, family-based norms to create a fictive kin relation, e.g. by using kinship terms like "*mā'* / *āmā*" (mother) and "*bā*" (father, sir) when addressing a resident. This was not only meant as a respectful form of address which is also common in non-institutional everyday situations, but also to make residents feel at home as members of a new intergenerational, kin-like group (Lamb 2009, 150–153). These fictive kin relations provided a source of guidance for their daily interactions.

The concluding strategy briefly illuminates nurse Sangita's personal commitment in the care home which are based on her own experiences abroad. Sangita had worked in a care home in the Middle East for several years where she became familiar with different care technologies.

43 You can watch a staff member's opinion on working in a care home and why living there in old age should not be stigmatised in the short clip "Care, affection and counselling" on the interactive web documentary: http://kjc-sv013.kjc.uni-heidelberg.de/elderscapes/klynt/#Care_affection_and_counseling.

She shared her knowledge with the other staff as much as possible, especially in areas such as dementia care that hadn't been taught at nursing schools in Nepal until then. Having experienced the challenge to maintain relationships over distance herself (see Brown 2016), one of the novelties she attempted to introduce at the care home was to connect the residents with their family members outside Kathmandu Valley through social media like Facebook and video calls via Skype and Viber. Sangita's approach was based on intra-kin caregiving strategies and the use of information and communication technologies (ICTs) to increase contact and emotional care in a situation of physical distance (Baldassar 2007, 389). During her night-shifts when she had more spare time than during the day, she encouraged the residents to look with her at their children's photos on social media and assisted them with communication technology:

[Rajendra Ba's] daughter [is] now in the UK, and I asked him, "What's your daughter's name?" and he told me, and I just typed it in the Facebook search frame. And there was a picture, and he said, "This is my daughter!" After I think five years, he saw his daughter [for the first time]. He had been talking to her, but never saw her. And when he saw her [photos on Facebook], oh my god, he was crying! She had a baby, and he saw his daughter and son-in-law with the baby on the photos, their friends, he just opened his mouth and didn't close it anymore. [...] So the technology made him so happy, he was so happy! All the time his blood pressure was rising. From that day on, everything was normal. You know, how much this is influenced [by the psyche]!" (Sangita, November 24, 2014).

Although Sangita and Rajendra Ba initially used Facebook not to directly communicate with his daughter, but to look at his daughter's virtual photo gallery, seeing photos of his daughter and her current activities seemed to lessen his sense of disconnectedness from her life. This strategy strongly illuminates the potential of ICTs in Nepal's care homes to offer possibilities to families and residents to maintain stronger ties by adding "real time" (video calls, e.g. Skype) and "intermediate" (social media, text messages) visual features to the existing forms of care, i.e. the standard phone calls and personal visits (Baldassar 2016, 153).

To conclude, this novel elderscape was initiated and shaped in an entirely different context than the first case study. In this case, social entrepreneurs from the community in this part of the Valley identified a growing need for care options for middle-class families and elders who struggled to organize sufficient care within the conventional family setting, but did not consider it suitable to join one of the charitable old-age homes. The institutional concept of this care home responded to this institutional void and gradually developed a unique care approach that contextualizes this novel elderscape within long-established forms of intergenerational reciprocity and social work.

Conclusion

In this chapter I have shown how the notion of elderscapes can be used as a lens to conceptualize how (a) older people as creative urban residents actively engage in shaping their urban environment through their actions and bodies, and (b) new spaces of ageing emerge as a response to the enormous speed and intensity of social and urban trajectories. It represents a helpful perspective to acknowledge the contribution of older people to urban place-making instead of focusing on older people's challenges, vulnerabilities, and social exclusion, as some perspectives from international agencies tend to, reducing their role to passive recipients of urban change. The concept of elderscapes adds a conceptual tool to the anthropology of ageing and spatial gerontology to frame spatial trajectories initiated by or created for older people. Therefore, it contributes to a much-needed, stronger theorization of interdisciplinary research on urban ageing, which should assemble the state of research of urban and ageing studies.

In Kathmandu Valley, contemporary modes of ageing and eldercare are characterized by manifold tensions deriving from intense socio-economic and urban shifts. I have used the concept of elderscapes to look at two contrasting emerging spaces for middle-class senior citizens in Kathmandu Valley, and have given insight into the strategies through which senior citizens navigate between social roles, expectations from their families, their changing environment, and their own wishes and needs. There are of course limitations to the findings from these two case studies: they mainly represent the opinions and lifestyles of a privileged group of older persons in a privileged part of Nepal. More ethnographic research will be necessary to illustrate the diversity of experiences of ageing in context with older people's economic and ethnic background, as well as in Nepal's many rural areas or smaller urban centres. These arguments notwithstanding, my research intends to illustrate the older generations' interest and agency to contribute to their social and spatial environment. This allows us not only to see the diverse societal dynamics in the Valley from their perspective, but also to get an insight into their strategies to make use of their knowledge and experience to impact urban society and get involved with their country's future.

Figures

Fig. 1-2: © Roberta Mandoki, Jakob Gross and Annika Mayer.

Fig. 3-13: © Roberta Mandoki.

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Abbreviations

BS	Bikram Sambat, the official Hindu calendar of Nepal
ICT	information and communication technologies
MDGs	Millennium Development Goals
MIPAA	Madrid International Plan of Action on Ageing
NGO	non-governmental organization
OPA	Old People's Association

ROBERTA MANDOKI

SAARC South Asian Association for Regional Cooperation
UN-Habitat United Nations Conference on Housing and Sustainable Urban
 Development
UN United Nations
WHO World Health Organization

Christiane Brosius

Caring in /for Place: Old Age in Urban Nepal

Abstract This chapter explores ways to consider, and possibly rethink, elderly people's positions and forms of participation in urban life in the so-called "Global South," in this case in Nepal's Kathmandu Valley. A key question here is how personal relations and experiences of ageing and belonging in a rapidly and widely changing metropolitan region can be addressed and captured. Building upon discussions that evolve around concepts such as "active ageing," "ageing in place" and "age-friendly cities," but also around notions such as "public" and "private," terms largely coined in North America and western Europe, the chapter addresses their productivity—and challenges—when applied in the case of Nepal. It considers a larger field of ageing in the realm of transcultural place-making, since the contextualization includes global circulations of ideas and practices related to cultural heritage, transnational migration and urban transformation through economic liberalization. The ethnographic material collected between 2014–2016 among senior Newar residents is discussed with respect to questions of ownership, participation, and responsibility. It highlights the entangled relationship of socio-religious relations and built environment, as well as intangible heritage, seeking to stress the importance of ephemeral and interstitial spaces that do not necessarily resonate with 'global' concepts of public and private, wellbeing, and development. This way, urban transformation as well as "ageing in place" can be considered as relational.

Keywords age-friendly cities, urban regeneration, elderscapes, cultural heritage, environmental gerontology

Introduction

This chapter explores the ways in which we can consider, and possibly rethink, elderly person's positions and forms of participation in urban life in the so-called Global South, in this case in Nepal's Kathmandu Valley.¹ A key question here is how we can capture personal relations and experiences of ageing and belonging in a rapidly and widely changing metropolitan region such as this one, which ranks amongst the fastest growing urban areas in South Asia. The chapter is carried by a two-fold aspiration: one is to understand urban transformation, the other, "ageing in place." I touch upon three larger thematic fields: first, I explore the notion of the family and home, and relations to urban transformation. Second, I will discuss the use of open space, in particular, what could be defined as "public places" and everyday—as well as particular—ritual practices. Thirdly, I consider the changing roles of institutions and organizations related to the life course in an urban habitat. The data sourced for this chapter stem from semi-structured interviews with members of the older population of Newars, mainly conducted between 2010–2015.²

This chapter also responds to a paucity of research on ageing and spatiality in the Global South, particularly on Nepal (see Parker et al. 2014), and offers a recalibration of concepts of urban regeneration and active ageing that have both been coined in Europe and the USA, but circulated far beyond. It attends to two major challenges of today's world: the drastic changes related to the expanding and also unpredictable changes of demographic change and urbanization. Both are frequently considered as hazards to contemporary societies by scholars, policy-makers, economists, bureaucrats, or politicians, and have interestingly—and

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- 1 This chapter appeared first in *Global Europe. Basel Papers on Europe in a Global Perspective*, no. 115 (2018) under the title "Care-takers and place-makers: Old-Age and urban regeneration in Patan, Nepal". Research for this work was funded by the DFG in the context of the Cluster of Excellence *Asia and Europe in a Global Context* at Heidelberg University, as part of a larger research project entitled "Ageing in a Transcultural Context," led by Andreas Kruse, Axel Michaels, and the author. Brosius's data were further processed during a fellowship at the Institute for European Global Studies at Basel University. Fieldwork and interviews had been undertaken between 2014–2016, and many thanks go to research assistant Rajendra Shakya whose insight into and knowledge of Newar culture is invaluable. For this publication, the chapter has been substantially revised. I thank Madeleine Herren-Oesch and Lisa-Marie Zoller-Blundell, Basel, as well as Heidelberg University Press for enabling this revised version to be re-published. I also thank Mhairi Montgomery for editorial help.
 - 2 Altogether ninety-two people were interviewed in Patan between January 2015–December 2015, eleven people being under sixty at the time of interviews, the others ranging between sixty and one hundred years. The majority of informants are Newars, male and have lived in Patan for several generations, and still live at home, often in a joint family setting. Interviews were assisted or conducted and translated by historian Rajendra Shakya (in Newari, lasting thirty to ninety minutes). Many interviews were conducted in semi-public resthouses (*phalcā*), or in the interlocutors' homes, offices, or shops in Old Patan. First names have been abbreviated.

surprisingly—rarely been related to each other. While the increasing share of aged populations across the world is often shaped in a “statistical panic” of burdened national economies and welfare states, the rapid urbanization, particularly in the “Global South” is often associated with apocalyptic visions of the “slum / dog city,” informal, unplanned, and “out of control” (Roy 2011).³ Based on ethnographic fieldwork (2014–2016) and mobile methods (such as walk-alongs, see Kusenbach 2003, 2012), this study incorporates debates from the field of Environmental Gerontology and Age-friendly Cities. I propose that as much as elderly persons can be understood as care-takers and place-makers of urban environments, and thus should be seen as an important resource for urban regeneration and sustainability, the city, too, can be challenged by considering it as “caring” towards (rather than simply “acting upon”)—or sidelining the needs of (at least some of) her citizens. By this, I do not mean that “age-caring” cities must imply criteria identified by policy-makers, but rather that they are listening to and engaging in relationships with civil groups.

The chapter is concerned with the question of how elderly people are shaping their habitations and are shaped by it. I argue that people of advanced age play a foundational role in a city, and in their neighbourhood in particular, by taking care of (or neglecting) it in several ways and across diverse scales, in a very creative and productive way – something that has also been attended to in recent research on “creative ageing in the city” (see Chong and Cho 2018). Thus, we might want to speak not only of age-friendly cities but also of “city-friendly ageing”: caring for old age can be a fundamental and yet intangible resource for urban regeneration, place-making, and community building. I should underline that by saying so I push the role of old-age beyond the often-naturalized “exotic fascination” with memory-as-museum, where the aged become “authentic” signifiers of a taxidermic past that seems to vanish from the surface of our speedy lives and is allowed to be “exhibited” and thus “survive” in designated spots and performances. In the case of my research it became clear that this potential of “ageing in place” might vanish, true, if it is not recognized in time and in space—but fixing it as “museumized heritage” does not help much if it does not facilitate looking differently at urban place-making through active ageing as a meaningful and productive energy for the future.

The research locale of this ethnographic inquiry was the old historical part of the city of Patan, inhabited by circa 120,000 people, mainly of the ethnic community of the Newars who have dwelled in the Kathmandu Valley region since the thirteenth and fourteenth century AD; they consider themselves the indigenous population of the area (see Gutschow and Kreuzmann 2013; Thapa, Murayama, and Ale 2008). Though having transformed quite dramatically, especially since the devastating earthquakes of

3 Statistical panic is a term coined by Woodward (1999, 185).

2015, the locality still consists of over one hundred courtyards with with more or less actively used monasteries (*bāhāḥ / bahi*). But it is also made up of narrow alleys, larger and smaller shrines, brick and cement houses, as well as public rest houses (*phalcā*). Besides the earthquake, urban change has been fast forwarded due to the strong influx of Nepalis from outside Kathmandu Valley (including returning transnational Nepalis), economic liberalization, and changing notions of well-being and time-pass in the city, especially among younger members of the aspirational middle classes (Liechty 2003; Brosius 2014).

Age-friendly cities

Several research fields impacted this study, ranging from environmental gerontology to urban studies and policies. Environmental gerontology calls for an expansion and deepening of person-environment research with respect to ageing, describing it as an old but empirically still under-researched concept of gerontology (Wahl 2005; Phillipson 2004; Smith 2009). With its interest in “ageing in place,” place attachment and human-environment relations-based environmental gerontology has, in a conceptual sense, emerged particularly strongly in the 21st century. The attention paid to the qualities and politics of the “spatiality of aging” (Rowles and Bernard 2013) is mirrored in a recent volume on environmental gerontology which calls for “increasing sophistication in understanding older adults’ experience of their environment”, arguing that this theme has still been sidelined, but that it is crucial in terms of understanding elderly people’s experience of belonging and homeing, as well as to relations and qualities of private and public place, mobilities, and everyday life (Rowles and Bernard 2013; Phillipson 2010). This, I argue, also allows for insights into place-making practices and urban regeneration as well as reflections on sustainable planning and inclusive cities policies. These factors permit us to read the city and urban change through the eyes and experiences of elderly. They foster an approach that acknowledges and is sensitive to the meaning of place to older adults. But it also pays attention to the ways in which age and ageing practices impact place-making and transformation. To avoid a static and dichotomous relationship between people and places, the concept of *elderscapes* seems best suited, as Annika Mayer and Roberta Mandoki also underline in this book, to consider a multi-scalar, relational set of experiences, histories, and practices that shape “ageing in place” as well as place through ageing, that pattern mobilities and social potentiality. Rather than emphasizing demographic shifts, social security, physical mobility, and safety or health care for the theme of ageing in cities, where elderly populations are generally in need of care, the chapter shifts the focus on old age as a caring resource for urban regeneration but also for gerontological research (see Kruse 2017).

From age-friendly to caring cities

The second central subfield is that of the “age-friendly city.” The term goes back to 2005 when the World Health Organization (WHO) started an age-friendly city initiative for both developing and developed countries. This initiative studied the experiences of older people living in urban communities and identified the key characteristics of an age-friendly environment in terms of service provision (for instance, health services, transportation), the built environment (for instance, housing, outdoor spaces and buildings), and social aspects (for instance, civic and social participation) (see WHO 2007). In 2010, the WHO launched the *Global Network of Age-friendly Cities* in an attempt to encourage implementation of policy recommendations from the 2007 project. The resulting report responds to the global impact of demographic change, with a range of housing and community needs emerging among those over fifty.⁴ However, it predominantly focuses on accessible and affordable health, participation, security, and on “aging in place” as something made up of quantifiable forms of built, natural, and social urban development (Plouffe and Kalache 2010, 734; Chong and Cho 2018). Based on the assumption that “[p]opulation ageing and urbanization are two global trends that together comprise major forces shaping the 21st century” (WHO 2007, 1), data were sourced from older residents in over thirty-five cities across the world. The report also considered itself a guide to a city’s self-assessment in terms of community advocacy, seeing “older people [...] [as, CB] a resource for their families, communities, and economies in supportive and enabling living environments. WHO regards active ageing as a life-long process shaped by several factors that, alone and acting together, favour health, participation, and security in older adult life” (WHO 2007, 1).

Interestingly, the term is gaining currency at the same time that studies and policies on the subject of plans for “creative,” “smart,” but also “inclusive,” and “safe” cities move to centre-stage of debates on global cities. One may argue that this is so because increasing numbers of people will live in cities of the future, while, likewise, the demands to respond by means of providing enough resources to those strivers becomes more overwhelming, almost impossible. Yet, these new urban transformations and

4 Since the late twentieth century, developing countries are ageing faster than developed countries (see Plouffe and Kalache 2010: 733). In Nepal, the demographic shift has been taking shape more clearly since the early millennium. In the 2010s, over 2.3 million senior citizens above sixty were counted in Nepal, about nine percent of the population. The report “Study on Demographic Changes in Nepal: Trends and Policy Implications” predicts that by 2028, Nepal will be an “ageing society” with seven per cent of the population above sixty-five. That figure will double by 2054, making Nepal an “aged” society. The speed of ageing will be much faster than in countries like France (115 years), UK (forty-seven years) or Germany (forty years) (see Awale 2017). But Mandoki also stresses that for over sixty per cent of senior citizens in Nepal, there is no concept of “retirement”, moreover, much work is unpaid.

social influx—many of them highly mobile, fragile, and exclusive—pose challenges to the ideals of predictability and sustainability. The concept of age-friendly cities understands older people as a resource for thriving cities and proposes that if the balance between ageing and environment is struck, the well-being and active ageing of other generations may also be nurtured. This is also based on the more recent realization that an unpredictable and unforeseen number of people will live and age in cities, something that poses major challenges to societies, governments, insurances, and health systems. The report suggests that cities can act like human beings. The question, however, is who—or how many—is “the city,” and whether specific players can be defined, such as local civic bodies or NGOs that share interests and resources, and who is bypassed or overemphasized in such a mapping process (Buffel and Phillipson 2016, 96).

Old age often gets compartmentalized—with the effect of sidelining agency—in a similar way as “poor” and “deprived” marginalized slum-dwellers, for instance, are fixed as categories. Moreover, old age is often victimized. Both elderscapes and age-friendly cities help to challenge this view, placing emphasis on resourcefulness as deeply appreciated unless it romanticizes and thus overshadows scenes of exploitation and exclusion. The term “senior citizen,” introduced to Nepal in 2006, changed perceptions of old age by pulling it out of family confines and private realms and into a more proactive perception of participation in civil society and national values. However, the use of the term citizen, though legitimate in terms of national citizenship and certain rights to monthly allowances⁵ or health care, overshadows the fact that this form of identification is not yet broadly translated into practice. In the case of my fieldwork, the strongest focus was on the direct social environment, family, kin, neighbourhood, and other, local terms of referring to an elderly person’s status and active role in societal and ritual tasks which co-exist (e.g., *āju* and *āji*, for men and women respectively)—but are often blended out by secular policies and modernist discourses.

That cities would consider ageing populations as important resources for their functioning and growth is possibly not yet that widespread in the Global South. However, the concept allows us to address themes and issues for urbanizing Nepal that could not otherwise have been brought centre-stage. Furthermore, they also help to reposition age-friendly in a less developmentalist and Western context. I propose that people of high age are a crucial source and resource for urban care and caretaking. Particularly the devotional (Hindu) concept of voluntary service (*sevā*) could be used as a tool for reciprocity and urban regeneration. It is a quality less present in a younger generation of Nepalis who might nurture a different sense of public responsibility and participation, which also speaks of a different quality of belonging to the city—or belonging to a different city. This, in turn, may enable a more differentiated and less “top-down” approach to the ways in which “elderscapes” are spelt out and help address issues such as public and private

5 The monthly old age allowance is NPR 500 (ca. €4).

space, tradition, development and modernity. To hold on to a linear transformation would, of course, be misleading. The concept of the age-friendly city must thus respond to different aspirations, assets, and experiences of ageing generations and groups across the life-course, as well as temporalities that also reflect ritual cycles and practices, agricultural as well as service-based networks, and the emerging consumer landscape with leisure time and spaces, to mention just a few. With respect to elderscapes, such a view seems pertinent because it allows us to consider different mobilities and practices of place-production and place-use (see Sheller 2014), at times distributed across age-groups in the life-course: “Cities are, for the most part, spaces that are imagined and structured with a younger, working age demographic in mind. Older people are not, typically, incorporated into the mainstream of thinking and planning around urban environments” (Handler 2014, 12). The quality of speed, temporality, and attention shifts to the younger populations, who seem to hold more “urban currency” in their hand, that is, the potential to translate different forms of capital into a prospering city. The elderscape, thus, is an interstitial, multi-layered, and multi-temporal urban fabric that resonates with variations of aging communities. Though modernism and developmentalism, two dominant narratives of global cities in the South and the North⁶, are vital motors of urban transformation, we must focus on less “noisy” and quantifiable aspects. Here, the UN Madrid International Plan of Action on Ageing, formulated in 2002, seems ample:

Population ageing and urbanization are the culmination of successful human development during the last century. Older people are a resource for their families and communities, and for the economies in the cities where they live. However, to tap the potential that older people represent for continued human development, cities must ensure their inclusion and full access to urban spaces, structures and services (Plouffe and Kalache 2010, 734; see also de Pauw 2017).

There is an interesting correlation in the focus on urban ageing since it joins challenges of developmentalist progress (Nep. *bikās*) with challenges of providing and defining well-being: “to be sustainable, cities must provide the structures and services to support their residents’ wellbeing and productivity. But critics of age-friendly cities also argue that,

[...] [a]t the same time, age-friendly efforts should focus not only on changes for current cohorts of older residents, but also work towards long-term neighbourhood change that can benefit successive cohorts of older residents. There is therefore an urgent need to reconnect urban regeneration policies with strategies that support resident-led planning for ‘lifetime neighbourhoods’ or ‘ageing

6 For a critique of the concepts with respect to urban planning and theorizing, see Robinson 2011.

friendly communities' [...]. Such models promote the empowerment of residents of any age to bring about neighbourhood changes which enable people to meet their basic needs, maintain significant relationships, and participate in the community in meaningful ways as they grow older (Buffel and Philippon 2016, 98).

As important as this might be for a city context in the Global North, it does not satisfy the Nepalese context. Here, we have different concepts of neighborhood, of family, of the "glue" that ties groups together, which is still very much caste and profession, but also ritual, though again, these should not be understood as compartmentalized "entities." And we have different patterns and rhythms of relating to places and spatial practices. Thus, this chapter proposes that age-friendly cities can also facilitate more attention paid to the creative potential of ritual practices and ritual places as rendering a different quality of time and space meaningful for citizens in a locality. Seeing rituals as intangible heritage allows us to perceive of old age as a resource for alternative dimensions of well-being and place-making and asks us to see elderly people as a resource for urban regeneration, resilience, and sustainability (see also Sheller 2014).

Patan and Newar cultural domains

The Kathmandu Valley is made up of three capitals of Hindu kingdoms: Kathmandu, Bhaktapur, and Patan (also known as Lalitpur, or Yala; but the term Patan will be used here for this is what is often referred to by locals when mentioning the historical part; Lalitpur exceeds the boundaries of the old city and, today, has the administrative status of a submetropolitan city). Some historical sources trace Patan's origin to the sixth century AD, others claim it is much older. Over centuries, the valley was—and still is—strongly influenced by Buddhism and Hinduism, with a unique mixture of Hindu and Buddhist elements particular to Newar culture. But there is also a unique urban history in the valley, with fascinating links to bordering China and India, and beyond, as well as an equally unique presence of "rurban" structures in that there is a strong presence of farmers in the cities, which impacts the relation to land, but also manifests in rituals and social relations. Nepal was part of a feudal Hindu theocracy and remained substantially detached from Islam or European colonialism. It has been both secluded and immensely porous along its borders to Tibet, China, and India, through lively trade-routes, craftsmanship, architecture, and art. The main local ethnic group, the Newars, have impacted the fundamental structures of the three royal cities in Kathmandu Valley in different ways. With the opening of Nepal's borders in 1951 for tourism, the first road in 1956, the arrival of television in 1985, and the inauguration of Tribhuvan airport in 1955, tourism, foreign aid, and diverse infrastructures successively entered and were built up in the country. These changes awoke

keen interest in preserving and vitalizing the “old” rituals and places, partly seeing them as “their” heritage, or as a means to promote tourism, or as something new altogether (see Liechty 2017; Toffin 2013). In a country where a civil war, a rather inert state apparatus, dependence on international aid for the lack of a strong infrastructure in terms of health, traffic, or electricity and water supply, as well as education have created a “shaky trust in government institutions and representative democracy” (Nelson 2011, 215), internal and transnational migration using the Kathmandu Valley as transit space has led to diverse pressures on urban fabric, and also on predominantly Newar neighbourhoods in the old city of Patan.⁷ In such a context, to demand from a city to be age-friendly is possibly asking too much. But the discussion seems to be a very productive lens to use in order to look at urbanization and ageing as well as a need to reposition such “universalized” discussions triggered by, for instance, the WHO (where neither class nor caste nor cultural particularity are considered).

Kathmandu is one of the fastest growing metropolitan regions in Asia: the National Population and Housing Census of 2011 shows a growth from circa 150,000 inhabitants in 1954 to 2.5 million people in 2011 (Rimal 2018). While the pressures on life in the Kathmandu Valley increase and modern residential and commercial buildings and townships emerge, offering life and work to a host of people from across the country, there are pockets of urban life that have been able to retain intangible and tangible heritage (for instance, Bhaktapur, Bungamati, Khokana). Patan, the former independent Newar kingdom, and now part of the urban sprawl, is certainly the most dynamic and fascinating “island” (Nelson 2015). There has been rapid suburbanization and peri-urbanization since the 1970s but this has been increasing in speed and number even more since the end of the civil war in the first decade of the new millennium. In all this splintering transformation, Old Patan’s fabric remained comparatively stable until the early 2000s, but has since then been undergoing substantial demographic change, out-migration, particularly of younger people and, finally, challenges faced through the 2015 earthquakes.

Being at home and in the city: relocations

In this section, I address intergenerational, migratory, financial, and topographic transformations and concerns related to old age and home. The role of house ownership in Nepal, particularly in Kathmandu Valley as the central source of investment, stability, and wealth also in the absence of other “secure” property or forms of investment, must not be

7 About 50 per cent of Nepal’s households have at least one family member with transnational labor experience. Central Bureau of Statistics, *National Population and Housing Census 2011: Household Tables* (Kathmandu: Government of Nepal, National Planning Commission Secretariat, 2014), 315; see also Mandoki, in this book, fn 28) and Dhital, Chalise and Rupakethi 2015.

underestimated (Mishra 2017; Nelson 2013). The house is one of the few secure forms of capital, with a steadily rising value, besides being symbolically relevant for family constitution and intergenerational life: “People invest their life in one house, and when it goes, there is nothing left”, says artist and art teacher Sujan Chitrakar, who observed that people were traumatized after the earthquake because they started to get scared of their houses, had to sell their fields, or/and take on high debts to rebuild (in conversation with Nadine Plachta, May 2015). Next to this, possibly, is the access to education and work, for which Nepalis pay immensely high amounts of money, also often causing life-long debt.

The residential house constitutes the household, regulates social relations beyond the building itself, and can—if we do not consider new neighborhoods such as condominiums—be seen as intimately related spatially and over the *longue durée* through kin relations, occupational patterns, festivals, and rituals. A household is usually headed by the grandparents, and this also considers Old Patan, where the majority of Newars that have been interviewed for this chapter reside, and where joint family setups are still in the majority.⁸ Traditional occupations like farming, pottery, craftsmanship, religious occupations (priests) are still followed by means of generational inheritance, though young people are increasingly seeking other occupations that follow a career and lifestyle model rather than the heritage of their parents and ancestors. Living in a city like Patan and Kathmandu has become relatively expensive; rents and property prices have increased, especially since the end of the Civil War in 2007, and particularly after the 2015 earthquake. Moreover, many young people are forced or aspire to seek education and work abroad. Thus almost every household has at least one family member that works abroad, sending home remittances to further finance the family, particularly children’s education (see also Ahlin and Brijnath, in this book). Investing in new houses or improving the living conditions in old houses is a major means of showing success achieved abroad and caring for the future of the family. This has also led to abandoned old family homes because a new house was built outside the old town, forcing elderly people to move with their children, or to be left behind (Kunreuther 2009).

In Old Patan, many elderly people still live in a joint family,⁹ households that are (and have been) in flux due to changing economic status, labor conditions, and social change. The “classic” setup is for elderly people to live with their son/s and their daughter-in-law and grandchildren. Even though as per law, all children, including daughters, should inherit the

8 On India, see the discussion on the alleged decline of the joint family with respect to ageing, in Lamb 2013.

9 According to the Central Bureau of Statistics around 120,000 people live in Old Patan – the majority thereof belonging to the Newar community. Central Bureau of Statistics, *Population Ward Level, Lalitpur Metropolitan City, 2017* (http://cbs.gov.np/image/data/2017/Population_Ward_Level_753_Local_Unit.pdf, accessed May 26, 2018).

same, the son looking after the parents often gets a larger share, while a married daughter who has “already” received a dowry, would most likely receive a smaller or no share (Kunreuther 2009, 548)—one may argue that this also impacts parents’ ageing patterns and the urban fabric since they would hardly age with their daughter. Painting a fairly traditional image of family life and filial piety, researcher Rajendra Shakya affirms:

In the Newar family, I guess it’s all the same with all the Nepali families as well, [...] a mother and a father has to be taken care of by a son and his wife, the daughter-in-law. But if you have to go to live with your daughter and her son-in-law, the parents might feel awkward. Even if the son-in-law wants to have his mother-in-law, they are reluctant to stay at the daughter’s place (Shakya, email conversation with author, March 2018).

In patriarchal conservative settings, the daughter’s parents-in-law would rarely be willing to share property and other resources with their daughter-in-law. All income generated by the daughter generally goes to her new family from the moment of marriage, property stays on the sons’ side to keep it “in the lineage.” Rajendra Shakya continues:

If an elderly couple has only daughters then their property goes to the daughters. ... if there is one particular daughter who is fully looking after the parents, she gets all the property. ... When the daughters are married off, it is difficult for them to come and take care of their parents regularly. And the parents do not move into the daughters’ house. ... So the elderly people would rather stay at their own house and maybe have someone like a maid to look after them, while the daughters come visit them frequently (Shakya, email-conversation with author, March 2018).

From this viewpoint, there is only little freedom of choice for ageing parents: they will preferably live with a son (exceptions being that they are childless or have no son). T.M. Awale (aged seventy-seven) and B. Awale (aged seventy-eight) are two friends from Old Patan, both potters and still working in their occupation. They elaborate on the challenges of sharing often limited space on an everyday basis, and the possible tensions that can emerge, as T.M. Awale spells out: “In a family, one has to understand this—one should not say ‘my daughters-in-law are angry’ or ‘my grandchildren are irritating.’ Sometimes I also have to be humble. Only then they will respect me” (Rajendra Shakya, in conversation with T.M. Awale and B. Awale, January 2015). He has passed on all his property to the children and feels that this puts him in a precarious situation. Awale stresses that other ageing parents decide not to pass on the inheritance in order to remain strong and be treated respectfully: “you should also give them their share of inheritance. But then, once one does that, they stop giving the

respect," says T.M. Awale to B. Awale, and laughs. The former is grateful that his daughter-in-law still treats him with respect, that she follows the unspoken rule of filial piety, that is, the acknowledgement of younger family members' respect for the aged: "We are all happy together. I have distributed everything to my sons. I also have to be a bit humble. And then my daughters-in-law come and tell me 'Bhāgi yāe ti'¹⁰." The modes of exchange and affirmation of respect have to be negotiated and are tested time and again in terms of the rules by which respect is traded as social glue or friction. The display of respect can vary in credibility and efficacy, and reveals many layers of emotional and symbolic vulnerability, sacrifice, and aspirations. The temporal and societal boundaries may vary according to the context, even though the parties involved would depict it as "given" and "stable."

Filial piety (see also Michaels, in this book) is not always the highest value in decision-making processes, especially when the perspective of the ageing parents is concerned, who may feel sidelined and hurt. Moving out because a son has decided to leave the parental house (and sell or rent it) is sometimes the fate of aged parents, as in this case. After refusing to do so for many years, my neighbor at Patan Darbar Square, a lady in her early eighties, was finally moved out of her husband's family house because her son had built a modern house in a new neighbourhood outside Old Patan. Even though she was lonely during the daytime, she had felt happy previously, cooking for the children in the morning so that they could take their lunch to work, then spending many afternoons in the sun on her roof terrace, dozing, chatting with neighbors across rooftops, and performing rituals. The rituals and the proximity of key shrines to her (within eyesight since she could not walk anymore) were the reasons given for her reluctance to move house. Many children—now adults—would seek to move out of what is often perceived as too narrow, dark housing, with low ceilings, no access for parking, no symbols of "modern living." But she also did not get along particularly well with her daughter-in-law. For the younger generation, space and lifestyle matter: privacy and seclusion take up new meaning. The density of the many courtyards and close housing, where families know, see, and hear each other because of close daily interaction, but also membership to the same caste and ethnic group is now considered "too close" by many young adults. Their decision to buy land outside, in the splintered sprawls of former fields, and to live among members of the "same class" rather than the "same caste and kin" underlines a strong desire to free themselves from the felt social surveillance in the "old town." This perception does not necessarily align with that of aged parents and grandparents who do not necessarily experience the social intimacy as claustrophobic. Their "urban" habitus speaks of a thicker entanglement of work, religious practice and social exchange than that of their children and grandchildren.

10 Asking the elders for blessing by bowing down in front of them, as a sign of filial and highly gendered piety.

Close to Patan Darbar Square lives S. M. Joshi, ninety-six years old and a well-known scholar of Newar history and culture. He also inhabits an “old” house, probably around one hundred years old, set in a typically Newari garden with brick walls, a pomelo tree, vegetables, and other fruit trees that provide their owners with eatable and ritual food. When his children moved out after marriage, he decided not to move along:

We, who are staying here, are like the fish in water. We don't think much about the change of our environment; we are not that concerned about it too. What we say is this is all because of the changes brought by the time [...] the modernization. For instance, here in my own house, I have this land and house. I brought in the daughter-in-law. Then my son had children. I could give them one room. Then the children grew up. Now the question was: where to let them sleep? Not just here, even there in the West, too, it is a great problem. Whenever the children grow older, they try to go somewhere; they leave the house. Or, they think of rebuilding the house in a new way if they have the money and land. Hence, they will not rebuild the house in a traditional structure, as they need a modern toilet and kitchen. This leads to the changes (in conversation with the author and Rajendra Shakya, March 2015).

Joshi refers to the fact that traditional houses might have an outside toilet. Bathrooms included in a residential house are a recent introduction, and because there is no running water, and they still fetch the water from the well, “bucket baths” have to be taken on the roof terrace or in the courtyard and garden, with little privacy. This is now increasingly perceived as backward by the younger generation and new houses come with indoor bathrooms and toilets (even if running water is scarce).

People also left their houses in old Patan after the 2015 earthquake, even if they were still standing, fearing their collapse and another earthquake. Yet many elderly persons refused to leave, despite the risk and the perceived low housing qualities. I tell Mr. Joshi about my neighbour, a Newari lady in her eighties, whom I used to chat with when we both spent time on the sunny roof terrace. Over many months, she told me that her son had built a modern house in a new neighbourhood on a plot of land outside the old city. His wife and daughter had already moved there and even he spent the nights there, sometimes coming “home” to spend time with his mother who could hardly walk and refused to leave for many years: she wanted to be able to perform rituals close to the temples opposite and in the surrounding area. For her, being able to look at the temples alone was a blessing. I asked Mr. Joshi to comment on the refusal to move to a new neighbourhood, where, at the most, newly built shrines could be found:

It's *saṃskār* (cultural heritage) that she is talking about. Take my wife, for instance. My son has a new house. My elder son built a new

house. And he asked his mother, my wife, to come and live there. It's a modern house. "Why do you sit here in such an old house?," he would say. But the main thing is that it is the cultural heritage. And: she loves to be here with the relatives. They come here and just talk. So she does not want to move. [...] But my son still asks: "Why are you sitting here? We have so many facilities in the new house—toilet, bathroom, and all sorts of things. You live here in such a poor place." But still, we are here. As you have already said, there are so many deities here. We worship, that is one main attraction. That is a heritage, it is a spiritual legacy that attracts us. So, we don't want to go here and there. We are satisfied with our own style (in conversation with the author, March 2015).

During my fieldwork, I could sense a particular temporality and mobility connected to the much-appreciated proximity to deities and ritual practice. I understand this as a form of "active ageing," a place-making based on the mobility of elderly (but also younger) people around dawn, even before. Often equipped with plates filled with ritual objects, such as flowers and vessels with water to sprinkle on the deities, women go for these morning walks, on their own, or in groups. Men, too, or married couples take the morning walks around the old city of Patan, to greet the deities and get blessed, listen to devotional singing (*bhajan*) but also to do a little exercise and buy vegetables. The places visited can be confined to the shared monastic courtyard (*bāhāh*), but mostly a longer walk connects shrines and temples along a fixed route. This activity, spanning several hours, is a unique, crucial form of urban caretaking of the city, her deities, and food-vendors, charging it with social and ritual energy. This way, the close relationship between caretakers and places creates a habitat of an age-friendly city and city-friendly ageing. Ageing and place-making enforce each other as resources for a very specific kind of *flânerie*, well-being, and communication. In my view, this voices a special form of shared public ownership and responsibility. Hence, the ritual morning walks contribute to and reposition the conventional form of age-friendly cities defined by Buffel and Phillipson who argue that one

factor influencing the development of age-friendly cities concerns the control and ownership of public space. The policy of developing age-friendly cities makes a number of assumptions about access to, and ownership of, public space: namely, that it can be controlled and influenced on behalf of the changing needs and expectations of people in later life. But space in cities is not itself freely available. Increasingly, ownership and control are vested in particular groups for whom the issues raised by the age-friendly agenda may have limited appeal (Buffel and Phillipson 2016, 97).

Placing their research in secularized contexts, the authors might have overseen the resource of religious ritual as an intangible and yet also “solid” form of ownership, control, and ecology of visibility. They have also sidelined the fact that another landscape of place, where occupying and place-making is possible, takes place, literally and temporally. However, considering such intangible heritage conveys the need for cities, at least in the Global South, to consider stakeholding as a central motor for the age-friendly city in another way, and to see this as a “voice in decision-making processes relating to urban developments and regeneration” (Buffel and Philippon 2016, 98).

The relationship between people and their environment is shaped by urban transformation. The span, scale and scope of daily activities and routines differs substantially, as can be seen in the ritual walks of elderly people and the reluctance to move out of their homes. This personal context is impacted by the urban transformation since the 1960s, the move from monarchy to democracy, from an agricultural, craftsman-based, and trading society to a service-oriented consumer society has impacted family relations, labor patterns, the need for other educational skills, and demand for land (see Mishra 2017). From one generation to the next, whole occupation patterns, social relations and cultural practices have been transformed, come to an end, been replaced, or at least dramatically diminished (see Liechty 2003; Toffin 2013), something that has much affected elderly people’s belonging and association with places.

Besides outmigration of many family members, in-migration (due to poverty and civil war or the search for work and education) from outside the Kathmandu Valley has been mentioned. It has pushed up property prices but also improved infrastructural conditions (e.g., access to water, electricity) of certain neighborhoods in parts of the city. Family structures have changed due to transnational migration mobility and the intense investment in childrens’ education (see also Ahlin, Brijnath, and Gamburd, all in this volume). A. Shrestha, Chief of the Social Welfare Division of Lalitpur Sub-Metropolitan City Office, recalls how the situation for many elderly people has changed over the years:

A lot has changed from the past for the elderly people of the core area. In this 21st century, the children mostly go abroad. The children have stopped taking responsibility of the family. We all know that. Not just going abroad but also sending the children to hostels has increased. There is a vast difference in the nature of children brought up in the family and those sent to hostels. The children sent to hostels do not have any love (for the family members). This has created a lot of problems for the senior citizens (in conversation with A. Shrestha, February 2015).

He continues:

The main problem is there is no one at home. The children are all abroad. Daughters are given away in marriage. Usually, people have only one child and many of them try to go abroad. So just the parents are left back there. They cannot work at that stage and the children are not together. And this has forced them to go and live in the old-age home (*br̥ddhāshram*). This is not part of our culture, where everyone lives in the family (A. Shrestha, February 2015).

Shrestha sees this as “westernization,” while he also alludes to the fact that “Western” people look towards joint family systems as an ideal. Clearly, he oversimplifies the cultural divide, yet his comment underlines the effect of transnational migration on local structures. While outmigration of younger family members has affected residential structures, urban densification, too, plays a role. The growing dynamics of people leaving and coming have changed the city, and the way of life in certain neighborhoods. People from the locality profited from the price hike; old houses were pulled down and replaced, and additional houses were built. We return to S.M. Joshi, who alerts us to the following:

This is the quarter of the *Jyāpus*, inhabited by farmers. [...] The prices of land skyrocketed. There is an influx of people from outside. For instance, the people working in the Middle East came back with a lot of money; they took over the whole area around Nakhipot. The people with the money bought all the land there. This is the case of the area outside (the old Newar settlement). They built modern houses over there. Here, too, people sold their land. [...] This brought in a lot of money. [...] You can just take a look at here in my neighborhood. I'm living in an old house. All the houses here have become new (this is before the earthquake). Once I could clearly hear the animals from the zoo cry from here.¹¹ Now the city has been densely populated, nothing can be heard now (in conversation with the author, March 2015).

This reference to the changes in the urban landscape also refers to the fact that inner-city densification and land plotting are taking place by which farmland is sold and converted into residential land, with brick or cement houses of four to five floors' height (while a traditional home would not be higher than two to three floors).

Place-making and old age in public: mobility and inertia

How does the physical environment impact the subjectivities and everyday lives of ageing people? How is the public aspect of a city occupied by different ageing generations? What role do ritual practices and places play in

11 The zoo is outside the confines of the old city of Patan, but within walking distance.

this context? One of the most unique and yet sidelined sites in contemporary urban Nepal that helps us considering this are the resthouses (*phalcā*). There is no other space that is as public, dynamic, and available for multiple uses, and for a variety of social groups, as this arcaded platform. As the nodal points of Newar culture, *phalcās* have a meandering history, often undergoing architectural and social changes. Many also have a daily rhythm that invites use by different local groups. It is a ritual site, a site for gatherings and leisure, used as shelter, shop space or storage (Fig. 1 and Fig. 2, p. 136). But it is also a site that, in some cases, has been closed down by means of a fence, and silently vanished through conversion into a residential place. After the earthquake, it has been seemingly rediscovered as a supportive institution, a much-needed island of momentary relief and solidarity. *Phalcās* are places that are semi-public and religiously or ritually used. The resthouse is also a social space for everyday gatherings, mainly of elderly people and children. With a few exceptions, the “middle” generation does not seem to pay attention to the relevance of the *phalcā*, and many people are not familiar with them, especially if they are from outside the valley, even outside the historic centres of Bhaktapur, Kirtipur, or smaller towns like Khokana and Sunaguthi. Even the communities located around the *phalcā* may not cherish this institution any longer and allow it to be encroached, privatized, or dismantled. This way, this age-friendly social and ritual gathering site, where leisure and ritual merge, gradually disappears. As K. Maharjan, in his seventies, and having spent much of his life playing devotional music (*bhajan*) recalls:

In the past there were many, also many *hitis* (stone water spouts) and *ja:rhum* (drinking water tank with one or more outlets from which people can drink water).¹² They were installed by our ancestors. These days, people have become mean. The chiefs of the government authorities also transferred the (*guthi*¹³) lands to their own name and built houses. There were so many ponds but they are no longer in existence. All of those people (in government authorities) including the ministers are no good. Ministers and kings are all no good. After these leaders came, everything has gone haywire. It's difficult to make a living. There is no money for the elderly. After all, we need money to eat. We have to survive (K. Maharjan, in conversation with Rajendra Shakya and the author, January 2015).

12 On the water architecture of Kathmandu Valley, see Furukawa, Shrestha, Bajracharya and Ogasawara 2010.

13 The word derives from the Sanskrit *gosthi*, meaning an “association” or an “assembly,” see Toffin 2005. It refers to initiatives that take care of the establishment and restoration of temples and Buddhist shrines and monasteries. Some are compulsory, some optional (Toffin 2005, 3), and they can be found across castes.



Figure 1: Atah Phalcā, an arcaded rest-house in Cyasal, Patan, where women use to gather in early morning hours, after lunch, or in the afternoon, to talk, rest, enjoy the sun, or prepare for feasts and rituals.



Figure 2: Two elderly women seated in a shop selling fabrics in a phalcā in Patan.

This quote underlines the fact that the devotional activities related to everyday life—genuinely intergenerational until a short while ago—have been pushed sideways by a different temporality of labor and leisure life as well as a declining interest of the state to invest in religious community life. Joshi stresses the fact that this also diminished the scope of elderly participation in public life and neighbourhood activities.

The research conducted for this study perceives *phalcās* as nodal points and constituents of urban neighborhoods. They follow a particular temporal ecology of place-use and this way offer members of different ageing groups, even jointly, space to gather, exchange, and nurture relationships. In response to the WHO report on age-friendly cities that underlines the importance of rest places (WHO 2007, 13) to relax, recharge, and socialize, the *phalcās* are a central element of urban regeneration and sustainability for an age-friendly city of the Global South. They are looked after by local stakeholders, often the eldest of the community. From the perspective of social and cultural regeneration in post-earthquake Nepal, the *phalcās* prove to be as significant as, or maybe even more, important than ever. Not just as vernacular sites of intangible and tangible heritage, but also as supportive institutions, especially for less visible and more vulnerable groups for whom they are a much-needed island of momentary relief and solidarity. While some *phalcās* still lie in ruins, other *phalcās* have been rebuilt, again, mostly through community initiatives which could mobilize state subsidies, or with the help of private organizations and donors. The practices related to *phalcās*, mainly devotional music, also reveal intergenerational contestations, spatial transformation and challenges of active ageing in the city, thus underlining the relation to environmental gerontology and age-friendly cities discussions.

Intangible heritage: storytelling, music-making and exchanging in public

Exploring elderly persons' ritual activities opens access to more than questions of belief and tradition. It speaks of the transformation of social—especially intergenerational and neighbourhood—relations, work and spatial transformation, and gestures towards the porosity of private and public spheres. It also shows that a sense of privacy, as shared in European or North American contexts, does not necessarily prevail in Nepal, where the family has not become an icon of national growth and progress as in the bourgeois Global North. One could differentiate between qualities of cultural heritage that impact more and less on the self-perception of Newar communities in the Kathmandu Valley where old age plays a distinct role as stakeholder and important resource of cultural production. There is what I call “five star” heritage, made up of pagodas and temples that have been declared monuments of cultural heritage by the UNESCO or the Department of Archaeology (DoA) of the Nepalese government. But

these rankings, though they might bring in much financial capital or tourist attention and also lead towards an appreciation of traditional architecture and care for those sites, do not necessarily overlap with the prioritization and usage of locals. Many important active shrines and temples lie outside the trails of the world cultural heritage map, and remain invisible to many outsiders. Elderly persons are vital caretakers of them and connect them through their “alternative” trails. The landscapes and practices that make those buildings visible have their own temporality and are strongly linked to the morning walks mentioned above. Whether or not this can be defined as temporary public space is debatable, because it is also a personal religious fact of everyday life. Among the sites that play a larger role in the early mornings patterns of movement is the unique architectural structure of the *phalcā*. And connected to it are the *bhajans*, the devotional music played according to a sacred temporality. Many research conversations with older age members with a Newar background circulated around the *bhajan* as a sensorium of the changes mentioned, and the role of old age in nurturing this form of cultural heritage.

The outdoor living room

The arcaded resthouses called *phalcā* are part of a semi-public religio-architectural ensemble made up of actively used and connected shrines, sometimes temples, or a Buddhist monastery, such as in the case of the Jyābahābahī, which was badly damaged by the 2015 earthquake. The earthquake interrupted many social and ritual activities that used to take place in these sites. The restriction of access to these sites brings to the fore their relevance, which is usually a presence taken for granted. H.K. Maharjan, aged seventy-four, a wood carver by profession and playing the flute in the *bhajan* group of Jyābahābahī remembers the days of his childhood:

Children used to play on the *phalcā*. We stayed there when it rained. People used to sit on the *phalcā* and the elderly people used to tell us stories. We sat there and listened. They talked about history and legends. So, the *phalcā* also served as a place for gaining knowledge. Once it got dark we stayed on the *phalcā*. A straw mat would be laid on the floor. Some of us used to sit on the lap of our father and chat. The sittings like that mostly involved gossips and also consultations regarding serious matters. [...] And when people came back from their early morning visits to various shrines, they gathered there (in conversation with Rajendra Shakya and the author, September 2016).

The experience of this intergenerational place as a site of knowledge production deserves highlighting. M.D. Maharjan (aged seventy-eight) stresses that it was also a place for people to spend time if they were out

of work. And his friend, K. B. Maharjan (aged seventy) emphasizes the shift of one living-room to another, more private one:

In the past, the houses were small and not good. People returned from work and the *phalcā* was like a living room. Everyone used to come and sit here. But these days, the houses are getting better. So people stay home. The TV is there now, there is not much interest in the *bhajan*: there are so many things to watch on the TV! (in conversation with Rajendra Shakya and the author, January 2015).

The *bhajan* practice, too, is undergoing changes, and this affects the use of the *phalcā*. Shyam Gopal Maharjan, aged forty-six, mourns the fact that *bhajans* are not popular among youngsters anymore:

The youth do not show interest in learning. [...] we organized a *bhajan* training, calling every household here to participate. We all studied and also handed over the certificates. But those who had learnt also forgot performing *bhajan* as they did not give continuity to what they had learnt. [...] *Bhajan* also used to be a means of entertainment in the past. There was nothing else to do after returning from the fields. So, people would sit on the *phalcā*, chat with each other, and perform *bhajan*. But these days, everyone's life is full of struggle. Financial issues surface no matter whatever one wants to do. This has forced people to focus on earning money. I think that is the reason. I mean, we haven't been able to bring changes in *bhajan* as per the changes in time (in conversation with Rajendra Shakya, September 2016).

This quote hints at the view that the practice of *bhajans* must be reformed to fit the aspirations but also practical demands of the younger generation who, for instance, cannot sacrifice their work schedule to the demands of ritual time, and find it unnecessary to do so. The comment also stresses the collision of two temporal patterns: the one of ritual time and that of secular working and educational ecologies.

There is a particular spatial pattern behind the practice of *bhajan*. Until recently, the Maharjans, Newar farmers from Lalitpur/Patan were divided among forty quarters (*tvāh, tol*), writes Toffin, and adds that these territorial segments, also *guthis*, had their own music houses (*mañkāhchē*) where apprentices were trained and music could be rehearsed (Toffin 2005, 17–18). Increasingly, however, younger men pull out of *guthis* since they feel these associations regulate and demand too much. Even if they are keen to share with and pay respect to the older generation, the often very strict rules imposed are not identified with any longer. The demands for musical competence, too, are very high and elaborate, and request much investment in terms of time and attention. Nutan Sharma, historian of Newar cultural heritage elaborates that *bhajans*, especially the *dapha bhajans*, are very

difficult to learn. It takes years for the music to be “internalized.” Moreover, members of a *bhajan* group must commit additional time during special ritual periods where *bhajan* must be played, for instance, in the temple of the Rato Matsyendranath for six months, every morning between 5–6 am. And ritual timings cannot easily be shifted according to one’s personal or work-related needs and desires; they are linked to auspicious moments set in a ritual calendar. Moreover, while previously there would have been up to fifty people for the special performance of *Nasaṃcā Dāphā Bhajan*, now many also abstain from coming, says another *bhajan* player from Patan, P.L. Maharjan (aged seventy-eight), because they do not know how to sing and are embarrassed. Now there are about five people left. Previously, he goes on to recall, *bhajan* groups would also compete with each other, and feel motivated because it had a good reputation. Now the investment in learning mantras and spending extra time are not considered rewarding any more. This is in contrast to a revived interest of Jyapu youth in joining traditional music groups with a less demanding schedule, organized by the *Jyāpu Samaj* (the association of the Maharjans of Lalitpur, which is a reformist move stemming from the 1990s to solidify porous structures),¹⁴ and including girls and women too. On this matter, P.L. Maharjan underlines that people are not ready to invest their energy in things that seem “too complicated,” and sees with a certain regret that particular practices vanish because of that, turning rituals into less complex events:

We used to have a *kajīchē*¹⁵ in the past, when everyone used to gather there in the evenings after the dinner to sing the *bhajan* and play the instruments. Now, the *maṅkāḥchē*¹⁶ has also disappeared. The gurus who can teach have also passed away. So, it appears as if there has been no attempts (at learning *bhajan*) at all these days (in conversation with Rajendra Shakya and the author, November 2015; see also Toffin 2005, 30).

A key interest, according to another senior citizen from the locality, is to meet for *bhoj* (a feast based on a communal meal). A group conversation with Maharjans from Lūchē Nani, Cābāhāḥ, reflects the decline of ritual diversity:

C. BROSIUS: *What is it that you cherish the most when you think back of your past? When you think of*

14 *Jyāpu Samaj* is a community-based organization, established in 1994 for the collective development of peasant communities in Lalitpur District.

15 *Kajī* is the main coordinator of any event or activity. *Kajīchē* is their residence, where they teach playing instruments and singing *bhajan*.

16 *Maṅkāḥchē* is a form of community building usually found in *Jyāpu* localities. This social unit performs all the community activities including teaching musical instruments and organizing feasts at *maṅkāḥchē*.

the past since your childhood till now, what is it that you enjoy the most in your life?

M. D. MAHARJAN: *The jātrās are no longer there like in the past. The festivals are only for eating now. When Matayāḥ,¹⁷ Gunupūnhi¹⁸ came in the past, we used to have khyālah¹⁹ (taken out on the streets) for a whole week. All of that has ceased to exist. The jātrās of gods have started to disappear. Otherwise, we had Mahālakṣmī Jātrā.*

R. SHAKYA: *Oh! The one in Lagankhel?*

M. D. M.: *Yes. Goddess Bālakumārī of Kvāchē used to be taken out for a procession, the deity from Sikabāhī used to have her procession too. All of them have ceased to exist.*

K. B. MAHARJAN: *Because of the availability of all sorts of things on TV, the interest of the people has decreased. Not even one out of twenty youngsters would want to learn these days. It's difficult; one has to work hard a lot (to learn). They have in a way lost the courage to learn.*

M. D. M.: *It was all done for the sense of pleasure in the past. Now we need money.²⁰*

The reference to money is relevant. It underlines the effects of several reforms during the past decades that led to a centralized organization of *guthis* into the body of the *guthi samsthan* (nationalized and centralized association of *guthis*). With the *guthi samsthan*, agency was shifted away from individual groups, and the state refrained from providing money to ensure the survival of ritual and cultural heritage. Today, some of the more complicated rituals cannot be financed anymore and recede or vanish. This also restricts the activities usually held in hands of senior persons, thus decreasing their status and reputation that usually comes along with old age.

The *phalcās* (semi-public arcaded rest houses) represent another logic of mobility and sociability: they are spaces for inertia, they offer moments of slowing down, of hanging out, watching life pass by, yet remaining a part of it—a “Nepali” kind of *flânerie*. Thus, they are ideal for children and old people. The focus on speed allows us to also bring in the coevalness of multiple qualities of mobility, since today, roads are widened to make space for more cars, demanding the removal of *phalcās* and private homes

17 Literally meaning a procession of light, *Matayāḥ* is a day-long walk through the inner parts of Patan with the participants offering various materials to all the Buddhist shrines and monasteries of the city. There are ten localities in Patan which take turns, one after another, to host the procession.

18 The full moon day of *Śrāvana*, when Newars drink *kvāti*, a liquid mixture of grains and lentils (like beans and mustard).

19 Mostly exhibited during the festivals like *Gunupūnhi*, *Sāpāru*, and *Matayāḥ*, it is an urban street drama, with comic and satirical elements.

20 Excerpt from group conversation with M. D. Maharjan (aged eighty) and K. B. Maharajan (aged seventy-one) from Lūchē Nani, with Rajendra Shakya and the author, November 2015.



Figure 3: Ongoing preparations for a procession to the stupa of Pimbaha, Patan, with senior members of a ritual association (*guthi*).

from the surface. The definition of leisure has changed too, requiring other symbols of one's presence and status. The *phalcās*, quite like the *bhajan*, seem to have fallen "out of time," overtaken by a younger generation that considers them "too slow," different to what they consider "classy." But there are exceptions too, such as the community at Pimbahal, a neighbourhood with a large water tank framed by with three *phalcās* that had collapsed or been damaged by the 2015 earthquakes. Now, in 2017, the community has reconstructed the *phalcās* with support from the municipality, and the site has become a place of pride and much attention (Fig. 3). In the mornings and evenings, children, youth and old people go for walks, sit, and simultaneously enjoy the public space. Other examples of *phalcās* reconstructed through local initiative, and with financial support from private donors and the municipality point to a possible new appreciation of "the old" and a smooth conversion into a space that is also valued by the youth. As the head of the Social Welfare Division of the Lalitpur Sub-Metropolitan City Office, A. Shrestha says:

Since about a decade or so, there has been a growing awareness on maintaining and preserving such *phalcās*. There was a phase in the past when they were misused and destroyed. The local body is carrying out renovations of them these days. Recently, one *phalcā* near Sundhārā was about to be destroyed. But the municipality provided NPR 1,000,000 [circa €8000, CB] to rebuild it this year. So, gradually the attempts at preserving them has grown. Not much can be done

for the ones that have already been converted into private property. But the municipality is moving forward with the concept of preserving the ones that still remain (in conversation with Rajendra Shakya, February 2015).

This can be read as an attempt to create age-friendly cities. The local municipal body even set up a separate branch for the preservation of culture and heritage (however, the procedures are fairly bureaucratic). Communities must also contribute money, something not always easy for them. Shrestha continues: "The concept behind this is to develop a sense of ownership in people towards the public spaces. Plus, the consumers' committees are temporary. They are set up only for the construction, and do not take responsibility for conservation" (in conversation with Rajendra Shakya, February 2015).

Renovated heritage sites such as *phalcās* also face intergenerational competition in the search for communal space in a densifying city, stresses Shrestha:

It is good if we can involve senior citizens in conservation of such heritages. [...] of course, they will not be contributing financially, but if we can tell them that these heritages are for you to use, they will also have love for such spaces. The problem here is the youths renovate them and they use it to form clubs. They tend to take control of the space, thinking that they are the ones who made it. That is wrong. If we leave it to the senior citizens, tell them that it's theirs to use, they will sit there and chat. They will be talking about the past (in conversation with Rajendra Shakya, February 2015).

Where public space is a rare and yet aspired resource, appropriation and alteration might happen. Shrestha sees a very recreational aspect in thinking of the presence of old age persons in public spaces, since they turn the places, if we think along the lines of age-friendly cities, into thriving places, where old age becomes a resource for the future wellbeing of the citizens:

And if we can record their talks, it will be great. They will have space to talk. Some people do tend to disregard the talks of the elderly people. But it is from them that we learn about our culture. [...] Now, I came to know of this (he refers to a particular ritual, CB) and I told you. You will tell someone else. This is how such information is spread. That's why one should listen to the old people. One should not disregard the views of the old people. We are starting to witness the change in the society. If we are unable to effectively manage the changes, it may turn out to be very bad. Even the *Jyāpu Samāj* is constructing an old age home. As a consequence, old people will be dumped there. Keeping them there just because there are facilities is very bad. I'm not very happy about that (in conversation with Rajendra Shakya, February 2015).

Caring duties: *guthis*, senior citizen societies, and old age homes

Both environmental gerontology and the concept of age-friendly cities require a careful analysis of how the relationship of persons to their habitat is structured by means of built environs (in our case, the home but also the *phalcā*), as well as social groups and associations. The fact that the concept of the senior citizen in Nepal is less than two decades old also explains that senior citizen organizations are a recent phenomenon and mostly contain the secular realm and civil society. They look after their members' access to health care, their monthly allowance, and other rights that consider the well-being of aged persons. Old-age homes, and even more so, day-care centres in Nepal are a recent phenomenon, even though the concept of the "abode for the aged" (*brddhāshram*) is part of the culture of ageing in South Asia, yet in that traditional trajectory, it is usually confined to religious charity, selfless service (*sevā*, *samajik sevā*) and organizations (see Lamb 2013, Mayer 2017; Mandoki and Michaels, in this volume). Senior homes and day-care centres have surfaced in the early 1990s, with the concept of the senior citizen, and are a predominantly urban phenomenon in Nepal. In Patan, a unique form of association that is predominantly monopolized by elderly men deserves attention because it is highly urban, responding to social and urban transformations and providing elderly persons with a cause for action in the form of service and duty that simultaneously transforms them into caretakers of the city. This final section will first look at the *guthi*, then the senior citizen society and the old-age home.

The centrality of the *guthi* was highlighted earlier. With gerontologist Andreas Kruse's words, one could call a *guthi* an extended form of neighbourhood or kin (Kruse 2017), something that activates personhood—and thus also ageing—beyond the family and the state.

Guthis make up a central part of the "symbolic organization of the city" (Toffin 2005, 8, and 16–17), further connecting towns, quarters, and villages through intricate social and religious relations, many of them reciprocal. As Toffin writes: "These associations are of tremendous importance in the traditional society and culture of the Kathmandu Valley. Basically, they regulate several aspects of Newar social and religious life, and even possess economic functions in some limited cases." (Toffin 2005, 4). After the nationalization of *guthis* in the 1920s under the umbrella of the *guthi samsthan*, according to David Gellner, many private *guthis* declined (Gellner 1992, 235). This was also due to the fact that members were not able to chip in the money needed for rituals, and the corporation denied them money. However, the monarchy of the Hindu Kingdom still provided support to the corporation, thus also ensuring a thriving ritual life in the city. A more drastic cut came with the civil war and the transformation of the country from monarchy to democracy and civil society in the early 21st century. One could argue that yet another step was the economic liberalization in the new millennium,

and changing relationships between the emerging mega-economies of India and China between which Nepal is sandwiched. New labour and education patterns, mentioned at the beginning of this chapter, contributed to a decline of younger members within the *guthi* structure. Some *guthis* responded through adaptation, for instance, by giving more agency to the young men, instead of “naturally” privileging the old members (*thakalis*, *aji*, see below). This, evidently, also shifts the position of elderly persons in their life-course patterns and social status, it impacts their role as keeper of rituals and thus also caretaker of the city, of the neighborhood / quarter.

But duty and voluntary service still play a role; the duty to care by means of voluntary service is a foundation of a special urban habitus and knowledge owned especially by elderly people. This allows them to connect sites and events, practices and people. The older a person is, the more responsibility and authority s/he holds for performing rituals and taking care of spaces. Albeit, due to the fact that the *guthis'* power decreases due to lack of donations and remittance, the burdens on status-holders also weigh more heavily, thus diminishing the reputation of a formerly honorable position. One challenge, according to M. D. Maharjan is that some sons of those involved in *bhajan* and certain *guthis* stopped caring about the *bhajan* performance after the death of their parents. Their withdrawal, either because of outmigration or disinterest “is one pathway to the *guthi* extinction” (in conversation with Rajendra Shakya and the author, November 2015). Another is the role of land, religious topography, and collectively versus individually owned property.

The urban transformations partly go back to a dramatic land reform act in the 1920s and another one in the 1970s (Gellner 1992, 235). Through ownership of land and houses, *guthis* were able to generate capital (rent, harvesting taxes) that was invested in rituals and renovations of religious buildings, even shrines, *phalcās* or houses. One's membership to a *guthi* requests regular participation in festivals and also in contributing to financing or paying service to the activities. They hold land in order to extract land revenues to finance rituals and religious buildings:

In the last twenty years, with land values rocketing in the Kathmandu Valley, many quarrelsome and / or apathetic *guthis* have had their land registered by the tenant, or embezzled by one of their number, and rapidly sold. Much *guthi* land has been lost to the building of new roads or other projects, particularly the ring road, with scant compensation. On the other hand, cohesive *guthis* with active leaders have in some cases become very rich because land they owned happened to be in what had become an urban area: by selling it (from one quarter to one third of the selling price goes by law to the tenant) and banking the proceeds the *guthi* has ensured itself a regular income to hold its rituals and feasts (Gellner 1992, 234).

Gellner differentiates between death *guthis* (residential), *guthis* ensuring worship of a particular deity, lineage deity *guthis* (residential, strong regulation of members), caste council *guthis*,²¹ economic *guthis* (such as the oil pressers, Manandhars, or the farmers, Maharjans), and finally, youth club *guthis* (Gellner 1992, 235). Public utility *guthis*, according to Gellner, “ensure upkeep of wayside shelters or temples, to keep water fountains (*hiti*) in good repair” (Gellner 1992, 236). After the land reform act of 1964, rituals depended more and more on personal donations, says historian Nutan Sharma (in conversation with the author, March 2018). Newar heritage expert Rajendra Shakya adds that, initially, *guthi* land was not allowed to be sold. In the 1970s, the government introduced a legal reform by which land could be sold which led to large amounts of land to be sold, and some *guthis* trying to retain money from those sales in order to allow for rituals to be financed (since the state did not pay for them any more). However, there are also rumours about black money and corruption (email conversation with the author, March 2018).

The vibrancy of ritual practice or the state buildings thus shoulders on a semi-religious form of civil society that claims and commits to responsibility by ownership of land. This directly impacts the tangible and intangible fabric of the city.

Dutiful care-habitat

Belonging to a place and a social environment is strongly shaped by personal commitment and ownership (as well as dissociation and neglect). The willingness to invest in functioning spatial and social or religious relations and practices is often defined through the notion of duty as part of one’s habitus and contribution to one’s kin’s well-being. In South Asia, such duties hold together ritual patterns and social groups, and are defined through the religio-spiritual concept of *sevā* (voluntary service). Generally, *sevā* would mean the service for a deity, and not expect reciprocity. Many duties vary according to social status and thus also age. In the context of this research on habitat and age-friendly cities, they can also be seen as the catalyst of social relations (mostly within a locality largely defined by caste or /and ethnic association) as well as a nourishing quality of care towards particular places. Thereby, care for place must not be confused with caring for a litter-free space—there are many paradoxes with respect to understanding the acceptance of material dirt in streets while much is invested in beautifying temples, statues, or even wayside shrines. This observation stresses the need to rethink public space, shared ownership and participation in South Asia along the lines of a more diverse pattern of belonging and place-making.

21 This form is relatively rare, found among the caste group of Chitrakars or Ranjitkars; see Gellner 1992, 237.



Figure 4: A group of locals playing bhajan (devotional songs) in the courtyard of a Cā bāhāḥ, a monastery that was badly affected by the 2015 earthquakes. Due to the damages, the group can not use the space in which they usually gather and play music—an arcaded resthouse outside of the monastery. The *phalcā* was reconstructed and inaugurated in March 2017 (with German support: Mohr Foundation, Hamburg / Helpnepal, South Asia Institute Heidelberg).

The importance attributed to serving more than just individual aspirations is expressed in a group discussion with members of a Maharjan locality next to an old Buddhist monastery in Cā bāhāḥ and a *phalcā* used for *bhajans*, both badly damaged by the earthquake of 2015 (Fig. 4). While the situation had already been vulnerable before the disaster, the aftermath brought to the fore heightened effects of rupture and distress. The *bhajan* group as a solidaric agent served as a moment of resilience after the crisis, and in the light of rapid urban transformation. In November 2015, we learnt that the younger generation had no major interest in continuing the practice of their fathers and grandfathers, and of the impulse of the older members of the community to hand the traditions down to the younger generation and to inspire them to invest and serve, also in order to stabilize their own community's status. As P.L. Maharjan, aged seventy-eight, says:

The youngsters are not interested and they don't try to learn. ... Take me, for instance, I could not attend yesterday's performance because I have asthma and it's really cold. So, if we keep it (*bhajan*) alive, people from the community will recognize us as *bhajan* performers and good people With the display of the photos, others will also come to learn *bhajan* to have their photos on the wall too. That may happen (in conversation with Rajendra Shakya and the author, November 2015).

The photos he refers to were taken in the context of the curated walk for the international PhotoKathmandu festival in November 2015, for which portraits of the *bhajan* players were taken and mounted onto lightboxes, then fixed onto the walls of the dilapidated *bhajan phalca*, Lūchē Nani, Cābāhāḥ.²² The photos, along with recordings from the *bhajan* previously played, were to remind of the practice-on-hold. That this had become part of an international festival became a source of pride for many neighbors, and a source of hope that the youth of the neighbourhood would reinvest interest and appreciation in the doings of the “aged.”

Status and practice are closely connected. There are several terms for elderly persons, besides the “senior citizen,” which is hardly used in the vocabulary of the interlocutors to this research. There is the *thakali* (old member), then there is *āju*²³ and *āji*, for men and women respectively. These terms also relate an older person to his/her environment and define the relation of caretaking and investing, for instance, in helping to renovate a monastery or temple. Gellner explains that a Buddhist monastery can be regarded as a kind of *guthi*, “duties are determined in rotation through lineages (*kawah*)” (Gellner 1992, 248), not through individuals but the unit of membership is the household. Old people relate to the quarter, but also to individual sites in terms of looking after the renovations. But some people also look after the handing down of traditions such as particular songs, performances, and the related rituals. In 2015, B. Awale (aged seventy-eight), had already held the responsibility in the *guthi* of performing the *puja* of the *digudya* (lineage deity) for a decade. The duties change according to a person’s hierarchy of *ājus*. There is a linear ranking of old persons in a *guthi* that can be made up of more than twenty “oldest” male members in a community. T. M. Awale, for instance (aged seventy-seven), is “climbing the status ladder” and is proud to announce that soon he will be *nāya: luigu*.²⁴ Ha:bāhāḥ has almost three hundred members; of these, there are eleven *thakali ājus*, most of them above seventy years. Goldsmith S. R. Bajracharya (seventy-four) takes up the sixth position in the ranking:

The first *āju* carries out all the *pujas*. The second *āju* helps him as *jaemām* (sponsor of *puja*, in this case the second *āju* acts as the sponsor for the collective *puja* of the *bāhāḥ*, as the presence of a sponsor is necessary in such *pujas*). The third *āju* looks after the annual income of paddy. As the fourth and the fifth *ājus* are not well

22 See <http://www.photoktm.com/2015/exhibition/the-pati-project>, accessed August 4, 2018.

23 Senior/elder of the *bāhāḥ*. Mostly in major *bāhāḥ*, there are ten *ājus* locally known as Daspāramitā Āju. When one of them passes away, the *āju* next in line will replace him while a new *āju* is inducted as the tenth *āju*. The induction of *āju* is done based on the seniority in terms of age.

24 The ritual of inducting a senior as the chief of any *guthi*; Rajendra Shakya, in conversation with T. M. Awale, December 2015.

these days, I am looking after all the accounts, along with funeral guthi, and other guthis (in conversation with Rajendra Shakya, December 2015).

Thus, there is a very elaborate pattern of tasks and duties that give the elderly persons a standing and possibilities to participate. It also defines them in the context of their social and built habitat and turns them into care-takers of urban regeneration. But Bajracharya also indicates entrepreneurship:

These days, the tenants do not pay the paddy anymore. We still have some lands of the *bāhāḥ*. We sold a plot [...] to build the building from where the Sunrise Bank is operating now. We didn't have sufficient money so we took some loan from the Sunrise Bank itself to build the building. We still have some amount to pay the bank. And we get rents from the building too (in conversation with Rajendra Shakya, December 2015).

This allows for financing rituals and renovations, but also bears risks. A monastery like Ha:bāhāḥ conducts around thirty *pujas* at the site per year. Some are jointly organized by all *ājus*: "The senior most *āju* must perform all the *pujas*." Rajendra Shakya explains that there is more than ritual function to the activities of elderly men entitled *āju* in their neighborhood:

The getting together is also very important socially for these *ājus*. Along with the status of an *āju* comes respect in the society and, in most cases, the family too. Because the responsibilities of an *āju* usually pulls in his other family members too, who usually carry out ritual responsibilities. Some of them may take it as a burden but they do it; they may not like or want to do it, but they do it. And, more importantly, these extra engagements for the family members may also prevent maltreatment of the *āju*. Even a nuclear family of the *āju* will usually fulfill the responsibilities they inherit along with the induction of the elderly gentleman as an *āju* (in conversation with the author, September 2015).

This speaks of a certain form of social control since the obligation for family members for regular participation in rituals happens in a spatially densely woven neighborhood (most families share the same courtyard). This ensures that they pay attention to their status and relations. However, Shakya also stresses that most *ājus* are treated well at home. The moment an elderly person becomes an *āju*, he becomes a public figure, escapes the confines of the home and gains more opportunities to socialize, also with members of younger generations.

This is an interesting phenomenon that could be of interest to the WHO report for age-friendly cities, though here too, one learns that

voluntary services by older people have become a central part of active ageing and age-friendly cities' policies, as a means to keep them busy with a purpose. In this context, limited choice and access as to what one would like to engage in is often quoted as a challenge for these policies. Voluntary service is associated with civic participation in cities of the Global North. It is then applied to southern contexts too, but with little variation (and thus usually held in more affluent middle-class realms, and secular contexts). Thus it may sideline the resource of voluntary service such as *sevā* as a crucial aspect of religious everyday life, and it keeps people engaged and active, urging them to communicate and reflect the social ecology of their direct neighborhood and diverse forms of micro-communities.

Honoring old age and ritualizing death

There are different ways of paying respect to old age in Newar rituals, and preceding death, there is a unique intergenerational ageing ritual among the Newars that marks the completion of a specific lifespan and a liminal, even risky moment transgressing to sanctification of the honored person. With the so-called *jya jamko* (or *janku*), an elderly person aged seventy-seven becomes a deity, and undergoes a set of rituals of appeasement (see von Rospatt 2014; Gutschow and Michaels 2005). The ritual must be initiated and conducted by the children and the most spectacular event is when a procession takes the celebrated persons on a palanquin or in a chariot, like a deity, through the old part of Patan, visiting important shrines and marking the city through the special ritual event.

But there are also attempts to introduce new rituals of honoring old age in Patan, through a more recent organization of the Senior Citizen society of Nepal. While ritual and old age are seen as activating resources, D.J. Sharma recalls that:

What we did was not a new thing. We only reformed the old tradition. We have the provision of *jhimha thakāli*.²⁵ [...] But that is only limited to some *bāhāḥ* or any *guthi*. What we did was we gathered senior citizens from all over Lalitpur. First we only took Newars, then we also included Brahmin/Chhetris. Then people from the village area also came. We did not categorize in terms of caste-based hierarchy (in conversation with Rajendra Shakya, December 2014).

Less wealthy people, too, are sought to be included. G.M. Shrestha, another member of the senior citizen society states that the activities are decentralized so that even people who are not mobile can access meeting points. He seems to sense an interesting overlapping of scales:

25 The ten elders of any *bāhāḥ*.

There has been a change in the way people view senior citizens these days. They take senior citizens as knowledgeable people. The recognition one gets is directly related to his contributions to society. So our rule is to be positive and make others positive too. This is just a part of a process. We used to have a lot of people sitting at public places (*phalcā*) and chatting. That has declined a lot. Gradually their economic level has gone up (in conversation with Rajendra Shakya, December 2014).

This means that people with more wealth, for whom membership to class matters, might not find it appropriate any longer to spend time sitting in a *phalcā*.

Rituals of death are still of key importance, and one of the most important *guthis*, the *si-guthi*, is concerned with a *guthi* member's burial, ensures that the corpse is picked up by members of the *guthi* and accompanied to the burning grounds. Normally, it is the oldest son who has to lighten the funeral pyre, but K.R. Joshi also says that,

If I get sick, we have hospitals; if I die, we have the cremation ground and *guthi* as well. So what do I need them (the sons who live abroad) for? We have to be able to bring changes to everything according to the time. If we don't introduce changes, it will never continue (in conversation with Rajendra Shakya, December 2014).

His friend Ram disagrees:

I don't think we need funeral *guthis* these days. Recently, I had my turn of organizing the *guthi*. It's not necessary anymore. Firstly, everyone is usually hospitalized these days. You can simply bring them from the hospital to the cremation ground (in conversation with Rajendra Shakya, December 2014).

Kali adds:

The biggest defect in it is that they have not introduced any changes in the proceedings of the *guthi*. We are still going to the residence of the deceased, make *bier* there and take out the funeral procession. It's not feasible anymore. People have moved to new locations and it is not possible for the *guthi* to carry out the funeral process in the traditional manner (in conversation with Rajendra Shakya, December 2014).

The adaptation now is that families are requested to bring the dead with a vehicle straight from the hospital. By now, hearses have been introduced too, making the presence of the company of community members who carry and accompany the body redundant. This comment also reflects the

urban transformation, where densely woven networks are shifted by introduction of new institutions (hospitals, old-age homes) and preferences of younger generations, even the aged persons themselves. The shift of institutions, social relations, and ritual practice is also mirrored in S. M. Joshi's reflection about modern old-age homes, of which there is barely a handful in Kathmandu Valley:

I am talking about Newar society. They have such a rich culture that there is no need for *br̥ddhāśrama* (old-age home). The sons and daughters spend so much money just to celebrate the *janku* of their parents. You know it, it's for the reputation. [...] In Kathmandu, they pull the chariot. But here in Patan, they put the chariot on the shoulder. They have a great respect. So there is no need for this *br̥ddhāśrama* (in conversation with Rajendra Shakya and the author, March 2015).

Carrying a chariot on shoulders indicates the divine status of the carried, and here refers to the divinization of elderly persons after they have reached the age of seventy-seven years, seven months, seven days, a "ritual birthday" known among the Newar as *janku* defined by astrologers and according to the moon calendar (see Gutschow and Michaels 2005; von Rospatt 2014). Interestingly, it is the children of the jubilees who must initiate the *janku*, and during my research I encountered stories about elderly who would have preferred not to be in the limelight as recipients of the ritual, but whose children were eager to conduct it in order to accumulate social prestige (as being particularly respectful and traditional), and to "pay back" the debts of having not looked after the parents well enough. *Janku* is particularly well-designed for social status as it allows for a memorable procession through the old city, with a chance for utmost public attention and gossip.

Alongside this view, R. P. Joshi, the program organizer of the Lalitpur (Patan) Senior Citizen society, supports the promotion of old-age homes in the neighbourhood, even if families are still predominantly looking after the elderly people. The association of farmers built an old-age home for members of their community in 2013. In 2017, they received financial support from the Indian government to make plans for a four-storey senior citizen home, hosting 110 senior citizens who have been abandoned or cannot be looked after by their families. The home is open to people regardless of their caste, sex, and economic status. The homepage of the *iyapu samaj* old-age home (*br̥iddhāśram bhavan*) announces: "With rapid urbanization and development, life of the senior citizens has been quite difficult and pitiful these days in Nepal."²⁶ As H. G. Dangol, member of the senior citizen society says when asked whether he would live in an old-age home:

26 See <http://oldagehome.jyapusamaj.org.np/background/>, accessed May 26, 2018.

That's something to be thought about in the future. If the sons and daughters-in-law don't look after you, then the problem arises. I don't have such problems at the moment. There are many who don't look after the parents. For them, it is necessary. Another thing is, the view of the person who goes to live there—does he want to go there (in conversation with the author, January 2015)?

The need for old-age homes grows with increasing numbers of couples working, many of them abroad, thus being physically absent.²⁷ But in conversations it also became obvious that even if people would opt for such an institution, many did not even know the term “old-age home,” or that, and if so, where, it exists. As K.B. Maharjan says:

... there are old-age homes, but not around here. All such reforms and managements are good. But the problem is: only the people with connections have access to them. I don't have any. Who shall I approach? Even if there are people in need of it here, where do we go to get information? Those who have connections make the necessary arrangements for that, those who don't are left behind (in conversation with Rajendra Shakya and the author, March 2015).

This reference to an uneven distribution of information about official services for elderly people could be an issue taken up by stakeholders interested in the WHO age-friendly city report that defines communication and information as a right in an age-friendly city (WHO 2007: 60–62). There are civil organizations that look after—or “care” for—the rights and interests of senior citizens. The existence of a wide range of associations—such as *guthis*, but also senior citizen societies or Rotary Clubs—shape an atmosphere of participation, and they must not be played out against each other. One organization that particularly cares for a wider involvement of elderly persons maintaining the city's intangible heritage, is the Lalitpur Centre for Culture Conservation and Promotion (*Lalitpur Sanskriti Samvardhan Kendra*) that was formed under the initiative of the Senior Citizen Society, Lalitpur.²⁸ As R. P. Joshi, the program organizer of the Lalitpur Senior Citizen society, explains:

Our cultures are gradually dying. All of them—the dances and others as well. So, how do we stop it? I mean, stop the gradual death of cultures and, if possible, revive them. Hence, we formed the organization and we recently organized a program as well. This is a big issue, not an easy one to deal with. But still, we have to do it.

27 This chapter cannot look into situations outside the Kathmandu Valley where whole villages struggle with the fact that mostly younger and even elderly men work outside the country, leaving behind parents, wives, and children.

28 See <https://www.facebook.com/LalitpurCulture/>, accessed February 10, 2020.

We have just started and there are a lot to be done. It's been only four to five months since we launched it. I'm very busy due to my involvement in plenty of things. I'm also in the Rotary Club and the Heart Foundation (in conversation with Rajendra Shakya, December 2014).

For him, the "new" and the "old," religious and secular domains, can easily cling together, there is neither a need for "empty" citation on the basis of nostalgia nor reason for suspicion in "progress" per se. He supports the existence of semi-public places like *phalcā*, *bāhāh*, and *nani* (courtyard) and says that it is important because,

they sit and talk about all their feelings and it allows them to let it out. We need to have such a platform for all the senior citizens. We need to make such groups; there should be a place for bhajans as well. That will make them unaware of old age. Though when they go home, it'll be back to the same. But still, it is very important. We have to preserve it. We have also started *bhajan* here (in conversation with Rajendra Shakya, December 2014).

Bhajan gatherings are organized in the society's office, with men and women coming together for two to three hours on Saturdays:

We have to do such things. Not just that, it can be playing or studying as well. If such things continue, people will not realize the passing of time. These are the things that we should think about for all. Just giving them food is not enough. Food is for physical strength but we should also think about mental health as well (in conversation with Rajendra Shakya, December 2014).

Against opinions that see old people as a burden to younger generations and even the state, I want to highlight voices raised across social strata that insist on perceiving elderly persons as an enriching and vibrant social and cultural resource for a city. A. Shrestha, Chief of the Social Welfare Division of Lalitpur Sub-Metropolitan City Office tells Rajendra Shakya:

The senior citizens are a kind of challenge for the local (government and municipality) body. There are many target groups and the municipality has other responsibilities too. It is the responsibility of the government as well to honor the senior citizens. I feel that the government has failed to extract the knowledge for—and from—the senior citizens. Both the local and central government have failed to do that. Only they know our culture. We need attention and money from them—this will be crucial in the preservation of our culture. For that we need to introduce programs to motivate the elderly. We will also get old! If we don't leave behind the knowledge we have, it

will be of no news. Only then the future generation will benefit. We have to record their knowledge in written form. So I suggest that the foreigners who do research on the senior citizens, they should also find out what the elderly people know, instead of just talking about their current situation (February 2015).

This implicit critique of studies that do not turn towards experiences and oral histories of ageing generations might be wind in the sails of reports such as the WHO report on age-friendly cities. The comment underlines the notion of “caring cities,” of agents in the city who care for ageing well—across generations. Such a view seems relevant for the agenda of *elderscapes* and environmental gerontology that try to push beyond policy-oriented, and deficit and problem-solving approaches.

To conclude ...

Environmental gerontology as well as the concept of *elderscapes* allow a multiscalar and multitemporal approach to study and analysis of the experiences of elderly people in an urban habitat that is changing dramatically. Concepts such as the age-friendly city can enrich the discussion, even though these must also be critically examined as tools for urban planning and development, particularly in the Global South. In that sense, the concept can well be enriched through an ethnographic perspective that highlights in what important ways an understanding of urban transformation and of *elderscapes* reflect and respond to each other. One way of doing so is by exploring the “urban code” of a neighbourhood (such as Old Patan) and see how familial, occupational, ritual, and ownership aspects matter not only for urban regeneration, but also for conditions and notions of ageing. Here, changing patterns of migration, education, globalized lifestyle, or political and civic life also need to be considered. This highly inter-relational and multi-scalar fabric of life in cities, and of ageing in cities, has often been sidelined in studies of urban ageing. Moreover, it receives a new dynamic if conducted in and from the so-called Global South, where demographic change and urban transformation take place and impact ageing more rapidly than, for instance, in the Global North. Old-age as urban caretaking—be it related to social or /and religious practice or cultural heritage, too, gains new meaning when alternative temporalities and forms of place-making must be recognized that complement, or even create tensions with, “secular,” developmentalist chronologies and notions of “public” space. This chapter has tried to shed light on this multi-level habitat of practice, event and agency with a particular focus on the cosmopolitan and “traditional” context of the old—yet transforming and “globalizing”—Newar city of Patan. It has thereby also uncovered the need for a morphology of dimensions such as “age-friendly”—and “caring” cities with respect to “regeneration” and “modernity” that must not necessarily

follow a linear model of “progress,” even though they are often impacted by experiences of globalization (e.g. in the case of transnational labor or education mobility), temporality, mobility and belonging, highlighting the productive dimensions of “peripheral” metropolitan environments such as Kathmandu Valley to research on ageing and urban transformation.

Figures

Fig. 1: Photo by Christiane Brosius 2015.

Fig. 2–3: Photos by Christiane Brosius 2018.

Fig. 4: Photo by Christiane Brosius 2016.

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Deborah Menezes

“They Cannot Boss Me Around”: Manifesting Agency in Care Homes in Goa, India

Abstract This chapter seeks to provide a deeper understanding of agency among the residents of care homes in India, who are constrained by their limited access to institutional power and control. Based on ethnographic fieldwork in three care homes in Goa, India, including participant observation and interviews, this chapter discusses everyday forms of agency, as manifested by the residents within the frameworks of power prevalent in the homes. My discussion throughout is built on two pillars—agency as a manifestation of identity, and agency as a form of resistance. Accounts from the residents were explored through them. By adopting a viewpoint which neither unnecessarily romanticizes the struggles of the residents nor falls prey to arguments about residents as passive victims, I have uncovered and understood better the residents’ stories of preserving their individual identity through their agency within the surrounding framework of power.

Keywords agency, qualitative methods, residents, India, care homes

Introduction

I feel I am at their mercy [...] it makes me feel so helpless at times [...]. I cannot take their orders all the time so I pretend to be deaf as I need to survive here [...] (Violet, Resident, Religious Home).

This vignette supports a widespread consensus in literature around institutional care for older people, namely, the image of residents in care homes as passive recipients of different forms of institutional control. The focus, in such an instance, is on what is done to them and not on what they do themselves. This conveys a picture of residents as simply sitting and waiting to be cared for, nurturing a sense of “institutionalized” identity. Such a view, however, is misleading. A deeper look at adults’ capacity to make choices and enact a personal agency that responds to their respective status in society is vital for developing a holistic view of residential care (Morgan et al. 2006). This aspect lacked recognition, not only in care homes, but also in conventional gerontology writings. The advantage of treating older people as competent and even strategic agents needs to be highlighted. Thus, in this chapter, I explore a narrative of residents’ experiences in care homes—as active individuals. This point of departure acknowledges residents to be present in, and actively aware of, the setting, not just acted upon. In saying *I need to survive here*, Violet reveals the need to explore the understandings and workings of agency among residents in care homes—how do they cope with the constraints and restrictions that the institution imposes? In answering this, I reflect on everyday forms of agency, as manifested by the residents within the frameworks of power prevalent in the homes in Goa, India (Scott 1985). Thus, agency as residents’ capacity to act in the face of institutional structure will be the interpretive and analytical lens through which to analyse residents’ capacities to act within institutional structures.

It is by illustrating different forms of agency and reflecting on them that this chapter gives a further dimension to the experiences of residents discussed in literatures. Residents attempt to resist institutional identities and create a personal identity that is not solely defined by the institution. They can maintain some aspects of self-identity within the institutional structures. This evidence also helps in locating the presence of agency which is manifested in everyday forms of resistance in the care homes (Gubruim and Holstein 2001; Paterniti 2003; Carder and Hernandez 2004). However, I do not aim at limiting the scope of this chapter to locating forms of resistance, but want to explore the implications of such behaviour by seeing it as signs of “ineffectiveness of systems of power and of resilience and creativity of the human self in its refusal to be dominated” (Abu-Lughod 1990, 42). This approach allows for an exposure of the complexity of agency and power relationships in care homes as places where systems of power are multiple.

The chapter begins by contextualizing the study within the literature, and then follows by locating the methodology I used to investigate

institutional care in Goa. The subsequent sections then explore the different forms of agency by analysing illustrations from the field and drawing out their implications.

Ageing and agency in India

The importance of institutional care for older people all over the world is realized at the juncture of two major societal developments: the ageing of the population, and the increasing number of older people looking for options for alternative care arrangements in the absence of home-based care. The ageing of the world's population is reflected in population statistics. According to the United Nations, the number of older people in the world will increase from 737 million in 2010 to two billion in 2050 (United Nations 2009). Although in 1990 the number of children below fifteen years was estimated to be 3.3 times higher than people aged sixty and above, older people are expected to surpass the number of children by 2050 (Rajan et al. 2003, 13). A clear majority (62 percent) of the world's older population lives in developing countries, with India and China sharing the major proportion (Patel and Prince 2001). According to 2011 census figures, there were 12.1 million people in the sixty and above age group in 1901. This number increased to 24.7 million in 1961, and thereafter increased each decade to 77 million in 2001, and crossed the 100 million mark in 2011 (Government of India 2011). This figure, which is 8.6 percent of the country's total population of 1.23 billion, is expected to rise to 21 percent, 323 million, by 2050 (Government of India 2011; Bhat and Druvarajan 2001). The 2011 census also indicated that this proportion was not typical for all states—some had a higher proportion of older people than the national average. Kerala, among the larger states, and Goa, among the smaller states, took the lead in demonstrating high proportions of older people. Goa's declining infant mortality, fertility, and adult mortality are typical of populations in the advanced phase of demographic ageing (Government of Goa 2007). According to the 2011 census, the proportion of people aged sixty years and above in Goa lay at 10 percent above the all-India figure of 8.6 percent.

Eldercare in India has been traditionally organized under the joint family system¹ (Brijnath 2012). Although informal care by the family continues to be a major source of care for older people, it is increasingly being passed to the domain of institutionalized care in the form of care homes (Lamb 2009). Care homes have mushroomed in India since the 1990s (Shankardass 2000; Jamuna 2003). Presently around 1,014 care homes have been documented, of which 427 are free, 153 are on pay-and-stay basis, and 146 have both free as well as pay-and-stay facilities (Brijnath 2012;

1 Multiple generations lived within a single household sharing income and resources (at least in theory).

HelpAge India 2009). These homes tend to admit only those who are physically and mentally competent (Brijnath 2012). In the event of severe or debilitating illness requiring intensive care, residents are referred to hospitals, or families are requested either to provide a private attendant or to take the person home (Lamb 2005). Despite the rapid growth of care homes across India, there is stigma associated with entering, and living in, a care home. Care homes are seen as a symbol of social degeneration, where aged relatives are abandoned, and love and service as an inherent feature of family care is now commercialized (Kalavar and Jamuna 2008; Jamuna 2003; Bhat and Dhruvarajan 2001). Residents of care homes are thus viewed as abandoned by their families and very often referred to as "inmates" by staff and management (Lamb 2009, 2005).

In Goa, institutional care is the most widespread form of formal care for older people. With its roots stretching back to the eighteenth century under Portuguese colonial rule, the development of institutional care for older people in Goa has been influenced by changes in social, political, professional, and traditional factors after liberation (Research Institute for Women 2002). Goa has approximately 112,000 older people, of whom 3 percent live in care homes, which is higher than the national average of less than 1 percent (Government of Goa 2007; Liebig 2003). The network of care homes in Goa has grown from five homes in 1961 to fifty-two homes in 2010 (Souza 2010; Research Institute for Women 2002). Care homes in Goa operate both as nursing and residential homes, which distinguishes them from the present form of the European welfare system based on its separation of institutional help according to purpose. Another typical feature of care homes in Goa is that most residents are able-bodied (mentally and physically) and are in the homes as a result of lack of any care alternatives (Souza 2010). Patel and Prince (2001) exposed the fact that care homes in Goa as a rule did not admit those with permanent disabilities and specifically excluded those with dementia. The care homes claimed that this was because they do not have the facilities or the manpower to care for high-dependency individuals. There was, therefore, no provision for local continuing care for those with dementia, or for those who lacked both family support and financial means. According to a quantitative study by the Research Institute for Women (2002, 40–44) to evaluate the services and the facilities in care homes in Goa, the majority of care homes did not have adequate facilities.

Gerontology studies on care homes in India have constantly evaded a discussion on agency of the resident. The majority of these studies have been quantitative and have focused on the conditions of care homes in specific states in India (Devi and Murugesan 2006; Ramamurti 2003; Rajan et al. 1999; Sharma 1999; Ramamurti et al. 1996). They reported on resident satisfaction, quality of care, and, to a smaller degree, management issues, and concluded that there is a need for improvement in the quality of care. The residents' attempts at reacting to these conditions have not been evaluated. This would, for example, allow a fuller understanding

of the extent to which the residents are able to cope in the care home. Agency as a theoretical construct helps in locating everyday forms of resistance (Scott 1985). By this I mean the transformative actions which older people initiate in order to press their own claims in relation to others who discriminate against them. These acts cannot always be seen as seeking to transform the existing order. In many cases, these acts only uphold and reinforce the status quo (Jeffery and Jeffery 1996). Thus, residents may consent to the controls of the care home rather than criticize, endure, or comply with its norms even if these are antagonistic to their interests. Hence, the question is not whether residents are victims or agents, but what sort of agency residents can have despite their subordination.

Ethnographic research has shown how, through rumours, vulgar songs, answering back, and refusal, individuals (particularly women) have resisted the oppression of the framework of power within which they have to operate (e.g. Jeffery and Jeffery 1996; Abu-Lughod 1990). Similarly, when talking about care homes, Gubrium and Holstein (2001) showed the many ways (including blank stares and back-chatting) in which residents resist the pressure of conformity to the routines and the structure of these institutions. Paterniti (2003) in her research (on older people) found that storytelling, playing musical instruments and refusing to carry out tasks due to illness were used to transcend the institutional rhythms structuring their lives. In fact, in some studies, voices of older people in residential care settings appear to hold greater influence than voices of the institution or kin over the major and minor elements of choice, such as control over personal space and daily routines (Carder and Hernandez 2004).

Acts of resistance among the residents in my study were both individual and collective. They were played out in the dormitories, in dining areas, and living rooms. In the prolonged time I spent with them, I was able to see the various forms of everyday resistance unfold before me. They could be identified in some typical patterns of arguing, loud murmurings, ridiculing, deception, as well as taking and executing some decisions that, at a glance, seemed counterproductive to me. Not all of these acts were invisible, and often they became visible even in minute forms of struggle. Abu-Lughod (1990) argues that forms of resistance allow one to understand how intersecting and conflicting structures of power work together. She further claims that power cannot be treated as some sort of hierarchy of significant and insignificant forms of power. Doing this, according to her, may block one from "exploring the ways in which these forms may actually be working simultaneously, in concert or at cross-purposes" (Abu-Lughod 1990, 48). Through my ethnographic illustrations, I show how, in the manifestations of different forms of agency, the identities of residents operating in the complex working of power relations of the home can be traced. In exploring the understandings and workings of agency as resistance, I hope to understand agency in an Indian context—which is also one of resilience.

Methodology

I conducted ethnographic fieldwork in three care homes in Goa: Government, Religious and Private.² I interviewed and observed residents, their care attendants, and the home managers, and participated in their daily lives for one month in each home. The material used in this chapter was gathered between May and December 2011. This period was divided into three phases: two months of scoping study; followed by one-month participant observation in each of the three homes; and the final three months in conducting in-depth interviews with twenty-four residents, twelve staff, and four managers across all three homes.

The Government home that was selected for this study was set up by the *Providoria* department of the Portuguese government ruling Goa in 1947 as a place for the mentally ill. It was converted into a care home for the elderly in 1982. The home is a double-storeyed building and houses about seventy residents, spread across dormitories of around fifteen people each. The Religious home began in 1984 when a village member gifted her ancestral house and the vast property around it to the Catholic religious sisters who intended to begin a care home. The physical structure of the house has been maintained in its original form and hence gives a feeling of entering any other house in the village. The home accommodates up to fifty residents, and room occupancy ranges between two to four residents. The Private home was set up in 1982 as a non-profit organization. It houses up to fifty residents. A cottage-style living arrangement caters to the residents, with each cottage having two large en suite rooms shared by two residents. All three care homes continue to bear a stigma because of dominant conservative values in Goa, where the old are supposed to be cared for by their family.³ The monthly charges vary from ₹2,000 (£20) in the Private home, to ₹3,000 (£30) in the Religious home, and ₹500 (£5) in the Government home.⁴

Residents across all three homes were between sixty and eighty years of age and belonged to either Hindu or Christian faith. The ethnicity of the residents across all the three homes was Goan. With regard to the number of years spent at the home, respondents spent between five and fifteen years in the homes. This points to the ability of residents to speak about their experiences over time. In terms of gender, I interviewed an

2 The three homes were selected after a scoping study of fifty-two care homes in Goa.

3 The Hindu law in India has emphasized the role of the family in caring for the aged (Devi and Murugesan 2006). Thus the responsibility of providing care was performed predominantly by the joint family (Devi and Murugesan 2006). A joint family is a type of extended family composed of parents, their children, and the children's spouses and offspring in one household: <http://dictionary.reference.com/browse/>, accessed on August 16, 2017.

4 The Government of Goa provides ₹2,000 to every old person in Goa under the *Umeed* (Hope) scheme. However, the elderly in the Government home are not entitled to this, which implies that they do pay the same amount as the resident in a Private home but since the money is not paid directly by the residents, many of them are unaware of their entitlement as a resident from a Private home is.

equal number of male and female respondents, although the homes had more women than men, i.e. a 3:2 ratio. From the sample of residents in the Private home, above 80 percent were literate, mostly graduates, and had held white collar jobs in the past as teachers, doctors, and accountants. A majority of the respondents from the Religious home knew how to read and write. Fifty percent of them worked for a daily wage, and a considerable number (25 percent) had also held white collar jobs. In contrast, the respondents from the Government home were less educated, and unemployed or engaged in menial labor in the past.

The staff in all three care homes consisted of a manager, assistant manager, a few nurses and "servants" (care attendants, domestic cleaners, cooks, laundry workers, gardeners, and so on). The manager was seen as the supreme authority, responsible for the day-to-day running of the home. Staff across all three homes were not trained in taking care of the elderly. Training was viewed in all three homes as an option and a way to acquire "Westernized," "posh," but largely irrelevant skills. Among my respondents, the four staff (three female and one male) from the Religious home were all uneducated, between twenty and twenty-five years of age, Christian, and had been in the home for the last three years. From the Government home, three lower-level staff and one nurse were interviewed (two male and two female). The lower-level staff were uneducated, and the nurse had completed a diploma in nursing. Three among them were Hindus and one Catholic. All the staff had completed between five and ten years of service in the home. The staff interviewed from the Private home were all Hindus, and had completed between seven and fifteen years in the home. They were aged between thirty and forty (two female and two male).

Ethical considerations are particularly crucial in research with older people. I followed enhanced ethical procedures of the Research and Ethics Committee of the School of Social and Political Sciences, University of Edinburgh (which comply with the (Economic and Social Research Council Research Ethics Framework). An ethical audit (level 2)⁵ was also done before going to the field. The concerns of informed consent, voluntary participation, anonymity, confidentiality, and transparency were upheld during all my interactions in the three care homes. The ethical guidelines that I started off with served as pointers rather than an instruction manual. Hence, ethical considerations needed to be constantly altered to suit the needs of the respondents. For example, to gain consent from the respondents, I initially required research participants to read and sign an informed consent request letter. Many older people felt anxious about signing documents. Hence, I decided to use verbal means for these respondents and recorded their consent. Similarly,

5 Level 1, in which the self-assessment process identifies no reasonably foreseeable ethical risks. Level 2, in which the self-assessment identifies particular risks and requires further scrutiny. Level 3, in which a proposed project creates more serious risks, usually because of physical or psychological harm to the researcher or participants <http://www.sps.ed.ac.uk/research/ethics> (accessed in February 2010).

throughout the research I tried to remain sensitive to my respondents and to be careful that I did not cause them any harm or distress. By ensuring a relation of mutual respect, non-coercion, and non-manipulation, I tried to balance my research interest with the interests of the researched. Within the confines of my fieldwork and methods used, I strove to maintain the moral responsibility invested in me as a researcher, that is, to make sure my research strategy and the methods I used did not conflict with the interests of any participant in my study. My participant observation was non-interventional and did not modify or interfere with the residents' usual care or daily routine. It was no different from how the residents were being observed by the staff. Residents were not observed while in the bath or toilet in order to preserve their privacy. The names of residents whose views have contributed to this chapter have been changed to protect privacy.

Muted voices in confrontation

As a first illustration of agency in the Indian context, discussed in the previous section, silent resistance was a common everyday "weapon" used by the residents to confront the power exercised by the staff and management in the homes (Scott 1985). It only marginally, if at all, managed to affect the various forms of control. However, from the residents' point of view, it can be seen as a far more effective weapon than loud defiance, as they had learnt from their experiences in the past when a vocal complaint against the restrictions imposed by the staff was followed by further subjection to even more restrictions. Seeing the staff helpless, even if momentarily, gave the residents a sense of personal gratification. This was seen as an attempt to diminish the institutional identity and reclaim one's own identity—even if it was done secretly.

Residents gave two explanations for silent resistance against the authority of the institution: firstly, some found it inconceivable to complain vocally against the institutional powers of authority, their commands and orders; and secondly, residents did not see the merit of vocal protest against the authority of the homes (their past experiences contributed to this feeling). Raja, from the Government home, remarked:

The staff here is very powerful, you cannot say anything to them. They will be all over the place and may even give you a smack. So you have to be careful when you are not happy with things here. I prefer to show that I ignore them but I do not.

Similarly, Violet, from the Religious home, described her interaction with the staff:

In the beginning I was very active and used to speak out when I felt something was wrong but they kept telling me off. Three years

back they said that I am becoming too active and if it continues they would not keep me here then. They said, "these days of mine are not to roam or get too excited. I need to sit and repent for all the bad things I have done in life." From then I just keep to myself [...].

These accounts represent the two reasons I mentioned which formed a pattern in many other interviews with residents. Peppered in my data were two forms of silent protest that came as a result of these patterns—visible and invisible. The first form attempts (not always successfully) to visibly convey resistance to impositions meted out to them. Though Violet claimed to remain quiet, her further account of her present dealings in the Religious home painted an interesting picture:

If the Manager tells me something, I pretend I cannot hear. She keeps screaming but I continue pretending. She gets fed up and leaves.

Sunil in the Private home claims:

I do not like the Manager; she used to publicly humiliate me so many times. I have stopped talking to her now. Every month I go and give her 3,000 rupees (monthly fee) and that's it. She gives me a receipt. I do not even greet her in the hallway or anywhere else we may meet. I just treat her as being non-existent. I am sure she does not like it; she has tried to make a conversation but I just pass and appear to be in deep thought. Now she does not talk as well, but she talks about me to others and makes faces.

So also in the Religious home, the feeling of insecurity and being told repeatedly by staff and management "*if you do not behave you will be sent home*" led Reggie (who did not have a home or family who would take him in) to a visible form of silent protest.

An instance of this was reflected when a religious group came to visit the home and organize some games for the residents. The manager had instructed everyone to be dressed in their Sunday best. A bell was rung for the residents to gather in the living room. The religious group arrived and was introducing themselves and just about to begin a game with the residents. Just then Reggie was seen entering the living room in shorts and instantly joined the game. The manager was furious and after the religious group left, reprimanded Reggie who did not justify his presence but was silently smiling all the time [...] (Field notes, August 2011, Religious home).

Leena, from the Religious home, added further to these forms of visible muted protest in her account:

In the last two years I have stopped greeting them (Manager and Assistant Manager), I do not even say good morning. I also remain very quiet in the home. However, when I am out, particularly in the Church, I enjoy myself ... take active part in religious activities. In the house I do not do anything; I just keep away and do not talk. They also do not talk. They are telling the other residents that "Leena is greeting everyone in the village, while coming from mass but she does not greet us." They also say that "they do not see the same spirit in me in the home." I do not have the mood to do anything here, for I have done loads for them, but they have no appreciation, so I do not want to continue. My conscience feels guilty sometimes, but I just cannot be the same in the home anymore and it will stay this way.

These visible narratives of silent resistance follow the pattern of many others I have heard of, of residents showing their rejection of unacceptable systems in the home. Conscious decisions by residents to avoid conversation with the staff and management, or public rejection of management orders were instances that could not be seen as achieving a specific outcome. It was, however, acquiring the ability to make this choice, which was denied to them in the past, that gave the resident a feeling of empowerment and self-worth (Kabeer 1999), the implication being that the residents exercised their choice in their own decision making that was possible because of the muted voice he/she chose to take.

An analysis of my interviews with the residents and my daily accounts in the homes revealed invisible forms of silent resistance. This form implied subjecting themselves to the rules and regulations of the institution. This would mean obliging all demands and just going with the flow of what the institution demands. This attempt, according to Goffman (1961), makes the individual lose himself/herself completely and become more mechanical than human. Foucault's concept of *Governmentality* (1979) allows for analysing and understanding how older people practice self-discipline through a process depicting a specific style of subjectivity. The way in which some residents were seen responding to prayer times, meal times, and bed times was representative of this theme. However, if taking Goffman's line of analysis, this theme implies the success of the institutionalization process. Yet, my interactions with residents demonstrated a deeper implication. Residents claimed to align with the rules and regulations consciously—not because they had begun accepting them, but as a strategy "to get into their good books" with the staff and management so as to be able to earn some small autonomy from the system. Through this we can see a binary of subversion and resilience in the midst of power. Taking a cue from Foucault, we can read these actions within an enactment of power, and an attempt to challenge the establishment and the practices of its members, by exploring the "contemporary limits of the necessary" (Foucault 1984, 53).

I just do what I am told to, I do not agree with them but I do it so that I am in their good books. And if that happens, they will not be targeting me and instead they serve bigger portions of dinner and even take me out with them (Fatima, Resident, Religious home).

The account about Milena from the Government home can be seen in line with this:

After being reprimanded and taunted by the staff for talking to a male (which was a taboo in the home) Milena withdrew and went to sleep after this. She kept her social interactions to a minimum the following day. This was aggravated when she was nicknamed "*Biazuan*," meaning a woman with a loose character, for her action of talking to a male resident. This was followed by Milena apologizing to the staff and acting according to their instructions. When I spoke to her about this, she said "If you want to be happy in hell, you have to make friend with the devil" (Field notes, August 2011, Government home).

Thus, these accounts show that the residents make friends with the staff and management not only to ensure privileges, but, more importantly, as a strategy to work the framework of power to their least disadvantage.

Silent resistance also included covert forms like theft and delaying tasks as evident from my interaction with the residents. The female staff toilet in the Government home was located close to the female dormitory. On at least four occasions during my fieldwork, different staff found themselves locked in the toilets because a resident locked them in. In fact, the practice just before I left the home was to keep a staff colleague standing outside to avoid being locked in. Theft was another form.

Savita (staff) said she had left her watch on the sink platform while she was cleaning the toilets in one of the dormitories. When she finished cleaning she could not find the watch. I was present in the dormitory at that time and only residents had come in and out of the toilet area during that period of 15 minutes. She began searching for her watch. It was not found. All the lockers of residents in the dormitory were searched by the staff but the watch was not found. Two days later the watch was found outside the staff room: it had been smashed (Field notes, September 2011, Government home).

Similarly, in the Private home, I was told by Suraj (staff) about a resident who stole books from the home's library and gave them to passers-by or children in the village when he went on walks. Everyone was anxious about this disappearance of books; nobody suspected him, till one of the staff's extended family was offered a book. When the resident was asked about his intention, he said he did not have one, he just did it. A closer look at this

account and that of "Savita's missing watch" manifests a critique of their subordinated selves. Deviance is therefore seen as, in this case, a manifestation of one's agency and ultimately identity.

One of the residents, everyone says it was Laxmi but I am not sure, poured coconut oil on the staff stairs. When Kareena and I finished our shift we were rushing down those stairs to catch the bus. Kareena ran ahead. Just then I noticed something on the floor and told her "be careful, there is water on the floor." On examination, we found that it was oil. So we were careful and climbed through it very slowly. We walked very slowly and also cautioned the other staff. Nobody found out who did it to date, but I am sure it is the ladies (Savita, staff, Government home).

The invisible form of mute strategies points to an interesting avenue through which residents subtly bargain to negate institutional identity within the constraints of a controlled environment. As emphasized earlier, in some instances they were strategies of survival, and, in others, stratagems of resistance.

Agency as resisting power

The forms of agency identified so far could be associated with invisible forms of resistance, whereby without entering into any direct confrontation with the institution, the residents used almost imperceptible strategies to work the framework of power in the institutions to minimum disadvantage, if not any advantage. But, as will be seen in the illustrations below, not all acts of resistance were covert, and the residents on some occasions would get into a confrontation with the management and staff when their interests clashed. These confrontations could be on fundamental issues like respect, self-esteem, and injustice. These manifestations were more direct, where brawls and direct vocal resistance were characteristic.

Around two months back, one of the staff, Tarani, stopped me from watching television. I got very angry and argued with her but she shouted back and asked me to return to my dormitory. I felt very humiliated, so, I went straight to the manager and reported the matter. The manager was new, and I am sure she did not want to get in trouble with the staff, so, she pacified me and said she will sort the matter the next day. However, the same situation continued for the next couple of days; the manager kept putting the matter off. I kept quiet too, and let the matter cool down as I needed permission to go out. So, on Tarani's off day, I asked the manager for permission to go out. They usually do not give permission on the same day but the manager gave me the permission. I visited the *Provedoria* head office and complained to the

Assistant Director. She used to know my family, so she was very good to me. She right in front of me issued a written notice to the manager asking her that the residents be allowed television between 17:00 and 18:00 daily. The news had already reached the home before my return. When I returned back, the manager began scolding me for taking matters to the head office. I told the manager that I would not have taken the matters up if she had acted on time. I also told her, "I did not report the matter about your involvement but if you try to harass me, I would go and report the matter." The manager kept quiet. Tarani on the next day reprimanded me, but I did not keep quiet. I gave back and told her not to interfere with me; otherwise, I will complain again. She has stopped talking to me and does not even respond if I ask her some medical question. If she says something it is only, "ask the Assistant Director." She has told other residents to stop talking to me too. Most of them have begun to listen to her, and they are foolish. They do not come to watch the television either; in fact, it is only Theresa, my friend and me, who watch the television during that time. Tarani is trying to isolate me. Imagine, I fought for these people's right but they do not even value it. Anyway, what do I have to lose? I have got my voice (*tallo*) heard. I have let them (staff) know that they cannot boss around me. I am educated and aware of my rights and I am not going to allow them to demean me. That is what they try to do every time [...] (Carmen, Resident, Government home).

Carmen's account demonstrates her anger and humiliation at the restrictions placed on her autonomy. She, however, attempts to exercise her individual identity by not allowing herself to be "bossed around." Her attempt at securing her identity and rights against that of the institution was apparent from her manifestation of defiance of the system. This also shows that the defiance exercised by Carmen used the repertoire of influence politics available to her. However, this act introduced Carmen to newer forms of subjection—"being isolated"—and thus demonstrates the multiple power dynamics at play in the home; since she missed being caught at the first level, she was caught at the second.

Open confrontations were also evidenced for more mundane everyday issues:

I like to give tit for tat. I pay my money and stay here, so no one tries to play truant with me. If I see any loophole and do not see things fixed, I begin to fight. The residents nickname me as "problem maker," but if I do not fight then they will only suffer. For example, we were in darkness last evening, something with our fuse, I think. They served our meal at 6:00 pm and told us to go to bed at 7:00 pm, imagine! I cannot do that, I get constipation and at the same time I feel hungry at night if I eat so early. So I told Sister I cannot do it. She said "you cannot tolerate for one day?" To which I

immediately replied, "will you go to sleep at the same time?" I told her to give a battery lamp in my room and then I will leave, but she refused. So I sat in the living room, I did not move. After some time, she got a lamp and gave me and I went to my room" (Felix, Resident, Religious home).

We were taking the residents for an outing; we took them in batches. Last time we had taken some so this time we needed to take different individuals. Laxmi did not go last time but her friend Srijani went, so we invited Laxmi. She said she will not go as Srijani is not going. So we asked Alice instead. On the day everyone was ready to go, Laxmi came and told us that she wants to come too. I said no, as we have already told Alice to come. She cursed me and said, "God will see to you, hope you do not reach this place again [...]" (Savita, Staff, Government home).

These illustrations show that such actions were not entirely without risk if they are too frequently used by the residents; as in the case of Carmen, they risk getting into trouble with the staff. However, in most cases these forms of confrontational vocal resistance were infrequent, and in a way it is this infrequency that gave the strategies their strength. This suggests two things: firstly, since the flare-ups are infrequent, they remain unexpected and hence the staff members are seen to be less equipped to deal with them. Secondly, the managers too do not see this behaviour as a threat because of its infrequent nature, and hence in many cases the residents are able to achieve their immediate objective. However, in some cases, the management may resort to newer forms of subjection.

Resistance as diagnosing power

The residents on a daily basis enacted different forms of minor deviances of the restrictions enforced on them by the home. They attempted to thwart institutional identities through these myriad forms of covert resistance. Many of these deviances included secrets and silence through which residents often colluded to hide knowledge from the staff and management. Residents also covered up for each other in minor matters such as taking a daily bath, which was not allowed in the Government home, sneaking in cigarettes and alcohol which was restricted in the Private home, or secretly keeping a mobile phone and sneaking in food from outside in the Religious home. These deviances indicate the power that is exercised on the residents through a range of prohibitions and restrictions which they both embrace and resist (Abu-Lughod 1990). In Foucauldian terms, this would be a failure of power where forms of crude coercion are met with forms of crude coercion. However, an interesting question in many of these cases is why they eventually complied with staff wishes. This might be interpreted as residents

adopting self-discipline; a governmentality of conducting his own conduct. On the other hand, it may be that residents wanted to escape the cycle of action on action, of power and resistance. If so, this would then become a clear example of the enactment of invisible power or institutionalization.

It was not surprising then, given their non-conformity, that these residents were more likely to recognize the effects of institutionalization and the resultant eventual loss of self. Because of this, they were also most likely to recall arguments with the staff as they challenged the discretionary use of power.

They (staff and management) constantly instruct us to clean up our rooms, make our beds, wear this or that, and all those many things. It gets to me and I say I am old enough to be your mother and teach you these things ... you're not my mother ... you can talk to me better than that because not only am I a grown up like you but I am also older than you ... she went mad and told me I am back chatting and would be out if I repeat things like that ... I do not care and I know they will not throw me out as they need the money which comes from my charges ... and I do not exactly care about being in their bad books If I had the chance I would complain ... I think we should be able to complain to someone if the staff is not doing something right as they never listen to you (Fatima, Resident, Religious home).

Though this argument is seen as covert resistance, the sentiments express discretionary use of power by the staff to suppress vocal resistance from residents on the one hand, and on the other, absence of a grievance redressal system in place within the homes.

There were also instances of outright defiance, and these affected the staff. For example, Kareena said to me:

Some of the residents do certain things when they are angry, things that you cannot tolerate. I will give you a small example: when I go to serve the residents soup in their dormitories, there are always some who want to trouble us. They take the soup in their cup, taste it and make a disgusting sound, and pour it in the bin bucket in front of us. Once in a way you can understand, but some residents do it too often. It is us who cook it; now imagine how hurting it is, would we not get upset? If we avoid serving her, thinking she will do it again, she blames us and in fact goes to the manager and complains. The manager then questions us. When we try to justify, she tells us to let her do anything, even throw out, and do your duty of serving her (Kareena, Staff, Government home).

This account shows that there was no intention to redress a grievance in such a way that it does not recur. It demonstrates ways of getting back at the staff. The varieties of suffering by the staff, and their helplessness at

reacting, enabled the residents to carve out a personal agency as against the power exercised by the staff. However, there were also instances where resistance was not so much an outright defiance of the system as a subtle negotiation and, in some cases, manipulation.

They give us vegetables to cut or rice to clean wash? I do not like doing that. Why should I do it, it is their job. They give us this work and sit down and gossip. I take the knife and begin wobbling with it, implying I am unable to do it. They take the knife away from me and say "leave it, you do not do it" (Alice, Resident, Government home).

They do not allow us to watch television after 9:00 pm. In fact, the living room is said to be out of bound. We asked whether we could sit in the dining area to which she agreed. Now, we have begun playing cards here and we also make fun of them here. I prefer this to watching television (Leena, Resident, Religious home).

Suraj (staff) helps sneak liquor into the home; he also buys cigarettes for me. I give him some "chai pani" (money). He does it for many other people too (Rajan, Resident, Private home).

These accounts illustrate that stealth or manipulation were involved in many everyday actions of the residents which go on to form covert resistance. For example, Alice did not directly oppose the staff about her dislike for the job. Rather, she took refuge in accepted social codes, such as health problems, to demonstrate her unsuitability for the job. Rajan manipulated the staff by using money to get his way around. Through these acts, the resident is able to carry out her/his own wishes through a process of manipulating social codes—immoral or illegal—rather than open confrontation.

Mediators as agents of resistance

Residents also felt that it was difficult to voice their resistance directly to the management or the staff. Hence instances of residents using mediators like visitors, animals, plants, and God were common:

I was very weak so they used to get my meals on top to my bed. In two or three days the staff started grumbling (*gozal*), saying she can eat well but cannot come down and take her own food. I did not know about it, from a distance I saw the resident who was getting food for me coming with my empty plate back. I asked her what happened; she told me the discussion down and said that the staff has said if I want to eat I should come down with my plate. I took the plate, went near God's statue and cried and told God, "See they have sent my empty plate back, they could have at least given the food

today and said that I could take the food from downstairs tomorrow." I said this very loud so that they could hear. I prayed to God to give me some strength to walk up and down the stairs with my plate. So I walked down the stairs very slowly. When I reached there all started saying "Wow good Laxmi has come very good." I only said one thing, "God is watching you" and kept quiet (Laxmi, Resident, Government home).

Gopi was seen cursing staff, complaining about fellow residents, or simply moaning while counting religious beads. She did this in her room but also in public spaces, including the living room which the staff accessed frequently (Field notes, October 2011, Private home).

The implication in these accounts was that the residents wanted their thoughts to reach the staff. They found confrontation or direct or vocal resistance very difficult. They believed that their lamentation while counting beads and their loud prayers to God not only helped vent their anger, but also provided them with an opportunity to indirectly resist the structures they felt tied into.

Maria was in the garden, she was talking to the plants. She kept saying "you are all free, look at me, I am so restricted ... what has this place done to me" (Field notes, August 2011, Religious home).

Similarly, Fatima made friends with pets and spoke to them about her frustrations.

Fatima had two cats. During my initial data collection days, one of her cats went missing. Fatima was very disturbed about this. She did not talk to anyone the whole day; she did not take her meals. I saw her sitting with the other cat and when a staff passed by she loudly remarked, "You know, Meow (the cat's name), one of these people has taken your brother. God will punish them and burn them in hell (Field notes, August 2011, Religious home).

Again, this blatant account did not have an outcome other than the resident's agency at voicing her fears spoken loud. In other instances, families, visitors, and doctors were used to convey messages of resistance to the staff and management:

The food was too spicy for me, it was not agreeing with me, so Sr. Rose the previous manager said, "we will give you boiled food." The present manager who came in last year wanted me to eat this food. She said that I was fit to eat everything. I told her I was not feeling well after I ate the normal food, so she took me to the Doctor the next day. I told the Doctor my concern and he agreed with me.

He told the Sister to give me boiled food as I have problems with digesting. She did not believe me; she only wanted to create problems for me (Leena, Resident, Religious home).

Visits by individuals or groups (religious or charity) were seen as mechanisms for redressing grievances. Accounts from the residents followed a pattern—sharing their problems and difficulties of institutional life. This manifestation saw the resident questioning the very basic structure and foundations of institutional living. This questioning provided them with an opportunity to create a niche to express their own resisting voices that were otherwise restricted.

Critics in resistance

We have demonstrated everyday practical acts of resistance—visible and/or invisible. There was another category of resistance which had no direct relationship to the residents' interest in, or protection of, their rights, or manipulation of the system to minimize disadvantage. These acts of resistance were intended to display a critique of the institutional care system. It provided a forum for a counter-narrative within the dominant institutionalization order. Like the previous acts, here too the intention was not of changing the system, but was limited to being a critique of the current system. This criticism took place in groups or at an individual level.

Residents aptly articulated the contradictory nature of the home and in some cases placed their criticism within a larger social context. For example, Laxmi in the Government home compared the system of the home to that of a prison:

We are in chains (*Amkam bedi galea*) ... I think this place is far from home It is like a prison! They lock you up all the time.

These expressions were often used in interactions with their peers or with visitors to the home. However, these expressions were also used as indirect taunts to staff and management to suggest that they were worthy of better treatment than they were getting. Moreover, these taunts were not only made in the residents' rooms, but also in public spaces such as the living and dining rooms. They clearly demonstrate the residents' objections to the existing structures with all their power and domination. For example, in the living room of the Religious home, Felix was talking to Matthew about the manager:

Because you are the manager, I have to salute you, but for what reason ... I have to listen to your instructions and dictates. Why? For what reason? Is this Hitler *raj* (rule)? (Field notes, August 2011, Religious home).

Similarly,

When the manager was on her roll call rounds, she was walking in the hallway. When Rukmini told other residents in a loud voice: "Madam is here to see whether we are dead or alive. We should all lie on our beds and appear dead, so that she does not count from the door but comes to our beds." All of them laughed (Field notes, August 2011, Government home).

This was a vocal critique by the residents of the practices in the home. It was also an indication of encouraging resistance in other residents. This and other taunts were extended to acting out roles and name calling in the homes as well.

When the dormitory is locked, Alice acts like the manager. She is really very good in acting the manager. She talks and walks just like her. Sometimes she also imitates the staff. She keeps ordering us around like the staff do and swears at us like they do. We all laugh then (Laxmi, Resident, Government home).

We used to call her Hitler. Now she knows it, but before she was not aware of it. We used to use this name in front of her. She often asks us: "who is Hitler?" and we used to give her different answers. Eventually she found out. Now we call her "Meow," which is the name of our cat here. She will never find out. Even when she is around we talk to the cat and address her as "Meow" which for us means the manager. We say, "*Meow Modh marla ... amkam kiteak sotaita*" (Cat, are you possessed, why are you making us suffer), or "*Mosti ailolo*" (cat, why are you acting too smart). We laugh and the manager laughs with us not knowing we say these things to her (Fatima, Resident, Religious home).

In the same vein, Sunil recounted how he and his roommate made fun at the manager of the Private home:

She cannot speak Konkani well She tries to tell us things in Konkani; we do not say anything in front of her but when we are on our own we talk about it and laugh. I imitate her accent too, it is really funny. [Sunil imitates it to me too during the interview.] We hate her, she is very bad, no sensitivity to our needs. She only favours residents who have money ... selfish lady (Sunil, Resident, Private home).

The staff were also criticized by the residents based on their behaviour. For instance, Gabriel was criticized for stealing food from the home and taking it home; Kareena repeatedly drew complaints for her dominating and

violent behaviour towards residents; and Raju was taunted for his poor knowledge of Konkani.

The logic behind this was to criticize someone, or something they otherwise had no way of doing. These acts did not appear to be for securing advantages or challenging domination. They were used against both the staff and the management but, most importantly, to represent the existing system in the homes. I was easily tempted to assume the total ineffectiveness of these acts, but a closer look revealed a different perspective. In this regard, the question was whether these attempts really worked as a critique or were they merely a pressure valve? These acts had a four-dimensional significance. Firstly, they served as a momentary inversion of the institutional structures by focusing on the weaknesses of the different representatives of management. Secondly, these acts seemed to cross the non-breachable boundaries between them and the management. Thirdly, in many instances these nicknames, role playing, and abuses reached the management or staff and thus communicated to them what the residents' perceptions about them were. Finally, the critique was seen as recognizing one's identity as superior to that of the staff and management, and also, as I already pointed out earlier, acting as a safety valve for their frustrations and other negative emotions, perhaps even a subconscious way of making staff feel what they themselves were feeling (i.e. I feel worthless, so I make you feel the same).

Besides these everyday individual and group acts, criticism also took place on fundamental issues where some of the values unquestioned for decades were gradually being challenged.

On the International Day for the Old, a number of us were invited for a public event held by HelpAge India. There I was invited to speak. Now what will I speak about at this public gathering? I thought this was a chance to raise my voice against the baddies. So I said, "I am staying at a home and on my entry I had to give an affidavit in the beginning, that is, naming who would take me in case of a health problem. I have chosen to go into the home because I do not have anyone. But I am afraid of illness as I may be asked to leave." I continued, "I am happy in the home as you get everything on a plate but I feel bad when people look at the home as a place to dump excess food. The leftovers are brought in and we are asked to say thank you to the donors. Residents pay monthly fees so why do they have to feel that they are relying on *daan* (charity). The main thing they need to take care of us is *AHAAR AND AZAAR* (food and health) and that's all; but both are neglected. How will they cater for our emotional and social needs? "*PAAD PADU SOZPACHE NA*" (Curse them, I cannot bear this) (Rajan, Resident, Private home).

This account is of taking the criticism to a public forum. It criticizes and questions the edicts of the system and implicitly challenges the authority

of those who represent it. It was a more direct form of criticism. Furthermore, Rajan found it easier to criticize the extant system at the public forum where he referred to it in general as problems of the care home systems, and to directly express his opinion on these issues in front of others.

Conclusion

I have provided an understanding of agency among residents in three care homes in Goa, who are constrained by their limited access to institutional power and control. I have demonstrated the myriad forms of agency—silent resistance, vocal resistance, covert resistance, using mediators as agents of resistance, and resisting by critiquing. My discussion throughout was built on two pillars—agency as a manifestation of resilience, and agency as a form of resistance. Accounts from the residents were explored through them. Moreover, agency as a manifestation of resilience implied resistance to the institutional structures of power within which the residents were located. At the same time, agency as a form of resistance can include a manifestation of identity.

Many reactions of the residents, in terms of the overt reactions to a rebellious attitude like brawls, often appear to subvert the purposes of the institution. The repercussions sometimes can be risky, including isolation, ill-treatment, being deprived of services, or being asked to leave. However, some residents challenge these repercussions and take the matter to a higher level. Others withdraw into themselves and their imaginary personal spaces. Many residents are seen to challenge the situation by refusing to cooperate and refusing to accept the values and roles assigned to them by the institution, i.e. of a passive old person. Finally, there are residents who resort to a mechanical following of rules and regulations for fear of repercussions. Despite this varied nature, the aim of the subtle and mundane nature of the acts of resistance was not to change the authoritative systems in place, but rather, to secure the maximum possible advantages within the framework of power and control. The chapter recognizes that the assets, competencies and resources of the residents may be very different from those receiving institutional care in already aged societies, where mental and physical infirmity are more the rule than the exception. The forms of expressions and realizations of 'residents' agency' on display may thus vary.

The findings point to the scope of agency in an Indian context by moving beyond the binary of resistance and subordination to explore how people use various aspects of their subordination to renegotiate their position within the power structure. Thus, by attempting to re-conceive agency outside emancipatory terms, I was able to see how the structures of subordination—enforced activities, weakening health, and restricted space—served as means for the residents to achieve their own ends, however limited. The limited impact questions the transformative potential of the agency within the structures of power (Abu-Lughod 1990). This question proves helpful

in forcing one to think of the potential for long-term changes in the institutional care system.

My family has deserted me ... this place is like a prison ... what else do I have to lose ... so I keep telling them off and arguing with them for my rights Now, either I will be transferred to another home or I will die in the next few years I have told them that as well, but I have also said that before I go, "*Dekh dakhoun vetolo mhunn*" (I will teach you all a lesson and go) (Lactacio, Resident, Government home).

Lactacio's account attempts to answer the question by referring to what Kabeer (2005) calls transformative agencies. The implication is that, while Lactacio's immediate needs might be met through his expressions of everyday resistance, more importantly, as he claims, his expressions will be a challenge to the existing system, and thus he does his best to prevent it from getting reproduced in the future. However, my analysis views the question of the long-term potential of agency as having the potential to disregard the minute and constrained expressions that occur within a restricted context. I argue that it is only by placing these acts within their context that we can appreciate their significance in carving out spaces of resistance and autonomy for the residents in question to subvert the purposes of the institution. In this respect, my chapter might be read as a site of resistance and resilience to the regime of power and discipline.

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PART II

Caring Mobilities

Michele Ruth Gamburd

Migrant Emplacement: Gendered Subjects, State Regulations, and the Discursive Erasure of Elders in Sri Lanka

Abstract Discriminatory assumptions about family structure and care work underlie a 2013 Sri Lankan state regulation, referred to as the “Family Background Report” (FBR), which restricts the transnational labor migration of women with children under the age of five. Since the early 1980s, women from Sri Lanka have worked as domestic servants in Saudi Arabia, Kuwait, and the United Arab Emirates. A culture of migration has developed, and labourers’ remittances sustain family financial strategies. The FBR regulations narrow people’s employment options and destabilize long-standing practices of intergenerational reciprocity. Using ethnographic data gathered in 2015, the chapter considers the potential and actual consequences of these rules for migrants and care-giving grandmothers.

The focus on women’s “emplacement” provides a crucial counterpoint to current theoretical discussion in the migration literature on issues of “deportability.” Scholars have convincingly argued that uncertainty around a migrant labourer’s right to stay in the host country constitutes a form of structural violence and creates a docile, productive workforce. Compared to the adverse effects migrants experience under threat of deportation (inability to stay in the host country), FBR restrictions (inability to leave the country of origin) creates converse but equally oppressive situations of social suffering and precarity for migrants and their families. The research contributes to discussions in political anthropology about interactions between the family and the state.

Keywords migration, gender, aging, South Asia, Sri Lanka

Introduction: Nuclear family narratives at work in extended family settings

In many countries, normative discourse about ideal households emphasizes a nuclear family in which both biological parents live with their children and the mother stays at home, at least until the youngest child starts school. In the United States, youngsters learn these stereotypes in school through popular reading primers (Scott et al. [1940] 2004), and television shows reinforce the norms. However, most households fail to match the stereotype. According to a 2013 Pew Research Center survey, only 46 per cent of children under the age of eighteen in the US lived in a household with both their biological parents; 15 per cent lived with two parents, of whom one or both had remarried; and 34 per cent lived with only one parent (Livingston 2014). Only a minority of American children currently live in the “ideal” family structure.

Which families “fail” to live up to the implicit standard? A brief report from the Council on Contemporary Families based on US census data suggests a correlation between household income and family structure; the poorer and less educated are more likely to get divorced, and more likely to have children outside of marriage than are richer, better educated individuals (Cavanagh 2015). And in those poor families, grandparents play a major role in raising children. People in the middle and upper classes have a better chance of reproducing the “ideal” family. But the “normative” family is not the norm, particularly for America’s working class, in which grandparents participate actively in household reproductive strategies.

Despite evidence of the effective, creative diversity of “non-normative” family structures, stereotypes attributing all manner of social ills to these types of families persist (Stacey 1996). Scholars note that the discourse that idealizes nuclear families with stay-at-home mothers implicitly marks as abnormal the kin structures of the working poor, particularly in communities of colour (Stack 1974). In popular discourse, the lack of fit with normative, middle-class family structures is deemed to cause the social problems faced by the working poor. In the United States, conversations about family structure often carry implicit racist, ageist, and classist messages.

How do norms about ideal families function in other parts of the world? In this chapter, I explore the hegemony of normative middle-class family structures and the erasure of grandparents in a contemporary debate underway in Sri Lanka, where I have done qualitative ethnographic fieldwork on ageing and migration since 1992. In Sinhala, the heteronormative nuclear family is referred to as the “*ratarang pawula*” or “golden family.” I argue that, in Sri Lanka, powerful narratives about the middle-class nuclear family are trickling down to trouble working class people (particularly migrant women and elders) who live in complex, “non-normative,” extended families. Ill-advised migration policies based on stereotypes about ideal families have a profound adverse impact on female transnational domestic workers and their elderly kin.

This chapter examines the assumptions about family structure and care work that underlie a recent Sri Lankan state regulation, referred to colloquially as the Family Background Report (FBR), which restricts the transnational labour migration of women with children under the age of five. Since the early 1980s, women from Sri Lanka have migrated to the Middle East to work as domestic servants in Saudi Arabia, Kuwait, and the United Arab Emirates (UAE). A “culture of migration” (Brettell 2015, 155) has developed, with labourers’ remittances forming a key part of a family’s financial strategies. The recent change in Sri Lanka’s migration policy “grounds” many women who would otherwise choose to work abroad, thus disrupting household trajectories and plans. Emplaced in their homes, younger mothers can no longer migrate as domestic workers to support their families. And the policy affects the jobs and financial strategies of other kin as well; with their daughters and daughters-in-law at home, older women are no longer needed in their households to look after their grandchildren, a situation that destabilizes long-standing practices of intergenerational reciprocity.

Using ethnographic data gathered in 2015, I delve into current ethnographic realities, considering how extended families in rural Sri Lanka deal with these politically persuasive but practically inappropriate restrictions, and the potential and actual consequences of these rules for both migrants and elders. I evaluate how the FBR rules affect household finances in families that have in the past depended on female migration, and I explore how the regulations force poor families to adjust to employment options newly narrowed by gender, age, and parental status. I am especially interested in the effects of the policy on women of the grandparent generation. This category of individuals does not figure in the discourse about “the golden family” that seems to justify the new regulations. However, the FBR policy substantially disadvantages this portion of the population.

The analysis contributes to several ongoing anthropological conversations and debates. First, this project addresses the conjuncture of gender and old age in South Asia. In Sri Lanka, as elsewhere in the developing world, rapid population ageing is increasing the numbers and proportions of older women and men, many of whom lack financial security. Like many other countries that are poised to undergo the demographic shift, Sri Lanka is not yet prepared to support its elders (World Bank 2008). Following the pioneering scholarship of Sarah Lamb (2000, 2009) on ageing in India, this research aims to address a gap in the literature on the experiences of women (particularly poor women from rural communities) as they age in Sri Lanka.

Second, this research advances scholarship on the intersection between ageing and migration. It forms part of an ongoing ethnographic project on the conjunction of a demographic shift towards an ageing population structure in Sri Lanka (Gamburd 2013, 2015) and the long-term dependence on remittances sent by men and women labouring as guest workers in the Persian Gulf and, more recently, elsewhere around the world (Brown 2011;

Frantz 2008, 2011; Gamburd 2000, 2008b; Näre 2010). The kinship configurations that have served extended families in Sri Lanka well since the onset of female migration in the early 1980s have been thrown into flux.

Third, the focus on women's "emplacement" provides a crucial counterpoint to the current theoretical focus in migration literature on issues of "deportability" (Boehm 2009, 2011, 2012; de Leon 2015; Holmes 2013; Peutz and de Genova 2010; Talavera et al. 2010; Vora 2013). Scholars have convincingly argued that uncertainty around a migrant labourer's right to stay in the host country constitutes a form of structural violence (Farmer 2004; Gardner 2010a, 2010b) and creates a docile, productive workforce. Drawing on case studies of two extended families directly affected by the FBR policy, I examine the effects that the new regulations have had on two generations of women: women in their twenties and thirties who wish to migrate, but because of the FBR policy cannot, and women in their fifties and sixties who are available to care for their daughters' children, but because of the new policy are denied this avenue of contributing to their extended families. Compared to the adverse effects migrants experience under threat of deportation (inability to stay in the host country), I suggest that FBR restrictions (inability to leave the country of origin) create converse but equally oppressive situations of social suffering for migrants.

Fourth, I take a close look at the ongoing politics of representation in the dominant discourse about families, and how the state uses this discourse to justify the new regulations. More specifically, I look at the absence of elders (particularly grandmothers) in the discussion, as well as assumptions about ideal families and the roles that mothers "should" play in them. The new restrictions that the FBR policy places on women's mobility draw directly upon assumptions about age, gender, and (lack of) proper family relations in migrant workers' families (Nicholson 2006; Parrenas 2005). I have written extensively in the past regarding the mutual influence between gender roles and migration (Gamburd 2000, 2008a, 2008b). In this chapter, I explore and critique the assumptions about age, gender, and family structure that underlie the regulations as they are revealed and debated in an exchange of letters between the United Nations High Commissioner for Human Rights and the Sri Lankan Ministry of Foreign Employment. Rhetoric supporting the regulations relies on a series of stereotypes about women, men, children, and family relations that do not fit the ethnographic profile of the community in which I do my fieldwork. Using Sherry Ortner's analytic framework of "serious games" (2006), I ask which stakeholders in the local and national power structure benefit from circulating the inaccurate stereotypes and "benching" Sri Lanka's "army of housemaids" (Gamburd 1995), and the erasure and marginalization of grandparents, particularly grandmothers. Results of this research contribute to ongoing debates on intergenerational obligations, linked lives (Lloyd-Sherlock and Locke 2008), and global "householding" strategies (Douglass 2014, 313), as well as analysis in political anthropology about interactions between the family and the state.

Sri Lanka's "Family Background Report" policy

In 2013, the Government of Sri Lanka (GoSL) changed the regulations governing women's migration for work as transnational domestic servants, sending shock waves through local communities that relied on women's remittances. The new conditions for migrant women arrived in Sri Lanka's Districts and Divisions through a series of government circulars. Locally, people refer to the resulting policies as "The Family Background Report" or "FBR" issue, or, more colloquially, as "the baby problem."

In the FBR circulars, the Government of Sri Lanka set age limits and other restrictions on women migrating as domestic servants. (A 2015 circular extended the provisions to cover all women migrants, regardless of employment category [Ministry of Foreign Employment 2015; *Sri Lanka Mirror* 2015]). The FBR policy dictates that Sri Lanka's migrant domestic servants must have attained a minimum age (ranging from twenty-one to twenty-five, depending on country of destination), and can be no older than fifty-five. In addition, all married women need their husbands' signature on the FBR paperwork before they can migrate. Women who have children under the age of five will not be "recommended" to work abroad, and women with children older than five must demonstrate adequate plans for their care. In contrast, men are allowed to migrate at age eighteen, and the government sets no upper age limit on their overseas employment. No restrictions apply to fathers of young children, and husbands do not need their wives' permission before going abroad (GoSL 2014, 6; Ministry of Foreign Employment 2015).

The promulgation of these rules, particularly the new paperwork involved for the FBR, prompted debate and litigation. Feminist organizations filed a fundamental rights case challenging the FBR policy as discriminatory. After Sri Lanka's Supreme Court found in favour of the government in September 2013, women's organizations brought the issue to the United Nations (UN). Debate unfolded in 2014 between the United Nations High Commissioner for Human Rights and the Sri Lankan Ministry of Foreign Employment; I examine those debates in detail below. Conversations continue in Sri Lankan civil society (Mudugamuwa 2013; *Sunday Times* 2013; Sooriyagoda 2015; Women and Media Collective 2016). Despite suggestions that the government might repeal the FBR regulations, the policy still stands as of April 2019 (*Daily Mirror* 2015; *Daily News* 2018; Dissanayake 2015; Kiyanna 2016).

The FBR policy affects a broad spectrum of Sri Lanka's population and has significant implications for care work, gender relations, and the role of elders in intergenerational kinship obligations. National regulations focusing on migrant women carry broad implications for these would-be workers' families, with specific impacts on the kin work (Coe 2017) performed by members of the grandparent generation. The change in state policy adversely affects elders at a time of important transition in population ageing and labor migration.

Background: Trends in ageing and migration

Sri Lanka finds itself at the confluence of a demographic transformation and an ongoing engagement with international migration (Gamburd 2013, 2015). In terms of demography, Sri Lanka's population structure is shifting. From a pyramid with many youth and few elders, the demographic profile is transforming toward a column with roughly equal numbers of young, middle-aged, and elderly people (de Silva 2007; Gamaniratne 2007). This shift, which countries in the Global North have already undergone, brings with it predictable challenges for social reproduction. Elders need to remain financially active for a longer period, and individuals in the "sandwich generation" struggle to care for kin who need extra attention.

Many developed countries have dealt with the care deficit by hiring nannies from the Global South. The overseas demand for eldercare is likely to continue to grow in the United States, Japan, and the European Union as neoliberal state policies in labour-receiving countries continue to privatize care work and women in those countries turn to market proxies to fulfil their own filial duties.¹ As scholars have repeatedly pointed out in cases worldwide, migration patterns affect family strategies for caring for household members. Although a number of scholars have written about the effects of migration on the children of migrants, fewer have examined migration outcomes for elders. Care for elders is an issue of growing global importance, particularly in the face of widespread population ageing now taking place in developing nations.²

Along with millions of other women, Sri Lanka's transnational domestic workers fulfil care needs around the world, mostly in the Persian Gulf. The Sri Lankan Bureau of Foreign Employment (SLBFE), the government's main administrative body regulating labour migration, estimates that half a million Sri Lankans worked abroad in 1994. The number doubled to one million in 2003, and by 2010 had increased to nearly two million. The number likely has continued to rise. (Since 2012, the SLBFE has not offered estimates of the total stock of migrants working overseas.) Migrants thus make up roughly 10 per cent of the country's twenty million population and a quarter of the country's working-age population.³

Sri Lanka depends on migrant remittances for foreign exchange. Ninety-two per cent of Sri Lanka's migrants go to the Persian Gulf. In 2012,

1 For information on the role of migrant women in filling the global care deficit, see Chang (2000); Ehrenreich and Hochschild (2002); Hondagneu-Sotelo (2007); Ibarra (2002); and Sassen (2002).

2 For trenchant discussions of care strategies created for migrants' families, see Cole and Durham (2007, 12); Kusakabe and Pearson (2015); Magazine and Sanchez (2005); McKay (2015); Parrenas (2005); and Rao (2015). For migration's effects on migrants' children, see Athauda et al. (2000); Gamburd (2008b); Nicholson (2006); and Parrenas (2002, 2005). For effects on elders, see Lamb (2009); Liu (2014); Locke and Lloyd-Sherlock (2011); Lloyd-Sherlock and Locke (2008); Locke et al. (2013a, 2013b), and Huijsmans (2013).

3 For statistics on Sri Lankan migration, see SLBFE (2012, 2015).

half of the migrants departing from Sri Lanka were women; that figure has decreased over the past two decades from a high of roughly 75 per cent female in the mid-1990s. Since that time, both male and female migration has continued to increase, with numbers of male migrants increasing more rapidly. In 2012, total remittances from migrant workers abroad amounted to US\$ 5.4 billion; fifty-seven per cent of this figure, or US\$ 3.1 billion, came from the Gulf. In generating foreign earnings, migrants' private remittances accounted for over half of the country's total. Sri Lanka's economic well-being is thus closely tied to policies and events in the Persian Gulf.⁴

In making decisions about labour migration, families make economic calculations that reflect some national and international trends. Based on the research that I did in 2015, transnational domestic workers in the village where I do my fieldwork earned an average of US\$ 150–250 a month while abroad. The median monthly per capital income for Sri Lanka was LKR 7,881 in 2012–2013 (Department of Census and Statistics 2015, 9), or about US\$ 62. This means that a "housemaid" could earn abroad between two and a half and four times what she (or anyone else working in her family) could earn in Sri Lanka, and that a housemaid's wages equalled or exceeded the wages earned by most village men. Several studies suggest that each migrant supports four to five members of his or her family (Weerakoon 1998, 109; Jayaweera et al. 2002, 1). Roughly one million of Sri Lanka's migrants are women, and each migrant woman supports four family members, suggesting that five million people, or 25 per cent of Sri Lanka's population, depends on migration for employment or remittances.

In addition to using migrant remittances to support their daily consumption needs, families often see migration as a good strategy to procure money for one-time, large-scale purchases. Most migrant women state that they wish to buy land and build a house. They calculate that they can earn enough to accomplish this by working for four to five years in the Gulf. In addition to securing better housing, women's motives for migration usually include getting out of debt, educating their children, providing dowries for themselves or their daughters, and starting small businesses (Gamburd 2003). Participants in the decision-making process (undergone repeatedly for migrants who return several times to the Gulf) weigh financial necessity and household improvements against separation, incursion of loans, and alternate arrangements for childcare. Grandparents and their care work often figure centrally in household discussions.

How will poor families in developing countries deal with the demographic shift? "In slightly more than two decades, Sri Lanka's population will grow to be as old as Europe or Japan's today, but its level of income will be much lower" (World Bank 2008, i). A heartening number of scholars are currently studying and talking about the care work conundrum for people who are torn between migrating abroad to earn money and

4 See SLBFE (2006, 2015) for more statistical information.

staying home to provide elderly kin with hands-on support (Hoang and Yeoh 2015; Parrenas 2002). In Sri Lanka at the moment, however, the issue of women having to choose between migrating and looking after elders seems to be moot. Ethnographic data I gathered in July and August 2015 reveals that due to the state's policy barring women over the age of fifty-five from going abroad, female migrants can rarely stretch their time overseas beyond the age of fifty-seven or fifty-eight. There are plenty of able-bodied, middle-aged women around to do care work for children and frail elders. Nonetheless, the nexus of transnational migration and population ageing remains a pertinent topic of analysis. In particular, in the past, young women relied on older women relatives to take care of their children while they worked abroad (Gamburd 2008b). Now neither set of women can migrate, to the financial detriment of the entire household.

In 2008, the World Bank advised Sri Lanka to take steps to enhance the economic activity of elders. In the past, elderly kin offered unremunerated but financially significant household labour by caring for their grandchildren while transnational domestic workers migrated abroad. But FBR regulations have rendered these elders' kin work superfluous, just as this population begins to increase dramatically.

Limited options: The view from Naeaegama

Since 1992, I have conducted ethnographic research in a village that I call "Naeaegama," which is located near the coast in southwestern Sri Lanka.⁵ Families in this village, which had a population of roughly 1,250 in 2015, rely on a number of subsistence strategies, including employment in the armed services, the tourism industry, and international labour migration, as well as agricultural work in cinnamon production. During recent research, I heard about unemployed daughters and daughters-in-law waiting for their children to have their fifth birthdays—and often also having more children while they were at home (thus extending the period during which they could not go abroad). I heard about the financial concerns of families that could not send a worker abroad despite having ample mature adults available to care for frail elders and children. I explore two of these cases below.

LIMITED OPTIONS I: THARINI

Pemawathi, a spry older woman (aged sixty-five in 2015), spent her nights at the unfinished cement house of her granddaughter Tharini (aged thirty-two in 2015). Pemawathi's presence lent respectability to Tharini, who lived with her two young sons. Tharini had been abroad in the Gulf

5 "Naeaegama" is a pseudonym, as are the names of individuals in the following case studies.

before; while she was gone, her husband had several affairs with other women. Tharini divorced him. He paid child support, but the payments did not provide enough for Tharini to run the household, let alone finish building her house. Tharini's mother (aged fifty in 2015), who had worked for over two decades in the Gulf while Pemawathi looked after Tharini and her two siblings, had provided Tharini with some funds to complete the doors and windows of the house before retiring from her job in the Gulf and joining Tharini's elder sister and brother in Italy. During an interview, Tharini explained that living is expensive in Europe; only one of the six family members in the household in Italy was working, and they could not send much money back to Sri Lanka.

Tharini's younger son was three years old. Tharini wanted to go abroad (either to join her mother, sister, and brother in Italy or to work in the Gulf). Because of the FBR policy, she could not go for another two years. She wanted to work abroad so that she could finish constructing her house, furnish it, and save for her future and for the education of her kids. She was confident that her grandmother would live in her house and look after her children while she was away. Other relatives lived nearby and could offer childcare and support if needed. In return, when her grandmother became old and infirm, Tharini planned to support and look after her. Tharini's elder sister and brother would support their mother. Tharini's inability to migrate or to find a well-paid local job frustrated her and negatively affected her financial status. With the ban in place, Pemawathi could not support her granddaughter as much as she would have liked, and the delay undermined Tharini's ability to earn enough money to look after her grandmother in the long term. The FBR policy narrowed the household's employment options and destabilized their fiscal strategies, potentially harming multiple generations of kin.

LIMITED OPTIONS II: DEEPTHI

In another extended family with an extensive migration history, both Krishanthi (aged fifty-two in 2015) and her husband had spent time working in the Gulf while their parents looked after their children. More recently, Krishanthi had looked after her granddaughter when her son Parakrama and his wife Deepthi were both abroad. After the younger couple returned home, Deepthi had a second daughter, who in 2015 was one year old. Because of this child, in compliance with the FBR policy, Deepthi could not go abroad again to work, even though Krishanthi was available to take care of the youngsters (as were other women in the household).

When I spoke with the family in July 2015, they were in dire financial straits. They had invested Parakrama and Deepthi's Gulf money in a mechanic shop, but the business had failed. Parakrama was trying desperately to obtain a good job in Dubai; he had given up his prior employment in hope that he could make money with the now-failed business. Parakrama had purchased a ticket from his own funds and flown to the UAE on a visitor visa to try to find work. He secured a tenuous promise of employment, but

at the time of our interview, the situation was in limbo due to a company slow-down of issuing visas, a case of appendicitis, and the upcoming expiration of Parakrama's medical certification. He was unwilling to find work through a recruitment agency due to the many cases of male guest workers discovering upon their arrival in the Gulf that their jobs did not match the employment they thought they had signed up for (Gardner 2010b). In addition, Parakrama had already spent his remaining savings on the ticket to the Gulf; he did not have the funds to get a job through an agency. Parakrama's future employment seemed uncertain, and the whole family was anxious.

In the past, the family would likely have opted to send Deepthi abroad while her mother-in-law Krishanthi looked after the grandchildren. Compared with jobs for men, jobs for women are plentiful, quickly obtained, and more predictable in their pay and duties. Deepthi could have gone abroad and supported the family while Parakrama found local employment. With Deepthi's earnings, the family could have paid a job agency for another job for Parakrama; once Parakrama had a job, Deepthi could return to Sri Lanka at the end of her contract. By "emplacing" Deepthi, the FBR policy effectively "grounded" both her and her husband and greatly reduced the entire family's ability to sustain itself. The policy also disempowered Krishanthi, undermining her ability to support the financial wellbeing of the household. And it did not seem to me that the situation benefitted the one-year-old child "protected" by the FBR.

Potential negative effects of the FBR policy

In the past, Sri Lanka had successfully regulated migration and channelled people abroad through legal avenues. The implementation of the FBR circulars may be changing that trend. When the rules of the migration game change in ways that disadvantage poor, working-class migrants, they are likely to seek ways around the new prohibition to continue to access the economic benefits that they formerly achieved through migration. The FBR policy is likely to drive women migrants out of the sphere of state regulation.

As the ongoing refugee crisis in Europe indicates, people move as necessity dictates, regardless of state attempts to secure international borders (Sassen 2016). In August 2015, I spoke with activists and scholars in Colombo, the capital city of Sri Lanka. Several themes emerged from these conversations. One expert suggested that the FBR policy would cause some migrants to overstay their work visas, or to go abroad not as migrants but as "visitors" and overstay those visas (see Women and Media Collective 2016). Another expert noted the need to have local jobs available for the women who could not go abroad due to the FBR policy. The Sri Lankan government claimed that the FBR policy had decreased women's migration (GoSL 2014, 2), a point that other research supports (Weeraratne 2014). In the year following the implementation of the policy, the government reported a 6.4 per cent reduction in departures of female

domestic migrant workers (United Nations 2015, 9), and in the subsequent year departures dropped a further 12.8 per cent (Kiyanna 2016). Data from Sri Lanka's Central Bank reveal that while fewer women went abroad through official migratory channels, there was a concomitant increase in other types of departures from Sri Lanka (*Mirror Business* 2016). Overall, female migration through regular channels appears to be decreasing, while irregular migration appears to be increasing, with both changes likely related to implementation of the FBR policy.

BY FAIR MEANS OR FOUL: FOOLING THE SYSTEM

In Naeaegama, people worried that migrants were working around the state's FBR requirements and that a new stream of labourers were going abroad illegally. While doing fieldwork, I heard informed speculation regarding how much it might cost to bribe a local-level village administrator to write a certificate with false information about parental status. Villagers discussed a multitude of ways to go abroad without interacting with the state's system. Other sources report similar concerns (United Nations 2015, 35–36, 46; Women and Media Collective 2016). During an interview, Pemawathi (introduced above) and my interpreter talked about one of the local subagents who had allegedly been able to send a woman abroad even though she had a child who was a year and a half old. My research associate did not think that the child in question belonged to the woman in question, but Pemawathi was sure that the woman was indeed the mother.

Skirting the rules potentially endangered not only migrants but also those who helped them. During an interview with another subagent, the subagent explained, "Now Sri Lanka has a lot of laws. For example, a woman with kids under five years old can't go abroad. The Divisional Secretary's office checks. They need to know the ages of the children. Also, they check to make sure that her husband is okay with her going abroad. He has to sign." The subagent continued, "Now with the baby problem, there are a lot fewer women going abroad. I don't want to tell lies, so I only take people who don't have young kids." The subagent went on to explain why women wished to leave their children and go abroad, even though the legislation forbids it: "There can be household problems. The husband's salary might not be enough. There isn't enough money for education. People need money for medicine, for funerals, for weddings. A man might make LKR 1,500 per day (about US\$ 11) for labour work. He needs to buy food. He needs to pay the light bill and the water bill." I asked, "So, a family needs two salaries?" The subagent replied, "If you have four adults in a house, all of them need to be working! Otherwise there's not enough money." Working-class families that supply the vast majority of transnational domestic workers rely financially on sending women abroad. In many cases, having a young mother stay home without a job to look after her offspring is not a viable householding strategy, particularly when able-bodied elders are available to provide child care.

A bit of theory

Why did Sri Lanka implement the FBR policy in 2013, even though doing so would decrease remittances from abroad and increase undocumented and extra-legal migration? Ten years ago, I praised Sri Lanka for not falling into a “patriotic protectionist trap” (Gamburd 2005, 103) and banning female migration (as opposed, for example, to the ban around that period on female migration from Nepal [O’Neill 2001, 153]). I thought that Sri Lanka’s dependence on women’s remittances would make restricting their migration financially impossible. What has changed and why did it change in 2013?

One thing to consider for understanding the implementation of Sri Lanka’s FBR policy is the locally circulating discourses about gender and migration. How do the stereotypes of family relations, gender roles, and age categories that populate the rhetoric naturalize the arguments that support the regulations (Yanagasako and Delaney 1995; Biolsi 2007)? Pierre Bourdieu suggests that “the cultural construction of reality ... is a major dimension of political power” (1977, 165). In this case, the politics of representation plays a key part in official state justifications of the new policies and initiatives which, in turn, guide the state allocation of resources and state agencies’ attempts to police the movements of the populace and the (re)production of the population through the surveillance of women’s motherly functions and intrusions into the family home (Foucault 1979; Rose 1999). The stereotypes about family structure that support the FBR policy depend on erasing the role that grandparents play in Sri Lanka’s extended families. The dominant stereotypes in the FBR debate bear a strong resemblance to normative Western discourses about the desirability of a nuclear family in which the mother stays home to look after the children. Care work done by grandmothers and grandfathers does not figure in those discourses and stereotypes.

In her discussion of agency, power, and projects, Sherry Ortner (2006, 129–153) explores the analogy of real life as a series of serious games. She compares game games and serious games in a number of useful ways. First, serious games, like game games, have rules. Unlike in most game games, however, in serious games people often engage in rewriting the rules in the process of playing the game. Government policies provide a prime example of the “rules” by which people play, and by critically examining policies that are being debated and modified, ethnographers can get a glimpse of the game as it changes. Here I think of Raymond Williams’ definition of hegemony as a process rather than a structure, and one that is “continually ... renewed, recreated, defended, and modified. It is also continually resisted, limited, altered, and challenged” (1977, 112). History is where we see the results of these struggles played out (Ortner 1989).

Second, according to Ortner (2006), serious games, like game games, have teams. According to Ortner, people can be drafted unwillingly to serve on a team; they can also, as this case illustrates, be barred from

participating. This element in Ortner's game analogy prompted me to ask who the "teams" are in the FBR situation. In the "game" analogy, one could say that in the game of migration, the government has "benched" the migrant women and the caregivers who used to look after the families left behind. Why do this? It makes little sense when considering the game of migration. Is there another game afoot? If so, who benefits from the new rules?

A third point in Ortner's analogy is that serious games, like game games, have winners, losers, and prizes. Which people lose or what do they risk failing to accomplish? These are "serious" (real) losses or gains, unlike what one wins or loses in a game game. Who plays, and for which prizes? If individual families and the country as a whole lose remittances by banning women's migration, then what do they win in exchange? Are politicians perhaps making allegiances with voters? Which voters benefit from the new policies? Are we seeing a gendered relationship between the state and men? Will the policy change have bad effects on the relationship between the state and elders, and the state and women? Is the policy a form of class warfare? As Williams suggests, hegemony is "the lived dominance and subordination of particular classes" (1977, 110). Why has the state crafted a policy that disadvantages migrant women and the elders in their households? I am not sure that I have answers for these questions, but at least now I have the questions.

The debate about Family Background Reports

Although abhorrent to feminists, scholars, and human rights activists, the FBR policy has significant support in Sri Lanka. At the very least, many people refuse to speak out against it. Citing survey data, the United Nations reported that government service providers and most non-government service providers commonly expressed views such as these: "Children under five years need the mother's love," "mothers have to protect their children," and "it is the duty of the mother to the family to make sure the children are loved and protected" (United Nations 2015, 30). Many government workers felt that "the migration of women for domestic work must be stopped altogether" (United Nations 2015, 32). Interviewees did not recognize a grandmother's love as sufficient for a child.

In Naeaeagama, I found an odd mix of views on the FBR. For example, I spoke with Pemawathi's younger son's wife (aged forty in 2015), who had recently returned from Singapore and had used her remittances to finish constructing her house. She thought that the FBR was a good policy. But she herself had first gone abroad when her daughter was three. She felt that her daughter was well cared for in her absence; her own mother and her mother-in-law Pemawathi had looked after her child, as had her husband. Nevertheless, she asserted without seeming to see any contradiction, "When you're a mother, you should be home." No one seemed able

or willing to put into words (let alone legitimize) the role that grandmothers had played for many years in reproducing working-class families with migrant mothers.

To understand the assumptions about gender, age, and family that justify the FBR policy, I provide a discourse analysis of the key documents opposing and supporting the regulations as they are revealed and debated in an exchange of letters between the United Nations High Commissioner for Human Rights and the Sri Lankan Ministry of Foreign Employment. I also include interview data from activists and policy-makers. I argue that to understand current and upcoming trends in Sri Lanka's migration policy, it will prove useful to uncover the politics of representation at work in the regulations and figure out the economic stakes of these serious games.

THE UNITED NATIONS' POSITION

Soon after the Sri Lankan Supreme Court upheld the legality of the FBR policy, women's organizations in Sri Lanka sent a complaint to the United Nations (UN). In January 2014, the UN sent the Government of Sri Lanka a letter stating that the FBR policy discriminates against women, perpetuates negative stereotypes, restricts freedom of movement, and violates human rights (United Nations 2014).

Both the UN and the Sri Lankan activists focused their critique on the assumptions about gender inherent in the government's justification of the FBR policy and the adverse effects of the policy on migrant women. The UN critiqued the claim that the policy "is not discriminatory as it is aimed at protecting women and children" and challenged the gender ideals inherent in the view that women are "the force that binds the family" (United Nations 2014, 2). The UN letter claimed that the GoSL policy does indeed discriminate against women (United Nations 2014, 2), based on the following facts: the policy pertains only to women, not to men; it adversely affects women's ability to move and work, particularly by requiring a male relative's permission; it potentially increases the incidence of illegal migration and human trafficking; and it reinforces gender stereotypes, particularly that child care is solely the responsibility of mothers. The UN called upon a variety of international conventions to support its argument.

In a 2015 publication on the effects of the FBR, the United Nations suggests,

The 'dysfunctional' families of poor women migrating overseas for employment are at the heart of an impassioned debate about 'family breakdown' in Sri Lanka. The absence of the mother, it is argued, leads to the neglect of children, resulting in school dropout, early marriage, and vulnerability to sexual abuse. Moreover, it is said that husbands of migrant women are prone to alcoholism and extra-marital relationships, making the female migrant's family even more susceptible to disintegration (2015, 15).

The UN document succinctly analyzes the classist, sexist assumptions behind these claims, noting that the discourse blames migrant women for situations that grow out of systemic poverty. Similarly, Dr. Sepali Kottegoda, Executive Director of the Women and Medic Collective, offered an emphatic denunciation of the FBR policy from a feminist perspective (interview, 10 August 2015). She took issue with the policy because it contained no accountability for the father. She lamented that the policy had been implemented in absence of solid social science research showing that child abuse arose from female migration, whereas plentiful research showed the socio-economic causes for such family problems.

Elaborating on the faulty assumptions about gender roles, Kottegoda noted that the policy assumes that the women are mothers only; it does not discuss jobs for women. Further, in implicitly absolving fathers of automatic equal responsibility for children, it sends a message that society “can’t trust fathers” to perform their parental duty. The current discourse in the media about men is that they abuse children, commit incest, drink, waste money, and womanize.⁶ The predominant narrative fails to profile supportive husbands and couples who handle migration successfully. Kottegoda suggested, “All these people are wearing blinders about gender roles.” She noted that people assume that “the mom takes care of the kids and the dad works outside the house.” She suggested that “the guilt and the morality” of the dominant discourse overwhelmed evidence from the social sciences and the voices of the migrants.

Although Kottegoda aptly noted that the “ideal family” that the policy assumes is a “feel-good fiction,” her critique focused on assumptions about mothers and fathers in a nuclear family context. It did not address the predominant group of caregivers in migrant households: grandparents, particularly grandmothers. In other words, her critique focused on stereotypes related to the roles that appear in the policy and its defense; she did not question the larger issue of how grandparents came to be excluded from the discussion in the first place.

RESPONSE FROM THE GOVERNMENT OF SRI LANKA

In May 2014, replying to the UN’s January letter, the Government of Sri Lanka sent a ten-page response. In this section, I examine arguments from the letter and from an interview done in August 2015 with Mr. Mangala Randeniya, the SLBFE’s Deputy General Manager for Foreign Relations and Publicity and the Bureau’s Media Spokesperson. Randeniya argued for the ban in the Supreme Court case, which his side won.

Providing an overarching rebuttal to the points in the UN’s letter, the government asserts that the UN has failed to pay enough attention to “the totality of facts and circumstances related to the issue of low-skilled female migration for employment outside Sri Lanka and its consequences to the

6 See also Gamburd (2000) for a discussion of such stereotypes.

Sri Lankan children and families left behind" (GoSL 2014, 2). The government's letter asserts that the FBR policy addresses "the need to safeguard the family unit as the fundamental unit of society," particularly "the rights of the Children [sic] in a most vulnerable social stratum" (GoSL 2014, 10). The government argues at length for the need to keep the mother in the household, asserting that only she can care properly for her children. As with the arguments presented by the UN and feminist organizations, the government's analysis completely elides the productive caregiving role that grandparents often play in Sri Lanka's extended families. In short, both analyses erase elders from the household and ignore the role they play in long-term life-cycle planning.

GENDER, BIO-POWER, THE FAMILY, AND THE STATE

Ortner's focus on serious games points scholars to ask how a change in rules advantages and disadvantages different groups of people. I hope that the evidence and analysis presented thus far makes clear that female migrants and their families suffer from the new FBR policy. Who, then, benefits?

The FBR policy brings state scrutiny into working-class households in an impressive demonstration of bio-power. A phalanx of state workers stands ready to protect children and families from the alleged dangers of female migration. These administrators include "Women Development Officers, Child Rights Promotion Officers, Early Childhood Development Assistants, Social Service Officers and other officers who all serve under the administrative supervision of the Divisional Secretary of the Division," as well as the village administrator (Grama Niladhari) and the Public Health Midwife (GoSL 2014, 6). For women with children over the age of five but under the age of eighteen, in addition to certifications, letters, and signatures from the above-mentioned civil servants, the FBR form requires a signature from a woman's husband, who thereby asserts the veracity of the details on the form, agrees that he has no objections to his wife's migration, and agrees to the childcare arrangements outlined on the form (Ministry of Foreign Employment 2015). In requiring a wide range of paperwork and signatures, the state exposes migrant women's families to intense scrutiny and regulation, while simultaneously subjecting the women to the arbitrary power of their husbands and any number of government employees.

Although in theory a migrant woman with children over the age of five could navigate the paperwork and work abroad if she "could put her children in safe hands during her absence" (Emirates 24/7 2013), the state does not seem to support this avenue of female employment. Newspaper coverage of the policy reports that a high-ranking official claimed that the "SLBFE has taken the decision to prevent the female workers, who have too many domestic issues, from going overseas" (Mudugamuwa 2013). The FBR policy portrays women as bad mothers if they leave the country. With government intervention to keep mothers at home in "their place,"

these same women apparently magically transform into good mothers. Controlling women's mobility allows the state to govern these subjects for their own improvement and protection, as well as the protection of their children. These discursive manoeuvres completely fail to address the caregiving role that the extended family (particularly grandmothers) plays in family migration strategies.

ECONOMICS

Poverty and lack of good local jobs for men or women impel migrants to seek work in the Gulf. The government's letter briefly touches on the history of labour migration from Sri Lanka to the Middle East. Overall, however, it makes surprisingly little mention of what women could do to assure their families' economic survival. Instead, the letter discusses the social costs of migration for children—without discussing potential social costs that children might pay if their families lacked enough money to provide them with food and shelter.

The government argues that the FBR policy protects women from making poor decisions. In its letter to the UN, the Sri Lankan government suggests that migrant women workers have "low skills" and "low levels of education," and thus "face numerous exploitative and abusive situations in work" (GoSL 2014, 3). (The United Nations argues that these quoted terms are euphemisms for "poor" [2015, 20] and that the original FBR circulars' focus on transnational domestic workers was undeniably classist [GoSL 2014, 25].) The government seems particularly wary of what migrant women might do when enticed with large recruitment bonuses (GoSL 2014, 2). In theory, recruitment bonuses have existed for over three decades, though in practice for several decades the funds served to offset some but not all of the costs incurred by a migrant preparing to go abroad. Most Naaegama women who migrated in the 1990s and 2000s incurred debts in order to go abroad, and women I spoke with in 2015 were quite pleased with the cash-in-hand that they (or their families) could now receive from labour recruiters. In the past, large debts in Sri Lanka often forced migrant men and women to remain in untenable work situations abroad for fear that without their remittances, their families would lose land, houses, and jewelry that had been mortgaged or pawned to pay the recruitment agency (Gamburd 2000; see also Gardner 2010b). Incentive payments decreased family vulnerability and reduced the risk and uncertainty that migrants faced. However, the incentives indubitably disquieted government officials.

Lack of clear planning constitutes another element of the GoSL defense of the FBR. The government's letter suggests that the procedure in the circular provides "a service that can assess a family and develop a plan to help them" (GoSL 2014, 5). In thirty years of studying labour migration from Naaegama, I have never come across a family that did not strategize, plan, and take great care in their decision-making regarding whether

or not to send a migrant abroad and how to care for family members in the migrant's absence. Why the sudden governmental concern in 2013 that families needed help with their planning? And what fuelled the assumption that navigating a phalanx of civil servants would provide "a service" rather than an ordeal almost guaranteed to open opportunities for exploitation and corruption (see also *Mirror Business* 2016)? Perhaps the powers-that-be spied a way to absorb poor women's incentive money into the system.

The creation of government jobs provides another noteworthy aspect of the FBR policy. The government provided 1,000 college graduates with jobs in Divisional Secretariat offices to serve as Development Officers. Lack of stable jobs for college graduates has long been a political concern, and most governments make it a priority to try to create employment for this educated and disgruntled sector of society. Many analysts blame lack of such employment for the Sinhala youth rebellions in 1971 and 1988 (Hughes 2013). Perhaps in the serious game of preventing armed rebellions, the employment of these educated, presumably rural, middle-class youth trumped the employment of 6–8,000 less-educated, rural, working-class mothers, and an equal number of caregiving grandmothers.

The government makes an argument that the UN's letter portrays women as individuals, whereas it would be better to view them as members of families. Playing the serious game of citing truth claims from international legal structures and conventions, the government calls upon the Convention on the Rights of the Child and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (GoSL 2014, 5). The letter notes (GoSL 2014, 8), "An approach to human rights that treats human beings as discrete entities with equally discrete and separate rights flies in the face of multiple identities and relations that individuals possess." Instead, the government argues for using "a more holistic and communitarian conception of a human being" that exists in "the human rights law developed in Europe in terms of Article 8 of the European Convention on Human Rights and Fundamental Freedoms 1950" (GoSL 2014, 8). But what version of "the family" undergirds the government's argument? The "family" in question seems to lack grandparents and collateral relatives—the very people who have facilitated female migration for the past three decades.

Conclusions

An analysis of the politics of representation and the cultural construction of identity in the FBR case reveals the prevalence (and importance) of normative gender roles and ideal images of the family in assigning roles to working-class men and women. In the *ratarang pawula* (golden family) assumed to exist (and to need protection) in the FBR discourse, the mother stays at home with the children and the father goes to work to earn money. In contrast with the ideal (bourgeois or middle-class) nuclear family, the

FBR strives to restrain working-class women who migrate, despite (or perhaps because of) the young age of their offspring. These migrant women are variously portrayed as easily duped, vulnerable to abuse, and greedy for money. Their husbands fare even worse, assumed to abuse and neglect their children, drink, waste money, womanize, and commit incest. According to the FBR discourse, the government must step in to protect women from making bad decisions and to protect children from the predations of their uneducated, short-sighted, misguided parents.

Completely missing from the picture of the golden family are grandmothers: the many women aged fifty-five and over who must (because of the same government policy) remain in Sri Lanka rather than migrating abroad. As much research shows (D. Brown 2013; Rodriguez-Galan 2013), grandparents play a crucial financial role in poor families by fulfilling intergenerational care duties for family members. Their often-uncompensated kin work entitles them to financial and emotional support as they age. The FBR policy makes much of their informal kin work superfluous, thus undermining family financial strategies and pre-existing patterns of intergenerational reciprocity. However, Sri Lanka can ill afford to undermine its elderly population, particularly as the country undergoes a demographic transformation towards a greater proportion of the aged.

What happens when discourse about the golden family meets up with real working-class families who need to send women abroad to work? As illustrated in the case studies of Tharini and Deepthi, keeping would-be working mothers at home does not result in a middle-class utopia for their children. Instead, by “emplacing” these women, the state creates uncertainty and financial instability in their extended families.

In the consideration of serious games (Ortner 2006), dominant discourses about age and gender play an important part in how team leaders assign (or seek to assign) particular team members to particular tasks. In the FBR rhetoric, older women remain nearly invisible, despite featuring prominently in the family networks that facilitate migration. Why are grandmothers not included in the narrative as crucial players in the serious game of working-class women's labour migration? Although grandmothers' kin work has for a generation allowed younger women to migrate, the FBR policy has effectively “benched” young mothers like Tharini and Deepthi, keeping them from playing the serious game of international labour migration. The policy has also “benched” Pemawathi and Krishanti, able-bodied caregivers who have lost the opportunity to perform a productive role in their formally global households.

Serious games, like game games, are played for prizes. In the migration project, players pay social costs and reap social and economic benefits. For working-class migrant women, the economic benefits of working in the Persian Gulf are many and evident: women buy land; build houses, wells, and toilets; fund dowries for themselves and their daughters; provide education for their children; and finance small businesses (Gamburd 2003; United Nations 2015, 37–38). They recognize the social costs of being

away, but pragmatically note that their children's grandparents, aunts, uncles, and fathers can adequately take care of their social and emotional needs (Gamburd 2000, 2008b). As twenty years of my own ethnographic research reveals, families have developed successful strategies for global householding (Douglass 2014).

When rules of serious games change, some people win and some people lose. It seems clear to me that by barring young mothers from migrating, the state has imposed serious economic costs upon them. In addition, the state decreases its own income from foreign exchange; if Weeraratne's preliminary analysis holds and 6,000 to 8,000 fewer women go abroad during a year due to the FBR, then somewhere between US\$ 10 million and US\$ 24 million less comes to the country in remittances that flow directly to the poorest households. Finally, the state loses some control over the movement of people as women work around the FBR policy and migrate illegally.

Who wins in the change of policy, and why might the policy have shifted when it did, in 2013? Several potential answers come to mind. First, the FBR policy provided job opportunities for 1,000 unemployed college graduates, a vocal middle-class population that the government has reason to fear, based on its experience with past youth insurrections.

Second, because increasing numbers of men are migrating to the Gulf, the government can afford to shift its attention away from female migrants; indeed, an explicit policy has existed since 2009 to "actively promote male migration in order to stem women from migrating for domestic work" (United Nations 2015, 11). In prior generations, migrant women were able to contribute greatly to the financial and social development of their families (Gamburd 2000). In the current circumstances, however, by "emplacing" so many women, the state creates financial uncertainty and anxiety and augments the local ranks of the working poor.

Third, the FBR paperwork created for potential migrants with children over the age of five opens a gray area of policy enforcement. One can easily imagine women's substantial recruitment bonuses disappearing to grease the wheels and overcome bureaucratic hurdles. Ample evidence exists to show that working-class families will fall into debt in order to send a worker abroad; why let these families keep the incentive money when more powerful players could siphon it away?

Fourth, even though it potentially drives migrants outside the regulated pathways, the FBR policy greatly extended state control and surveillance over working-class families. A phalanx of government servants scrutinize kin work and childcare arrangements and make decisions about these families' financial futures. The United Nations (2015, 39) reports that "Migration Development Officers and Women Development Officers often saw themselves as the moral guardians of children and families," and that many of them gauge "the success of their work by the numbers [of women] they have prevented from leaving as domestic workers" (United Nations 2015, 41).

Fifth, the shift is likely related to the end of Sri Lanka's long-standing civil war (1983–2009) and the gendered discourses tied up therein (Lynch 2007). The paternalistic protectionist rhetoric perhaps appealed to male voters, particularly working-class male voters who found their control over their would-be migrant wives increased. Perhaps not coincidentally, the FBR policy went into effect just as the Sri Lanka Freedom Party—which came into power in the aftermath of the Indian Ocean tsunami of December 2004 and unified the country militarily in 2009—began to lose its grip on the nation. In January 2015, the incumbent lost the presidential election, and in August 2015, the voters reiterated their rejection of the old government. Many of the experts with whom I spoke in 2015, mere days before this election, hoped that the new government would “not be the same as the old government” and would rely more on evidence than on emotion and rhetoric when it considered its policies. Despite its electoral success, however, the new government has not modified the FBR policy.

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Abbreviations

- FBR Family Background Report
 GoSL Government of Sri Lanka
 SLBFE Sri Lankan Bureau of Foreign Employment
 UAE United Arab Emirates
 UN United Nations

Tanja Ahlin

Eldercare at a Distance: On Remittances and Everyday Information and Communication Technologies (ICTs) in Indian Transnational Families

Abstract In the Southern Indian state of Kerala, it is common to see international migration as a path towards a more secure financial future, especially as employment opportunities are scarce even for the well-educated. Families, particularly parents, often encourage their young family members to find work abroad as nurses, although they realize that by following this course their family would become scattered around the world. In popular discourse, the image of the elderly parents who are “lonely and abandoned” by their migrating children is pervasive. However, the fieldwork I conducted among families of migrating nurses in Kerala and Oman, a major destination country for nurses from Kerala, shows that family members continue to keep in touch and take care of each other even when living in different countries and continents. This is made possible by easily accessible everyday information and communication technologies (ICTs). In this chapter, I ask what “care”, particularly elderly care, comes to mean when it is practiced at a distance through ICTs. Using the material semiotics approach from science and technology studies (STS), I analyze care in terms of practices that include people as well as technologies. As active participants in what I term “transnational care collectives”, parents, their children and ICTs jointly shape care. I argue that ICTs are not only a communication channel to be used by conversation partners in different locations, but actively participate in and thereby influence what intergenerational care is and how it should be done to be considered good.

Keywords aging, migration, care, ICTs, transnational care collective

What becomes of intergenerational care when family members are not able to live together?¹ In India, eldercare tends to be related to co-residence as elderly parents are ideally expected to live with one of their sons and his family (Lamb 2000). But migration introduces geographic distance between family members. Indians have been, and still are, migrating to countries which have historical links to their motherland, such as the United Kingdom (Rutten and Patel 2003) and the countries of the Middle East (Vora 2013), as well as more recent destinations such as the United States of America (George 2005) and Australia (Voigt-Graf 2005). In the case of the southern Indian state of Kerala, it has become a widespread practice, especially among women, to take to the nursing profession in order to enhance the possibilities of international migration (George 2005; Nair 2012; Percot 2006).² When I first travelled to Kerala in 2014, I found popular claims which linked the migration of these nurses to the abandonment of their elderly parents. However, encounters with elderly people, including those who lived alone, suggested that these elderly and their adult children working abroad still practiced care. How did they manage to do so in a transnational context?

In what follows, I argue that the elderly were not abandoned by migrant children, but that migration led to a particular understanding, and practice, of care, which included communication technologies. I suggest that the ways in which ICTs feature in transnational care challenge scholars to re-think migration and family in general. The role of technologies and their usage has been investigated in family and migration studies (Baldassar 2007; Baldassar et al. 2016), and media and communication studies (Medianou and Miller 2012). In this chapter, I combine ethnographic fieldwork with theoretical approaches of science and technology studies (STS), in particular, material semiotics. By doing so, I consider care as a relational practice between people and technologies (Pols 2012). Rather than

1 This chapter is an adapted version of the article "Only Near is Dear? Doing Elderly Care with Everyday ICTs in Indian Transnational Families," published in *Medical Anthropology Quarterly*, 2017. DOI: 10.1111/maq.12404. I am thankful to Wiley Periodicals for the permission to re-print. © 2017 American Anthropological Association. All rights reserved. No part of this publication may be reproduced, stored or transmitted in any form or by any means without the prior permission in writing from the copyright holder. Authorization to photocopy items for internal and personal use is granted by the copyright holder for libraries and other users registered with their local Reproduction Rights Organization (RRO), e.g. Copyright Clearance Center (CCC), 222 Rosewood Drive, Danvers, MA 01923, USA (www.copyright.com), provided the appropriate fee is paid directly to the RRO. This consent does not extend to other kinds of copying such as copying for general distribution, for advertising or promotional purposes, for creating new collective works or for resale. Permissions for such reuse can be obtained using the RightsLink "Request Permissions" link on Wiley Online Library. Special requests should be addressed to: permissions@wiley.com.

2 This phenomenon of migrating carers has been examined in terms of "global care chains," a notion emphasizing the global socioeconomic inequalities that push (non)professional carers into working abroad (Walton-Roberts 2012; Yeates 2012; Hochschild 2000).

understanding care as something that can be passed from one person to another, as for example in the notion of “care circulation” (Baldassar and Merla 2014; see also Buch 2015), material semiotics explore how people and technologies enact care in particular practices. After describing my theoretical and empirical methodology in more detail, I first discuss the discourse of abandonment in relation to the ideal of physical proximity as a prerequisite for family care. I then describe how Christian nurses from Kerala see migration itself as a care practice rather than abandonment. Finally, I explore how care continues to be practiced in Keralite transnational families (Bryceson and Vuorela 2002) through care collectives that include human and nonhuman entities (Winance 2010).³

ICTs in relation to care

Information and communication technologies have been hailed as technologies of social change at all levels, from transforming intimate relationships (Wright and Webb 2011; Gershon 2010), to spurring revolutions (Bonilla and Rosa 2015; Brym et al. 2014; Postill 2014). Scholars have argued that in Anglo-American families, ICTs impair the quality of relations (Turkle 2012), and increase the pressure of balancing work and family (Wajcman 2015). In contrast, others have shown that different types of ICTs can enhance social relations. For example, in Jamaica (Horst and Miller 2006), Trinidad (Miller 2011), and Israel (Brown 2016), cell phones and the Internet are used to create extensive social networks that may be mobilized in crises. Showing how webcams helped maintain personal relationships in Trinidad, Daniel Miller and Jolynna Sinanan (2014, 6) concluded that technologies do not make human relations any less “real” or “natural,” but they do co-create them.

In this chapter, I pick up where these insights leave off in exploring how technologies, beyond being inert communication tools, are actively involved in shaping caring relations through interaction with their users (Oudshoorn and Pinch 2003). In my exploration of ICTs in family care, I consider how not only care, but technologies, too, can be considered through the transcultural heuristic. For example, Robertson et al. (2016) have shown how young people from a refugee background in Australia used digital media to construct a “family imagery” that helped them to sustain a feeling of familyhood in the face of physical absence of family members. Madianou and Miller (2012) have explored how various types of social media mediate emotions between Filipina nurses working in the UK and their children in the Philippines. Also, Baldassar (2008) described how Italian migrants in Australia and their parents in Italy used email and text

3 Transnational families are “families that live some or most of the time separated from each other, yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely ‘familyhood,’ even across national borders” (Bryceson and Vuorela 2002, 3).

messages, among other media, to “keep in touch” despite the distance. Here, I investigate yet another context, looking at how ICTs, such as mobile phones and the webcam, were essential in supporting daily care practices in Indian transnational families. I broaden the anthropological insights about eldercare in India (Cohen 1998; Lamb 2000, 2009; Brijnath 2014) by using the material semiotic approach of analysis (Haraway 1991; Law 2009; Pols 2012). Material semiotics examine the complex interactions between technology and people by describing “the enactment of materially and discursively heterogeneous relations that produce and reshuffle all kinds of actors including objects, subjects, human beings, machines, animals, ‘nature,’ ideas, organizations, inequalities, scale and sizes, and geographical arrangements” (Law 2009, 141). Thus, the identity of people and material objects such as ICTs is enacted through their mutual relations, which are situated in particular practices (Pols 2012, 17; Mol 2002). Identities are then fluid, multiple, and temporary, as they transform whenever practices and relations through which they are enacted change.

With material semiotics as a starting point of analysis, I investigate what happens when “care” is understood as an enactment of relations between humans and technologies. As I will show, in the case of Keralite transnational families, relations are enacted as shared work, dispersed in a collective of family members, non-kin, and ICTs. The work of care then involves “a transformation of what these entities are, of their materiality and their sensations, of what they do and, above all, of the way in which they are linked to one another” (Winance 2010, 111). I will demonstrate how a particular “transnational care collective” arises from such work.

According to Winance (2010), the notion of care collective reconsiders the relationship between care receivers and care givers as one of dependency, with technology mediating and thereby modulating this relationship. The care collective members balance their positions through “empirical tinkering” (Winance 2010, 95), namely through adjustment of details (e.g. the attributes of the technology used) until they reach a material, emotional, and relational arrangement that suits them best. The object of care is then not an individual, but all members involved, including the nonhuman. This will be important for understanding how ICTs contribute to complicating the discourse of abandonment by shaping care in the context of transnational families.

Methodology

I gathered ethnographic data during eight months of multi-sited fieldwork in Kerala and Oman in 2014 and 2015. Within India, Kerala is a particularly relevant state for my research due to its migration trends. Despite fluctuations, Kerala is still the third Indian state in terms of international migration, receiving the most (19 percent) of all household remittances that came into India in 2016–2017 (International Labour Organization

2018; Reserve Bank of India 2018; Irudaya Rajan and Zacharia 2018). Moreover, Kerala has long-established migration links with the Gulf countries, with Oman representing one site among many that is a popular destination for Keralite migrants (Zachariah and Irudaya Rajan 2012). While the Indian diaspora elsewhere has been explored anthropologically (Vertovec 2000; Lamb 2009; Vora 2013), little is known about the Indian community in Oman. Since 1970, low-paid, unskilled, mostly Muslim men, started leaving Kerala for temporary work in the Gulf (Osella and Osella 2000; Gulati 1983; see also Saxena 1977). In contrast, I focused on skilled international migrants, particularly nurses who are mostly female Syrian Christians. In comparison with other Indian states, Kerala is specific as a state in which nursing became a profession of choice for aspiring international migrants, as this has proven an efficient strategy to increase economic status (Percot 2015; Nair 2012; George 2005). For this reason, even some men and Hindus have recently entered this profession. Without making claims about other groups from India, my study thus offers insights that are specific to nursing and its historical developments in terms of class, gender, and religion.

It is important to note that Kerala is particular within India not only due to having the highest rates of literacy, but also because of the widespread ICT use (Joju and Manoj 2019). Among all Indian states, Kerala has the highest mobile phone penetration at about 90 percent of the population, and the highest internet penetration, with 20 percent of households being connected through broadband and another 15 percent of the population being connected through mobile phones (Mathews 2018). The increased presence of ICTs, such as smartphones and social media, are changing the way people organize and act collectively in Kerala. For example, during the devastating floods that hit Kerala in 2018, the state government reached out to engineers to create a communication platform which supported disaster relief volunteers (Thiagarajan 2018). More relevant to my research, I have found in my fieldwork that nurses in Kerala were taking great advantage of Facebook to spread information about the changing migration regulations, employment opportunities and work conditions around the world. In 2011, nurses even used Facebook to organize into what later became the United Nurse Association (Biju 2013). Such increased engagement with ICTs makes Kerala the most interesting Indian state to study the impact of ICTs on the way people relate to each other.

I supplemented the stories I collected in Oman with interviews with Keralite nurses who lived in other locations, for example in the United States, the United Kingdom, and Australia. I conducted these interviews in person with those nurses who were in India visiting their family and sometimes remotely by phone and webcam calls. Altogether, I carried out participant observation among twenty-nine families of children who had emigrated. Most of these were of various Christian denominations, although four were Hindu. In most families (twenty-two), the nurses were female. I talked with and/or observed either the parents (five), or the children (eleven), or both (thirteen). Most parents were between around fifty

and seventy years old, and had only minor health issues or chronic ailments like diabetes and hypertension.

I observed family members communicate via ICTs and I was often invited to join in, sometimes using English and other times Malayalam with the help of an interpreter. As family relations were a delicate topic, and sensitive topics were not always directly discussed, I used the technique of triangulation (Stake 1995), comparing the information obtained through interviews with the comments of my perceptive interpreters and my own observations.

Migration and abandonment

In February 2014, well into my fieldwork in Kerala, I was told by an Ayurvedic doctor about the predicament of elderly Indians who had been abandoned.

The doctor tells me of an 80-year-old male patient, a widower, whose kids are abroad. He lives alone and has a lot of health problems. The doctor suggested to him to find a paying guest who could help in case of emergency. But the man replied that his son returns home every year for one month and he is saving the empty room for him. "Because he wants his son to live with him for one month per year," the doctor says, "this man suffers for 11 other months."

The doctor mentions another widower living with his married son and family. His problem is loneliness, too, the doctor suggests, because the son and wife both work and the grandchildren are in school. The son only asks him if he ate, he replies "Yes," and that's it. So he goes to the bus stop by the road and he sits there, watching people. In the evening, he returns home. He knows that his time will come soon and he is just waiting for it to pass.

The two men, the doctor concludes, have the same problem—one living alone and the other living with his son, but still lonely, because everybody is at work or school. The doctor says many elderly come to see him only to chat. That's why he takes time to talk to them (Field notes).

The doctor's account suggests that for the elderly in India, loneliness may be folded within sentiments of abandonment even when they live together with their children. Loneliness is an emotion that people can feel at any age, and despite having rich social contacts (von Faber and van der Geest 2010, 40–41; see also van der Geest 2004). But the notion of abandonment also assumes some kind of dependency on others to have one's physical, emotional, or other needs met. Both men in the doctor's story were abandoned, but the nature of their abandonment differed in the kind of needs that were unmet: The man living alone had no support with practical

matters; the man living with his married son had his emotional needs unfulfilled. This shows that even though intergenerational co-residence is considered ideal in India, an elderly person living this ideal in practice may still feel lonely (see also Lamb 2009). Thus, physical proximity of close relatives is important for the elderly, but it is not sufficient.

When I discussed elderly care with people in Kerala, they used the English term “abandoned” to mean something like “left behind,” often the same way it is used in academic and policy discourses on transnational families in which the elderly are presented as dependent on the migrating adults (Sørensen and Vammen 2014; Escriva and Skinner 2008; Van der Geest et al. 2004; United Nations 1999). A good deal of this literature argues that intergenerational support in many places may decline because of a lack of resources and motivation on the part of children, but also because of geographical distance between family members. This situation, in which the elderly are forced to organize their life as if they were childless, has been described as “de facto childlessness” (Kraeger and Schröder-Butterfill 2004). Such insights suggest that geographic distance between family members automatically translates into the impossibility of all kinds of caregiving (Baldassar and Merla 2014, 12). Indeed, in the South Indian state of Tamil Nadu, the “PICA [parents in India, children abroad] syndrome” has been described as “a horrific emerging reality in urban India” (Krishnamoorthy 2015). The elderly “afflicted” with this syndrome are left to live alone, and even children’s visits cannot provide any comfort—a very gloomy picture in which international migration is presented as a serious, detrimental phenomenon.

It is thus widely assumed that out-migration of children is a major cause of abandonment among elderly Indians, leading to loneliness as well as a lack of sufficient practical and other care. Narratives of abandonment are particularly prevalent among the Hindus who link old age with the practice of *seva* (service), which younger family members are expected to provide to the elderly (Cohen 1998; Lamb 2000). It is little surprise then that the initial founders of old age homes were Christian organizations that put less emphasis on *seva* and saw providing a place to live for the poor and the elderly as a service to them, and thereby to God (Lamb 2009, 57). How does this impact families of migrating nurses from Kerala, who mainly come from a Christian background (George 2005; Nair 2012)? Let us look at how migration, rather than resulting in less care, may become reinterpreted as a new kind of care practice.

Migration as a care practice

Anthropologists have argued that kin relationships in India are particularly strong because they are created through embodied activities such as daily eating and living together; these practices are described as co-constitutive of personhood among Hindus (Lamb 1997; Mines 1994; Raval and Kral 2004). In East-Central India, physical touch in close family relations has been

deemed so important that these ties are termed “skinship” (Gregory 2011). How, then, do families of nurses from Kerala manage not to disintegrate when they become extended across large geographic distances?

First, many emigrated children returned home for visits regularly, thereby manifestly countering the notion of abandonment. The nurses usually got leave from work once a year, which they used to return to India. The importance of these visits, which sometimes served to provide hands-on care and generally reinforced emotional relationships between family members, cannot be underestimated (see also Baldassar 2007; Baldassar et al. 2007; Baldassar and Merla 2014). One might say these visits built on the embodied closeness (or skinship) that the nurses experienced during their upbringing. In only two out of twenty-nine families, the migrating children were not in contact with their parents or parents-in-law, which they attributed to having severely damaged family relations before migration. But all others used their leave from work to return home, suggesting that pre-existing family closeness configured the migration experience in ways that favored at least one kind of ongoing care. Migration was in this sense infused with efforts and persistent care, despite the geographical distances.

Second, the families saw migration as a form of care in itself. This is evident, for example, from the way in which parents recognized the benefits of international migration. Rather than feeling helplessly abandoned, they were generally heavily invested in migration plans. International migration was “a family project” (George 2005, 43; Nair 2012; Percot 2014), planned for years and starting with steering children toward the nursing profession. In one family, all three daughters became nurses due to their mother’s encouragement; two of them had already established their families in the United Kingdom, while the youngest, Mary, was studying English with the same goal.⁴ Mary’s mother even tried to influence her choice of destination country. During one of my visits, she began asking me how much nurses earn in my country. She then mentioned Switzerland, saying she heard the wages for nurses were high there, so that might be a good country for Mary to migrate to.

For parents, international migration represented a strategy to secure their own material and physical well-being in old age by relying on their children’s remittances. This was particularly important for ageing parents as, despite recent efforts to introduce health insurance, India has no universal system to cover health expenses and pension for a large majority of elderly people (Ahlin et al. 2016).⁵ This sentiment of migration as a valuable part of eldercare was echoed by emigrated children. Nurses saw migration as a way of “repaying the suffering” their parents had endured to raise and educate them.⁶ Education represented a significant financial burden,

4 All personal names are pseudonyms.

5 Similarly, in Ghanaian transnational families, remittances have been described as a kind of insurance to protect the elderly in times of illness or natural disasters (Mazzucato 2008).

6 This is similar to the idea of the “moral debt” that children incur through the food their parents provide for them when little. This obliges the children to

as many families acquired loans for this purpose and became subject to interest payments. Mary, for example, said her parents “suffered a lot” by working hard, saving, and obtaining loans to provide their daughters with nursing education. The three daughters therefore felt deeply indebted to them. As many other nurses I met, Mary saw it as her and her sisters’ responsibility to finish their studies, succeed in migrating, and provide for their parents financially even after marriage (see also George 2005, 43).

Given the great practical and emotional involvement of both parents and their children in reaching their common goal of international migration, the notion of abandonment appears inaccurate to describe what the nurses were doing in relation to their parents when they moved abroad for work. The parents were actively involved in the migration by agreeing to it, and also planning and providing for it by financing their children’s education and the migration procedure. The children thus did not withdraw protection, support, or help from their parents. Instead, through migration and by sending remittances, they became active carers for their parents and they provided other kinds of care, too. As I will show, an important part of this involved using ICTs.

The historical conditions that created nursing as a pathway to remittance income leads to insights about the Christian communities that were established in Kerala and that encouraged nursing, against Hindu ideologies that considered this profession polluting (George 2005, 41). For Christians, good eldercare also became related to remittances (Zachariah and Irudaya Rajan 2012; Osella and Osella 2000). As George (2005, 187) noted: “[A] parish was able to collect money from immigrants to build a home for the elderly, which ultimately became useful for the immigrants whose parents needed such assistance.” Financial “giving back” by international migrants thus became supported by the larger Christian community and gained priority over intergenerational co-residence. Thus, the postcolonial formation in which families were torn apart by international labor migration and yet held together by remittances was, and is, in Kerala, aided by the Christian church. Since these remittances are partially used for eldercare, whether through institutions such as the church or through supporting elder family members directly, migration in this context can be considered a form of care.

The care collective: Parents, children, ICTs, and others

Given the framing of migration itself as a form of care, how do ICTs further contribute to shaping care relations in Indian transnational families? Globally, the increased availability of ICT devices has resulted in a significant decrease in prices for telecommunication services, better infrastructures, and policies aimed at improving ICT access (Kilkey and Merla 2014). Cheap phone calls have been described as “a kind of social glue connecting

participate in long-term or deferred reciprocity, whereby they are expected to provide nourishment for their parents in old age (Lamb 2000, 45–46).

small-scale social formations across the globe" (Vertovec 2004, 220). But what precisely is this glue and how does it work?

In delving into this issue, the material semiotic approach is particularly useful since it considers technologies as active co-creators of relations with and between humans. Following the proposition that in a care collective the object of care is not one single person but the collective itself (Winance 2010, 102), I suggest that the object of care in Indian transnational families is not the parents, but ICT-connected families. This formulation highlights that not only parents, but also children and even ICTs are involved in care relations as both care givers and care receivers. I will now explore how such "technological relationality" was accomplished as a co-creation between technologies and humans in the caregiving of the elderly by migrating Keralite children.

Tinkering with various types of ICTs

While preparing to migrate, Mary lived with her parents in Kerala, but her two married sisters were already working as nurses in the United Kingdom. The first time I visited Mary's home, she proudly showed me her collection of four devices, two of which were simple mobile phones while the newer two were smartphones. These devices were bought by Mary's sisters as gifts. When I asked Mary why she kept them she replied, "To show them to my nephews one day, so they will know how well my sisters took care of us!" Mary and her parents also had a laptop with a USB webcam. In their household, Mary knew the most about how best to use this technology and establish connection on Skype. Expecting Mary to migrate soon, her mother was learning how to use Skype but was not yet very confident of her own skills. Mary's parents each had their own basic mobile phone. Additionally, their house was equipped with a landline phone and wireless Internet for which the family paid about ₹ 300 (around US\$4.5) monthly for unlimited use. All devices and telecommunication subscriptions were provided and paid for by the sisters living abroad. Such presence of ICTs was quite typical of the families I encountered.

Text-based communication on mobile phones (e.g. short text messages or notes via social media) was rare between the elders and their children, and only one nurse told me that she emailed her parents once to send some legal documents (cf. Baldassar 2007). The main mode of communication was telephone, as it was free or inexpensive and also the most practical for the parents. Anthony, who worked as a nurse in the United Kingdom and then Australia, described how and why he relied on cheap phone calls to call his parents:

It's not that expensive to call home [to India] from Australia. [...] [It] costs two cents (US\$0.02) per minute and the connection rate is about twenty-nine cents (US\$0.22) per call. In the UK there was no

connection charge, it was only one pence (US\$0.01) per minute. [...] I don't use the Internet to call my parents. Sometimes I use it to call my brother and friends [...] who use similar apps, but my parents don't normally use them. I don't mind spending two cents per minute to speak to my parents.

Anthony additionally mentioned free online calling through Voice over Internet Protocol (VoIP), but pre-paid mobile phone calls were so inexpensive that he did not even consider using the VoIP. Anthony preferred to pay these small amounts to adapt to his parents' ICT use habits. If he asked them to switch to any VoIP, the parents would need to acquire smartphones and skills to use them. That Anthony was not worried about paying for calls is indicative not only of the low cost of international communication, but also of the economic situation of the migrant nurses and their families, which improved following migration (Percot 2014).

For nurses, the availability of ICTs depended on the country they lived in. In contrast to Western countries, several Gulf countries have banned VoIP services to protect the revenues of the national telecom operators (Aziz 2012). In Oman, Viber and Skype were prohibited, but these rules changed so often and unexpectedly that it was difficult to be sure which platforms were allowed at a given moment. Most nurses who relied on VoIP to call to parents' landline or mobile phone numbers used several of the permitted VoIP services interchangeably. For example, I observed one male nurse, Benny, use a number of apps, including MoSIP (to call his mother daily because the sound was clearer than with other apps), Facebook Messenger ("also for calling"), Talkray ("often busy") and Viber ("currently banned"). Benny also told me that he did not use video calling with his mother as "the sound was not clear".

Exploring the use of various ICTs reveals how care was enacted in several ways. One form of care for the collective was financial, with the children buying ICT devices and paying for all related telecommunication services. More than gifts, these ICT offerings were essential to creating the technological infrastructure that supported the transnational care collective. Moreover, people empirically tinkered with various ICT devices and software communication programs until they discovered which suited them best. In material semiotics, tinkering is the normative and creative "process of caring by adapting to changing situations" (Pols 2012, 166; see also Winance 2010). In a polymedia environment, where a number of media coexist and are evaluated in relation to each other (Madianou and Miller 2012), flexibility and pragmatism in terms of convenience rather than cost were key for Indian transnational families. The chosen preferences depended on parents' skills and comfort with using particular technologies, as well as on ICT availability in the children's destination country. Through tinkering between technologies and people, the families then discovered the optimal way of enacting care within their particular transnational care collectives.

Caring by being the first to call

Sonia and Ajay had a son, John, who worked as a nurse in Guyana, and a daughter, Jasmin, who studied nursing in another Indian state. When Sonia was asked about communicating with them, she replied:

We have a landline phone. So we just have to attend to it when they call us here. We don't know how to handle the mobile phone. [...] Our children call us on this mobile. [...] When we get a call on the mobile, I can identify the number before I take the call. The children showed me how to take and cancel a call. That is all that I know.

In this family, the children called their parents rather than the other way around, and this was common among other families I encountered. According to my informants, the children were more skilled in calling, especially when the call involved VoIP and thereby the use of devices and software programs other than a simple mobile phone. Sonia did not feel very comfortable making calls with her mobile and was not even sure which number she should call to reach John. Some parents also mentioned that the "duty," or work obligations, of their children were a priority, and they did not want to disturb them. By calling first, the children automatically assumed the costs, which was yet another way for them to financially support the care collective.

The cases where the parents initiated communication were exceptional and related to specific circumstances with a sense of urgency. Aman's parents, for example, were very anxious about their son when he first travelled to the United Kingdom. They were desperate when he failed to call them on his arrival in London. Instead of spending their time worrying, they decided to do something about it. Aman's mother reported:

When Aman first left for the UK, it took about two weeks for him to call us. He had never stayed away from us. He was in a place he had no idea about. There was a family we knew who also had some family members in the UK. We called them and they contacted one of their relatives [in the UK] and later Aman called us. We were really destroyed. Aman also didn't know how we felt. It was like he had left us for good.

Besides being concerned for Aman's well-being, his parents alluded to feeling abandoned due to a lack of contact on the part of their son. But instead of being helpless, they demonstrated resourcefulness and agency by employing ICTs to locate Aman. The ICTs were instrumental in assuring the parents that Aman had not abandoned them, but was only momentarily unable to contact them due to practical circumstances. As he told me, the effort that his parents put into connecting with him also indicated to Aman how important it was for them that he kept in touch, and he subsequently made sure to call them regularly.

What do these examples say about initiating interaction via ICTs in relation to care? Let us consider them in comparison with care provided when family members are not separated by geographic distance. Among other aspects of care, intergenerational co-residency makes it possible for children to provide their elderly parents with food. In India, preparing and sharing food with one's parents has been described as "perhaps the most fundamental of all filial obligations" (Lamb 2000, 50), a gesture expressing reciprocity for the nurturing received in childhood. My observations of families in Kerala confirmed that eating together, even while watching television in silence, was considered essential to elderly care.⁷ In transnational families, intergenerational reciprocity was partially enacted through remittances, but additional attention was required from the children to dispel parents' feelings of abandonment. In the face of the impossibility to physically prepare and share food with their parents, the children could offer their attention most effectively by calling on the phone. Thus, ICTs shaped care at a distance by making verbal communication central to it, starting with the children's new responsibility to initiate phone calls.

Frequency of contact and scheduling

The children called their parents from several times a week to several times a day, while they contacted their in-laws less frequently but still regularly. The frequency and regularity of contact varied between families and between siblings, and depended on what people aimed to achieve. For example, Angela, a nurse in her 50s working in Oman, always first asked her mother about her current state of health and inquired if she needed any medicines. Then they talked about domestic animals, the neighbors' children, other people living nearby, and the church. Using ICTs to share details of everyday life was an attempt to transform geographical distance into intimacy, that feeling of closeness arising from knowing the small details of another person's life. Put differently, as a mother of another nurse revealed to me, "I talk to my daughter every day on either phone or Skype, and I never feel she is far away from me."⁸

The children generally planned their calls according to their own work obligations. Additionally, they took into account their family members' personal habits. From my field notes:

Priya [middle-aged nurse in Oman] finishes her morning duty at 3 pm, comes home, eats, and sleeps for an hour. She starts work at 6:45 am, so her family should let her rest in the afternoon. [...] Priya's

7 See also my earlier field note on the Ayurvedic doctor's account in which food is mentioned explicitly as a gesture of eldercare.

8 Feelings of being together with others' via ICTs have been described elsewhere as "co-presence" (Baldassar et al. 2016).

mother watches TV from 6–8 pm [Indian time], around 8–9 pm her parents pray, then watch another TV serial from 9–10 pm. Priya calls them after prayer, at about 8:30 pm their time [there's 1.5-hour time zone difference]. Priya's husband watches TV with his mother, then they cook and finish dinner at about 11 pm [9:30 pm in Oman]. That's when Priya usually speaks to him.

Instead of calling spontaneously, the nurses and their families tinkered with time to eventually develop a system of who calls whom and when. Breaking these implicit rules indicated that some kind of a problem or emergency had occurred. If Priya knew she would be unable to call on time, for example because of a change in her work schedule, she informed her parents in advance. This gave her calls a certain structure, transforming everyday interaction into a routine. Through a period of tinkering, ICT-mediated relations thus became regularized and systematized to accommodate schedules of all involved.

But spontaneous contact outside schedules also occurred, generally in the context of crisis. Jancy, a nurse living in the United States, called home every day after her night shift, which was convenient given the time zone difference. Once, however, she had a sudden urge to call home in the middle of the night and she discovered her mother-in-law was not doing well:

When we called [the mother-in-law's house] we found out that she was sick. [...] I told [our relatives] to take her to the hospital. [...] I *think* she must have had a ruptured abdominal [aorta]. [...] We were talking to [the relatives in the car], giving them instructions [and] asking "how is she," but we knew she was gone by the time they reached the hospital.

This story highlights how, during times of illness and accidents, practical care was delegated to siblings or other relatives living nearby and to institutions such as hospitals. But how did increased frequency of calling in such situations translate into care? The phone enabled Jancy to be constantly in touch with her relatives in the car, with only short pauses between calls. In this way, she was "traveling" together with them without being physically in the car. Being constantly updated about what was happening, Jancy was also able to activate her professional knowledge to establish the diagnosis and, from a distance, guide her relatives in providing hands-on emergency care. Jancy was not able to save her mother-in-law's life by phone, but given the seriousness of the old lady's condition, it is likely that she would not have been able to help much more even if she had been in Kerala. But frequent calling helped Jancy create a feeling of her presence in Kerala, even while she was physically far away, and enabled her to provide care in the form of emotional support and professional advice.

Caring for ICTs

One of the compelling insights about the care collective is that the object of care becomes dispersed among all involved, humans and technologies alike. The ICTs not only enabled family members to provide care to each other, they also demanded care in their own right. To begin with, the families mostly used prepaid phones that had to be regularly recharged with credit. This could be done easily at any small shop where the shopkeeper had the appropriate license. Such shops were common and usually within a short stroll from almost any house, even in rural areas. Many elderly people mentioned that they recharged their mobile phones by themselves, although women often asked their husbands to do it for them. I observed this gender difference in town shops, where typical customers recharging mobile phones were men. The process was quick and uncomplicated: The shopkeeper noted the phone number to be recharged in a notebook, along with the requested amount (usually for about ₹ 50–60, or less than US\$ 1). The customers then received a text message confirming that recharging was successful.

What happened if ICTs were not properly taken care of? Sonia and Ajay, parents of two nurses living away from home, told me about the trouble they experienced if they neglected their mobile phone:

- AJAY: *We can't call on the mobile when the balance is over. But the landline doesn't stop working in the middle of the conversation.*
- SONIA: *With the landline, even if we fail to pay the bill on time, we can call. [...] [With the mobile], if there is no balance, no matter how much we try to call we can't.*
- INTERPRETER: *How do you check the balance in the mobile?*
- AJAY: *That I know! The phone seller taught me. [...]*
- SONIA: *I surely get angry [if the connection breaks]. Just as we are about to know about each other's well-being, the balance in the mobile is over and the connection cut abruptly. Wouldn't anyone get angry? [The interpreter later notes that this problem could also refer to an empty phone battery.]*

Sonia and Ajay thus preferred to use the landline, which they also found better due to the clearer sound it produced. But this device, too, had its demands. As Sonia explained, "The landline phone was out of order for two or three months, because the line was broken during heavy rains, and it took a long time to repair." The couple had to contact their telecommunication company and demand repairs several times before the issue was resolved.

Care for ICTs was primarily about paying attention to their operational needs: The mobile phone must be charged with energy; the landline must have all its lines in order; and in both cases the telecommunication services

have to be paid. These duties were shared between the children and the parents, with children financing the devices and related services and the parents taking care of the local practical concerns. But what motivated all of them to provide this care to ICTs? The use of and care for technologies may be motivated by various affective values, like forming friendly relations through and even with technologies (Pols and Moser 2009). Sonia's comment on becoming angry if devices stopped functioning indicates that her motivation to take care of ICTs was fuelled by values of strong kin relations and intergenerational, reciprocal care. Thus, through caring for technologies, the parents and their children attended to the relationship between them, which was based on kin affection as well as obligations of reciprocity.

ICTs expanding the care collective

The ICTs facilitated caring relations outside of the children–parent dyad, as I mentioned when discussing situations in which parents initiated contact or required emergency care. In everyday care, ICTs that involved images, either photographs or video calls via webcams, were particularly good at expanding the care collective. To start with, the elderly, especially women, used photos and webcams to interact with their grandchildren living abroad. For this purpose, some grandmothers attended computer classes so that they could become skillful ICT users. Images were especially important for grandparents when their grandchildren were not yet speaking. One grandmother, Anna, eagerly showed me the photos of her grandson living in Canada, posted by her daughter on Facebook. Anna particularly enjoyed playing with her grandson via Facebook Messenger video chat. On one occasion, I was surprised by how deeply she became immersed in the interaction with her grandson via webcam, to the point of not noticing the humdrum of having visitors nor of the failing technology:

Anna is most interested in her grandson, not her daughter and son-in-law. She is so involved with his image on the webcam that she doesn't even notice that Thomas [her son] had assembled speakers until he takes the phone from her hand and tells her to speak without it. But the speakers don't work well, so they return to phone for sound. I watch Anna stare intensely at the video on Facebook Messenger, holding the phone to her ear and making funny noises at her 1.5-year-old grandson. The boy doesn't speak yet, but seems well familiar with such webcam meetings.

Moreover, this ethnographic note points to the instrumental role of children still living with parents in tackling the operational aspects of ICTs. When the youngest children in the family were also not around anymore, helping set up image-based ICTs strengthened non-kin relations that would otherwise remain weaker. Specifically, the relation deepened between parents living

alone and their “son’s good friend” who usually lived nearby. Following the son’s departure, these friends became quite involved with the life of the parents, to the point of becoming “family friends.” This became evident also in that they remained present during my visit:

I’m welcomed by several people: the parents, their visiting daughter, and another man, Anand. The parents describe him as a “very good friend” of their son who lives in Abu Dhabi. ... Anand sometimes helps them by calling their son on Skype via his smartphone. For that purpose, the father walks to Anand’s shop nearby where the Internet connection is better, but the mother can’t do that because of her injured knee.

In another family, the mother told me, “Our son who recently moved to Australia has given us the numbers of his friends who are very helpful. He told us to call them in time of need.” Thus, the sons used ICTs to care for their parents in at least three ways. First, they called home daily. Second, they provided their parents with phone numbers of their friends to deliver hands-on care if needed. Third, they arranged visual communication through their friends’ smartphones. ICTs were crucial in these practices to maintain a link between parents and their sons. Additionally, ICTs intensified the relationship between parents and non-kin by making them interact frequently and by actively involving sons’ friends in the parents-son relationship.

Image-based ICTs are thus at the intersection of more relations than those between elderly parents and their migrating children. They promote social relations outside this dyad, whether virtually (as with grandchildren) or face to face (as with sons’ friends). As they facilitate these additional relations, they simultaneously strengthen those between parents and children and thereby make them feel connected across geographic distances. In this way, ICTs can mitigate feelings of abandonment and loneliness in the face of the physical absence of children from their home.

Conclusion

In India, intergenerational co-residence remains an optimal way to provide good eldercare (Lamb 2009). My aim in this chapter was not to compare ICT-based and face-to-face care to evaluate which is better, nor to claim that ICTs diminish the importance of physical proximity for caring relations. Indeed, strong family relations, built throughout the years of co-residence during the children’s upbringing, form an essential foundation for care to continue, albeit reshaped, across vast distances. But what ICTs do is to bridge geographic gaps and make people feel as if they were in the same room, racing down the same roads to the hospital, jointly taking care of technologies, and so on, even while physically apart. Thus, just as it is

not possible to claim that ICTs entirely replace face-to-face care, it would also be inaccurate to state that ICT-based care practices do not mitigate feelings of abandonment among parents of emigrated children.

Although Kerala is hailed as the most progressive Indian state, socioeconomic circumstances, including lack of employment opportunities, often compel people into international migration. In some urban parts of Kerala, among young adults who have failed to migrate or to establish their life abroad, the discourse of suicide is rampant (Chua 2014). It is therefore not surprising that despite being aware of the negative implications of migration for co-residence, the families in my study accepted it as an unfortunate fact of life. Under these conditions, they reinterpreted migration as a care practice through which children repaid the suffering that their parents endured to educate them as nurses. Additionally, ICTs helped shape these care practices so they made parents feel that rather than being abandoned, they were cared for better than if their children had stayed at home.

But what does such ICT-mediated care look like? The material semiotic approach helps answer this question, as it focuses on how technologies and humans can form relations with each other and jointly enact care through tinkering. In Indian transnational families of nurses, care was enacted through care collectives that were co-constituted by relations between elderly parents in Kerala, their emigrated children, other people, including grandchildren and non-kin, and also ICTs. In care collectives, ICTs were contributing agents, shaping the kinds of caring transactions that extended across large geographic distances. While in most of the literature ICTs tend to be seen as tools of communication, the practices described here were not only about communication, just as remittances are not only about sending money; ICTs turned communication into a concrete set of care practices, much like remittances were about sending money to effect material improvements in quality of life. To the extent that ICT use in Indian transnational families highlights how human and nonhuman entities may work in relation to each other and thereby enact care at a distance, we might think of these care collectives as forms of “technological relationality.”

The involvement of parents in the migration process additionally indicates that they were not helpless and straightforwardly abandoned by their children. This also became clear in that within the care collective, parents were care receivers, but also care givers to their children, grandchildren and their ICTs. The case of Indian transnational families and their ICTs thus importantly challenges our understanding of, and possibly use of the notion of, abandonment as well as leads to new questions. Perhaps we might ask how ICTs will in the future influence the discourse of abandonment itself: the norm of co-residence might become replaced by the norm of frequent calling. Perhaps that is already happening. As one of the nurses said, whenever she failed to call her parents as expected, her father would scold her, saying, “So, are you becoming like your brothers now, only calling once in a while?”

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Bianca Brijnath

Indians Abroad: Kinship, Capital, and Technology in Transnational Care

Abstract Migration and an ageing population will create and demand new modalities of care. These processes are shaped by structural forces like citizenship, flows of capital, and access to healthcare, as well as individual notions of family, love, and compassion. This chapter explores how care is conceived and delivered in transnational Indian families, and what families gain and lose as a consequence of geo-physical distance. There is emphasis on how the notion of “family” is sustained and yet also altered across borders, the role of remittances in funding transnational health-seeking, and what happens when distant “real” kin are replaced with immediate paid care attendants. Three key concepts—kinship, capital, and technology—are used to structure the analysis and ethnographic data from urban India and auto-ethnographic data as a member of a transnational family to provide evidence for the argument.

Keywords capital, care, kinship, older people, technology, transnationalism

Introduction

More than twenty years ago, Arjun Appadurai (1996, 55) counselled, “where lives are being imagined partly in and partly through realisms that must be in one way or another official or large-scale in their inspiration, then the ethnographer needs to find new ways to represent the links between imagination and the social life.” Today, the scale of human life has considerably expanded, and transnationality is now a daily reality in many people’s lives. In 2015, there were 244 million international migrants, of whom Indian migrants constituted the largest majority (United Nations 2015). Though migrants tend to be mainly of working age, migration alone cannot overcome the challenge of old-age dependency ratios as a result of global ageing (United Nations 2015); by 2050 there will be more people over the age of sixty than children under fourteen years of age (United Nations 2006).

The challenges for researchers are to develop frameworks capable of encompassing all of these complexities. But simultaneously, the task is not to lose sight of the minutiae of people’s lives. Migration and an ageing population will create and demand new modalities of care. These processes are shaped by structural forces like citizenship, flows of capital, and access to healthcare, as well as individual notions of family, love, and compassion. In this chapter, I explore how care is conceived and delivered in transnational Indian families, and what families gain and lose as a consequence of geo-physical distance. Specifically, I explicate how the notion of “family” is sustained and yet also altered across borders, the role of remittances in funding transnational health-seeking, and what happens when distant “real” kin are replaced with immediate paid care attendants. Three key concepts—kinship, capital, and technology—are used to structure my analysis. I draw on ethnographic data from urban India and my own experience as a member of a transnational family to provide the evidence for my argument (Brijnath 2009, 2014). In marrying these concepts and narratives, what emerges are old landscapes shaped by the inequities of power, citizenship, and access to care through which families must negotiate new forms of agency, of being together, and of coming to terms with (im)possible ways of caring.

India’s diaspora

An increasing number of families are now part of the Indian Diaspora, the world’s largest diaspora (United Nations 2015). Currently there are an estimated twenty-five million non-resident Indians and people of Indian origin located across the globe (Ministry of External Affairs 2016a). These diasporic communities are far from homogenous and there are tremendous variations in migration pathways and family formations as mediated through prisms of gender, generation, class, education, locality, and so

on. Whether migrating to become nurses in Oman, construction labourers in Dubai, university students in Australia, biotech engineers in the United States (US), or small-business owners in the United Kingdom (UK), Indian migrants have diverse journeys and ways of becoming and being part of the bricolage that is the Indian diaspora (Mishra 2006). So while I deploy the term “diaspora” here to function as a connector between a nation-state and its emigrants, I recognize that the concept is far more polysemous and suggests also a process, a condition, a state, a space, an effect, a model, and a performance among other definitions (Fernandez 2009). Moreover, the continued conflation between the definition and functions of diaspora underscores the fluidity of the term, the interplay between dramatic and economic modes of being in its ontological roots, and the need to pay close attention to distinctive ways of constituting multiple, competing discursive formations and subjectivities of diaspora (Mishra 2006; Fernandez 2009).

In the Indian case (like so many others), economic imperatives are the major driver of migration. Migration, most often for the purposes of work or study, has typically involved young middle-class Indians settling overseas while older family members remain in India. This demographic trend has reaped significant rewards for the Indian economy in terms of remittances and investment; for example, in 2015 alone US\$72.2 billion were remitted to India (World Bank 2016). Globally, India has consistently been the leading recipient of remittances, principally from the United Arab Emirates, the US, Saudi Arabia, and the UK (World Bank 2016).

Flows of such vast sums of money have seen ongoing efforts by the Indian government to consolidate and cement its relationship with its diaspora. In 2004, the Ministry of Overseas Indian Affairs was established (now amalgamated with the Ministry for External Affairs), and since 2006, the Overseas Citizen of India initiative has been in operation (Ministry of External Affairs 2016b). This initiative affords people of Indian origin and their spouses (irrespective of the spouse’s ethnic and national heritage) the same rights as non-resident Indians, excepting voting rights and ownership of agricultural properties (Ministry of External Affairs 2016b). Alongside these “hard” political programmes, there are several “soft” bilateral and multilateral programmes driven by the Indian government, business, and non-profit organizations around social, cultural, scientific, and economic exchange. Arguably the most influential of these “soft” efforts are Bollywood films, which have served to bind the diaspora into an “imagined community” with a globally shared “public culture” (Brosius and Yazgi 2007). Often portrayed as the “consumable hero of globalized India” in contemporary Bollywood films (Deshpande 2005), non-resident Indians have come a long way from their historic depictions in Hindi films as narcissistic outsiders representing the worst excesses of Western culture (Brosius and Yazgi 2007).

But running alongside this open political and economic courtship of Indian diaspora is also a sense of unease in the national imagination about

the fate of older Indians who are viewed as “forgotten” and “left behind.” Migration, urbanization, the changing role of Indian women, growth in consumerism, and the adoption of supposedly more “Western lifestyles” have led to a perception that older people are not as securely positioned in their family hierarchy nor are they as revered as previous generations were (Dharmalingam 1994; Jamuna 2003; Kumar 1996; Mahajan 2006). Politicians, policy-makers, gerontologists, and those in the media have been quick to dramatize this “wicked spectre” of modernity as the cause for the maltreatment, loneliness, and poor state of health of older Indians (Cohen 1998; Lamb 2005, 2009). Several other chapters in the present volume have already explored the inverse relation between modernity and ageing in greater depth, critically examining the evidence behind the rhetoric. Earlier works by Lawrence Cohen (1995, 1998) and Sarah Lamb (2005, 2000) have also found a link in popular discourse and in Indians’ perceptions of a “bad” old age and modernity. Lamb in her work on old age homes in Kolkata documents the public outrage against such institutions, concluding that “Indians take such emerging and novel modes of serving the ageing to represent a profound transformation—a transformation involving not only ageing per se, but also principles underlying the very identity of India as a nation and culture” (Lamb 2009, 89).

However, as Lamb (2009) also points out, while such dramatic emotional reactions prevail in India’s gerontological and media landscape, in actual practice older people and their carers enunciate far more ambiguous and complex understandings of ageing and care. With only a few exceptions, little has been documented from the perspective of Indian families themselves. Failure to address this lacuna leaves unexamined the practices and processes that create and sustain the relationships and identities that constitute transnational lives, including the economic and political dimensions (Baldassar et al. 2007). But a close-up, textured analysis of how families stay connected across boundaries of distance, citizenship, and illness illuminates how families are made together apart, what forces facilitate this construction, and how such forms of family formation may contest the boundaries of nation states, access, citizenship and belonging. Accordingly, the remainder of this chapter focuses on detailing such an analysis in order to explore how care is conceived and delivered in transnational Indian families and what families gain and lose as a consequence of distance.

Kinship across borders

Kinship, love, duty, and family are profound sources of meaning in people’s lives. How they are used automatically attunes us to the cultures from whence they came. Using familial terms of address—*bhaiya* (brother), *didi* (older sister), *mataji* (mother)—between family members and strangers is a form of brokering relationships and invoking bonds of reciprocity. In structuring relations between spouses, parents, children, and siblings,

capital is also apportioned, prioritized, and spent on blood kin, extended family, and fictive kin. Take the Mukherjee brothers who have grappled for many years with their father Gautam's dementia. The three brothers, originally from India but now based in the US and Europe, have tried many different options for Gautam: home care in the US, aged care facilities in Florida, and finally home care in India. When they decided that Gautam and his wife Shilpi should return to Delhi, it turned out to be Gautam's last journey since he died in 2008. Assisting Shilpi with caring were two poor Christian middle-aged women. Although of different circumstance to their wealthier Hindu employers, these women called Gautam 'papa' as they cared for him. In turn Shilpi reciprocated with gifts and home-baked cakes on birthdays and special occasions. In the absence of "real" children, the walls of class and employer–employee relations dissolved to create such fictive kin. Sandra, who was paid to care for Gautam, recalled her previous employment:

In Kalkaji that old lady died about two years ago. I could not go because I was working but I would always call *bhabhi* and keep asking, "How is ma's state? How is she?" ... Even though she gave me so much trouble I remember that family very fondly (June 6, 2008).

For paid carers looking after an older person with dementia, the use of terms such as 'papa' or 'ma' or '*bhabhi*' (sister-in-law) was a multi-pronged strategy that displayed respect for their employers and elders, avoided an indifferent employer–employee relationship (Vatuk 1969), and reinforced the meaningfulness of their work. It was also a way to try and gain the "attendant affection, rights and obligations" of other family members by providing care "like family and doing what family does" (Karner 1998, 70). Saroj, another paid carer, said:

I like doing this work. It is *sevā* (care) for the old and elderly, and in your own heart also you get a relief knowing that this person—who is like my mother—[that] her body is also working (April 17, 2008).

Extending family networks to include fictive kin appears to be supported by real family members in India and abroad. A number of Indian non-governmental organizations now offer support services to emigrant children for their older parents in India (Lamb 2009). For a fee, tasks such as accompanying older people to doctor's appointments, spending time with them, and running errands can be completed with the promise that such services will be delivered in the same manner as children would provide to their ageing parents.

These new commercial "children" help to articulate new collectives of care and illustrate the complex ties of migration, distance, and income. The Mukherjee sons paid for their fictive kin's salaries and their own parents' household expenses. The eldest son, a doctor, also arranged for medication

to be sent from the US to India, while the younger sons shipped diapers. All three brothers staggered their visits to India as much as possible so that their parents were never alone for more than a few months. The irony of course is that as the Mukherjee's offered each other economic and material forms of care, they also experienced the losses associated with loneliness and the emotional insecurities of being physically absent from each other. Their geo-physical distance exemplifies Ghassan Hage's (2005) argument that human mobility is not axiomatic in transnational families as family members do not actually spend much time moving around. Rather, it is transnational cultures and its accoutrements that circulate—global relations, goods, emotions, and money—and thus notions of transnational family and care should be approached not as emplaced within multiple sites, but rather as located within a single geographically discontinuous site (Hage 2005, 2012).

Extending this concept of circulation, Baldassar and Merla's (2014, 25) framework of care circulation emphasizes "the reciprocal, multidirectional and asymmetrical exchange of care that fluctuates over the life course within transnational family networks subject to the political, economic, cultural and social contexts of both sending and receiving societies." Disputing the notion that transnational families are dysfunctional, through a series of carefully edited ethnographies, they show how practices of transnational care are inherent to the construction of kinship and moral economies of care and individual social identity. Thus children who migrate for economic reasons might live further away from their parents, but by virtue of their higher incomes, they are able to remit more monies home and facilitate greater choices for their parents in seeking care. But access to resources and negotiated commitments among family members are not the main motivators of care; feelings of obligation are important and are linked to cultural constructions of duty and responsibility (Baldassar 2007). For transnational families, care often includes both financial and communicative labours (Hage 2012).

In Indian families the circulation of financial and social remittances between adult children and ageing parents are shaped by moral precepts of care, service, and reciprocity (Brijnath 2014; Singh and Cabraal 2014). Family members respond to each other based on perceptions of behaving like a "good" or "proper" family, sharing in the care of older parents who once cared for them. As recalled by Sunil Bhatnagar, a neurologist in Delhi:

I have a patient right now whose children have quit their business or stopped their business in the UK to come and take care of them, to come and be with their father. I said, "Nonsense! Back you go and start your business again. How can you stop your business and come?" (May 28, 2008).

While Dr Bhatnagar strongly recommends "that the family must go on with their life ... [that] their lives must not come on hold," transnational families experience complex and conflicting emotional demands. On the one

hand, they enjoy the economic privileges of living abroad and of not being required to undertake day-to-day care (which is emotionally and physically exhausting work). On the other hand, they grapple with the vulnerabilities of being far away and of feeling guilty because they are unable to help on a day-to-day basis. Guilt is an inherent part of the equation, a finding specific not only to Indian transnational families but also found in other transnational families of different ethnicities (Abel and Nelson 1990; Joseph and Hallman 1998; Lin and Rogerson 1995; Schoonover et al. 1988).

Moreover, such feelings do not exist only as cultural, moral, and ethical dilemmas, shielded from wider politico-legal manipulations. Governments of migrant-sending countries, which have capitalized on remittances, have been quick to emphasize the importance of kinship, care, and citizenship; examples include migrant Filipino workers being lauded as “national heroes” (Rodriguez 2002), and the construction of migrant Haitians as the saviours of “those left behind” (Schiller and Fouron 1999, 341). In other instances, the underlying expectations of the state are more punitively framed. For example, in 2007, the Government of India passed the Senior Citizen’s Act to legally enshrine the obligation of adult children or relatives to care for older people (Ministry of Social Justice and Empowerment 2008). Currently, adult Indian children, whether in India or abroad, face penalties for breaching this law, including up to three months’ imprisonment (Ministry of Social Justice and Empowerment 2008). Arguably, the law has been ill-conceived and poorly implemented, limiting its reach and efficacy (Brijnath 2008). Nevertheless, its very existence draws attention to the domestic socio-political contexts and machinations of migrant-sending countries, which inform contemporary practices of transnational caregiving.

Capital and transnational flows

It must not escape attention that as states export shared understandings of culture, identity, and nationality to bind their diaspora closer, these attempts are practiced largely by poorer countries. The entire business of transnational care—migrating for improved economic opportunity, remitting money, organizing care—point to systems in migrant-sending countries that are often unable to cope with existing needs, and migrant-receiving countries that do not want to bear the costs associated with meeting these needs.

Wealthy nations like the US, UK, and Australia have long sought to exclude those people whom they consider will burden their health systems. Exclusions on the basis of health status, age and/or duration of residence, tactics of “othering” those who are different, the increased privatization of healthcare, and attempts to minimize insurance payouts are ways in which older Indians may be denied making claims to resources in wealthier countries where their children reside and may even hold citizenship. In the Mukherjee’s case, even though two of their sons held US citizenship,

Shilpi and Gautam could not avail of any state-based concessions. Financial and visa constraints prompted their eventual return to Delhi. As Shilpi explained:

It was very costly Our visa was expiring in six months, we had to go anyway. Whatever we had to do we needed cooperation from everyone. Here he has his medical insurance and everything so we thought we might as well come home. Whatever happens we have friends here, doctors here, attendants. The diagnosis had been done—what else remained? The medicines were being sent from there. To avoid all these complications, we thought it is better to come back although till now the children want us there (March 10, 2008).

The lack of claim to US state-based support limited the scope of care available to Gautam. But depending on the scale of remittances and flows of capital, older people in India have the opportunity to seek healthcare not only in India, but to access new medical technologies elsewhere. However, these sources of capital are inherently private and there are no state-sanctioned subsidies available in India. Rather, families must draw solely on their own private capital, here defined as forms of social, economic, cultural, knowledge, and human capacities (Bourdieu 1990).

Similar to private care-seeking in India (where eighty-seven per cent of healthcare is privately funded (Radwan 2005)), when Indian families seek care transnationally, they must negotiate a potentially unregulated market. There are now transnational grey markets, i.e. quasi-legal spaces, where pharmacopeia and other medical materials are being sold by ersatz and legitimate health practitioners. In these privatized, market-driven spaces where hope mingles with desperation, buyers' and sellers' successes depend on the capitals they are able to draw on. When Nina decided to take her husband to Cologne, Germany from Delhi for stem cell treatment for his dementia, she asked her elder son to accompany her for support and her younger son in Singapore to pay for the treatment. Her elder son, who accompanied her to Cologne, said:

Mom handles most of it, of course she gets fed up many times and she calls me and so I help out sometimes. Sometimes I won't help out for two weeks but I'll come here every day, say hello to them, spend even if it is 15 minutes because I live very close by—my house is just 300 metres away—so I do make it a point to spend time with them. Occasionally I'll take dad for golf and stuff like that. There is really nothing one can do, we took him for his stem cell treatment in the hope that there was nothing better to try, so let's see (July 17, 2008).

The pursuit of such treatments, with limited efficacy, cost Nina and her family significant amounts of money, time, and other resources. Though an

extreme case, Nina's family's story is not unique and forms part of a wider spectrum of transnational medicine procurement. Other examples include the Mukherjee's son sending drugs from the US for his father's dementia, the Panikker's son sending medication from Germany, Mrigakshi's son sending medicine from Poland, and Bhageshwari's sister who couriered medicine from the US.

In all these cases, the children drew on their economic, knowledge, and social capital as well as shared memories and feelings of reciprocity, duty, guilt, and love in procuring drugs and sending them to India. These are new kinds of doctors without borders and highlight a growing informal channel of drug distribution that works in various ways (Brijnath et al. 2015). In the drawing rooms of diaspora there are stories to be heard of drugs flowing from India to Singapore, the US, Europe, and elsewhere. Tales of sleeping pills, antibiotics, analgesics, alongside Āyurvedic powders and sacred amulets, carried in one's own suitcases, by friends, and sent in the post. Lower costs, easier availability, and different understandings of health drive such practices (Horton and Cole 2011; Brijnath et al. 2015; Lee et al. 2010; Tiilikainen and Koehn 2011; Wallace et al. 2009).

The circulation of these drugs is also a circulation of different understandings of health in biomedicine, traditional, and transcendental medicine. Although biomedicine may occupy a dominant position, multiple health models are in dialogue with each other and at various stages of appropriation and indigenization all over the world. Nina's quest to get stem cell treatment for her husband is a story of travel both of human beings and medical information. Just as German tourists journey to India for mantras, massages, artificial hips, and new hearts, so too do Indian tourists travel to Cologne for the fabled stem cell treatments. Ironically, those Indians going abroad might be treated by other Indians abroad; migrant-receiving nations have also poached the health capital of poorer countries. India, for example, has the highest physician emigrant labour force in the world. Approximately 60,000 doctors reside in the North Americas and Australia while a national shortfall of 600,000 doctors is deeply felt in rural India (Mullan 2006).

Technologies near and far

Finally, in sustaining bonds of kinship over long distances, we need to understand how capital and information communication technologies function as virtual bridges to distance. Keeping "in touch" through traditional (emails, phone calls) and new media (*Skype*®, *WhatsApp*®, *Facebook*®) is critical to maintain emotional connections within transnational families. This polymedia environment provides multiple opportunities for co-presence—i.e. synchronous, continuous, multi-sensory forms of communication that enable the sharing of the minutiae of everyday life (Baldassar 2017). These new communication technologies allow families

to connect across geographically disconnected sites “as if they were there” (wherever “there” might be), as well as to give and receive care through verbal and non-verbal means. Alongside talking, video-calls, emoticons, message alerts, and text messages are some ways in which families may create intimacy, communicate love and affection, and create co-presence in each other’s daily lives (Madianou and Miller 2012).

Moreover, as Tanja Ahlin has demonstrated (2017), information communication technologies are not mere communication platforms and instead operate as non-human actors that can transform important aspects of human care. During times of medical crisis, for example falls, fractures, and palliation, which can significantly affect the dementia illness trajectory, communication technologies become vital links to mobilizing various forms of capital and support (Brown 2016; Miller 2011; Horst and Miller 2006). Even in more routine scenarios, such technologies are critical to helping families get respite by planning holidays when overseas relatives visit so that the latter can look after a person with dementia. In still other cases, communication technologies may put a more humane face on what is often perceived as a harsh organization. When I visited the Senior Citizen’s Cell at the Delhi Police Headquarters, I was astounded to learn that the Cell sends birthday cards on behalf of the Delhi Police to every person who is over sixty years and registered with the Cell. Moreover, depending on the workload of the day, telephone calls might also be made to these older citizens to wish them on their birthday. The inspector in-charge recounted to me:

Like today I made a call to one of the people registered; he was ex-army, at least above Brigadier level. When he came on the phone I just wished him “Happy Birthday,” I didn’t tell him who it was. Later I explained who I was and he was very happy. He was eighty years old today and wasn’t doing anything so he was happy to get this phone call. Even on World Elder’s Day we send all our people registered cards to wish them (July 25, 2008).

The effect of communication technologies in forging different ways of organizing care has not only been felt within families and in institutions. It has also increased the knowledge and cultural capital of older people, previously unexposed to such technologies, and now exposed to platforms such as emails, videoconferencing, and instant messaging. When my paternal grandparents upgraded their 56K modem to cable, they suddenly found themselves on the internet highway perusing *National Geographic*[®] and the *New York Times*[®], opening pictures and videos from family and friends. They are no longer as disconnected from their children’s lives as they used to be.

On the other hand, my maternal grandmother had late-stage dementia and lived with my family in India, the US, Dubai, and finally Singapore. As her illness progressed she was increasingly dislocated from us. Though

she was physically present, dementia had virtually taken her away many years before she died. Yet she continues to feature in multiple geographies as conversations about her take place among her children all over the world through such technologies.

The links between economic capital, infrastructure, and kinship are salient here; without motivation (for example, the need to remain connected to kin located elsewhere), infrastructure (the physical existence of cables, computers, and satellites), and capital (capacity to pay for internet services and phone bills), new ways of articulating care and accruing capital would not be possible. More likely the tyrannies of distance and time would take their toll. Building and sustaining co-presence thus involves continuous work, nurturing of emotional reciprocities, and building on shared histories as well as access to resources, money, infrastructure, time, security, and latent ability (physical and mental) (Baldassar 2007; Baldassar and Merla 2014). New technologies also demand their own kinds of care (e.g. charging phones, paying bills, and protecting equipment from damage) (Ahlin 2017).

But careful attention needs to be paid to new communication technologies and context. Zooming down the virtual highway detracts neither the inequalities nor orthodoxies which structure individuals' lives. My paternal grandparents still live in a small city in a poor country where my eighty-two-year-old grandmother needs to get up at 5:30 am every morning to ensure the water is pumped. My maternal grandmother was undone by illness and an Indian passport in foreign lands that restricted her access to affordable care. New communication technologies cannot be a panacea for failing state infrastructure, and novel methods to maintain intimacy across distance should not distract our gaze from why families have to live apart to begin with. Far from creating homogeneity or reducing barriers, transnational care seems to underscore how existing inequities, especially regarding access, have been thrown into starker relief. It is important that these points permeate the current discourse in Indian media and policy on ageing, families, and transnationality; and there is a shift away from the more simplistic but ultimately unhelpful narrative of "bad" families and "wicked" modernities.

Conclusion

To develop a more sophisticated understanding of eldercare in transnational Indian families, I have offered three conceptual tools in this chapter—kinship, capital, and technology. To trace how these concepts intersect and flow, we must first grasp that *we are already living in transnational realities*. With an Indian Diaspora of about twenty-five million strong and growing, the stories cited here are neither novel nor unique. Similar examples can be found in the literature on other communities, and many more tales circulate in everyday conversation. These stories show that while the

ambiguities of ageing, identity, and the politics of life are greater than ever before, the old inequities like class, citizenship, and poverty have not disappeared. Rather, they have been shifted onto a transnational platform. The depletion of human resources from a poor nation to meet the health needs of wealthier countries, the increased trend towards privatized care, the multiplicity of health systems sought for treatment, and the movement of drugs highlight a landscape where capital, culture, and technology flow through legitimate, illicit, and grey zones.

Critical focus needs to be directed onto the micro, to how people interpret and negotiate health and illness in this transnational world. Distilled to its essence, these three conceptual tools define families' capacity to care. All three are interrelated, and I have drawn on my research on dementia care in urban India and lived experience as a member of a transnational family to explain these connections. In fully appreciating Appadurai's (1996) insights and the intricate links between imagination and social life, we need to build our "ethnographic suitcase." A sturdy object, lined with solid, well-worn ideas around gender, class, citizenship, and race. Then stitch the strong yet elastic straps of health and illness to hold everything together. In this "suitcase" we begin by putting in kinship, capital, and technology; these are our anthropological visas, as it were, which give us the ability to circulate back and forth between home, abroad, and somewhere in-between. There is still space in the suitcase to add many more tools, but for now the basic tools are there. All that is left to say is, *pher milna* (when we meet again), as we begin to find new ways to represent this transnational life.

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PART III

Narratives of Care

Roma Chatterji

Medical Institutions and their Counter-Cultures

Abstract Using a mix of visual and literary storytelling as well as participant observation in the field, this chapter attempts to present the Dutch *verpleeghuis* (nursing home for the dependent elderly) at a particular historical juncture in the mid 1980s when it could be conceived as a public space with the potential for creativity and self-critique. At first sight, the *verpleeghuis* as a total institution, suggesting a particularly rigorous kind of 'disciplinary regime', seems to be an odd site on which to explore creativity. However it is precisely through its totalizing character that it is able to posit itself as being outside of society and thereby enabling it to hold up a mirror to society and also to its own working. The 1980s were a time when the humanist disciplines were very influential in gerontology in the Netherlands as they offered ways of conceiving forms of bodily intersubjectivity and individuation and enabled *verpleeghuis* doctors to critically reflect on their own practices. We see this happening in this chapter through cartoons and an allegorical tale written by a doctor who is reflecting on the iron cage of his own bureaucratic work place and contrasting the "should" of the ideal goals of the total institution with the "is" of bureaucratic practice. This looking back to the *verpleeghuis* past is contrasted with the neo-liberal present. Ironically, many of the ideas that were central to the self-critique of the *verpleeghuis* as a disciplinary regime, such as self-cultivation and democracy, are the very ideas that are supposed to be at the heart of the new institutional arrangements, yet have the paradoxical effect of closing off all notions of public spaces where critical voices find a space.

Keywords ADL, *verpleeghuis*, counter publics, cartoon, fairy tale, critique, embodiment

Introduction

“The ‘agora’ [the space for creative display, physical space] no longer exists within the *verpleeghuis*,¹ and without that space I can no longer make cartoons.” This was Dr. Jan Diekema’s (MD) response to my question—did he still draw cartoons about the ambiguities of his workplace?—when I met him in June 2010 after a gap of more than twenty years. I was visiting Regina Pacis, a *verpleeghuis* in the city of Arnhem, where I had spent almost two years while doing fieldwork in the mid-1980s. My first fieldwork in the Netherlands was made possible by the Indo–Dutch Programme for Alternatives in Development (IDPAD), an initiative that was supposed to foster comparative research on the two countries. However, most Indian scholars who have participated in this programme have confined their work to library-based research. My research was one of the first under IDPAD to actually attempt an ethnographic study of a Dutch institution. My return visit in 2010 was made possible by the European Studies Programme that a group of teachers at the Department of Sociology, Delhi University, were involved with. The programme enabled students of the department to undertake short-term fieldwork in Europe so as to be able to put their larger concerns with Indian society in a comparative perspective.² My work on institutionalized ageing in the Netherlands was not conceived as a comparative project. It did however lead to an interest in exploring aspects of bureaucracy in India in subsequent research. Also, my doctoral research

1 The Dutch *verpleeghuis* is a residential medical facility meant for the long-term care and intensive nursing care for elderly people with severe chronic impairment, both somatic and psychological. Professional institutions of this kind were first started in the late 1960s and 1970s when the Exceptional Sickness Costs Act of 1967 enabled financial support for patients suffering from severe chronic disabilities. The English term “nursing home” that is used to translate *verpleeghuis* is misleading, especially in the Indian context where such homes are usually privatized in sharp contrast to the Dutch case. There is a long debate in the Netherlands about the substitution of the term “home” by “house” since the former conveys additional meanings of permanence that Dutch gerontology has fought hard to resist. I argue that the definition of the *verpleeghuis* has an inbuilt vision of itself as a system of hope—a somewhat utopian representation that has generated a culture of self-criticism. Thus, according to the official ideology, the *verpleeghuis* is a place for “reactivation” of the the disabled elderly, a temporary habitation which people are encouraged to leave after regaining their health. I prefer to use the Dutch term rather than the English term “nursing home” because the connotation, especially for an Indian audience, is somewhat different.

2 My visit to the Netherlands in June 2010 was under the auspices of the European Studies Programme at Delhi University, funded by a grant given by the European Commission. My earlier research project, “The Welfare State from the Outside. Aging, Social Structure and Professional Care in the Netherlands,” was funded by the Indo-Dutch Programme for Alternatives in Development. Veena Das and Klaas van der Veen were the coordinators of that project, and the other members of my research team, Rajendra Pradhan and Sanjib Datta Chowdhury, conducted their fieldwork in a village in South Holland and an old age home in Amsterdam, respectively. The fieldwork period was approximately fifteen months starting in August 1986. We all spent six months learning Dutch at the University of Amsterdam in preparation for fieldwork.

on storytelling in rural India likely led me to focus attention on creative expression in the *verpleeghuis*, which is probably not common in the literature on gerontology.

What had struck me during my initial fieldwork in the 1980s was the imaginative space that seemed to exist within the *verpleeghuis*. Jan Diekema produced satirical cartoons that were displayed on the notice board in the doctor's corridor; he read out an allegorical tale instead of giving the regulation lecture at a refresher's course on nursing organized in Regina Pacis; and staff members and patients were encouraged to contribute stories, poems, and drawings to the monthly in-house magazine. Regina Pacis, as one of the first institutions of its kind in the Netherlands, was quite conscious about the kind of work environment that it wished to foster among its staff, and encouraged open discussion and self-criticism.

The inspiration for this chapter was the return visit to Arnhem in 2010 at a time when the Netherlands were reeling from the changes brought about by the rollback of the welfare state. State-funded institutions like Regina Pacis had lost much of their earlier autonomy, especially in spheres such as budgetary planning and decision making powers regarding non-medical aspects of patient care. In India, where much of this kind of care is under the purview of the family, questions around institutional autonomy may not have the same significance. Unlike the conception of the relational self that is supposed to characterize Indian society (Cohen 2000), in the Netherlands the valorization of individual autonomy has led to the professionalization of the dependency relationship (Chatterji 1991). Persons suffering from severe impairment are supposed to prefer institutionalized forms of care rather than be dependent on their relatives. An unintended consequence of this valorization of personal autonomy has been the potential for radical "totalization" of medical institutions that have come to organize all aspects of their patients' lives. The *verpleeghuis* is a "total institution" that conforms to the ideal type made famous by Erving Goffman in his classic *Asylums* (1961), and like all total institutions, it has a vision of itself and its role in the wider society. I will have more to say on this subject later, but let me begin with a brief account of the changes that I saw in Regina Pacis in 2010.

Architectural design and the space of habitation

When I revisited Regina Pacis in 2010 I noticed some radical changes. The *verpleeghuis* building that had been the brainchild of Cornelius Leering (MD, PhD), a pioneering geriatrician, an expert on revalidation therapy, and the first medical director of the institution, had been demolished. The structure embodied many of his radical ideas about the self of the elderly person and the way in which impairment could be viewed as an altered form of normality within an environment that was sensitive to their needs. Dr. Leering was a visionary. Inspired by the philosophy behind the science of revalidation, he believed that corporeal capability could be restored to

impaired persons by recreating their lived worlds within the *verpleeghuis* so that it could become a microcosm of the world outside. He had had a particular vision of old age “disability,” which was reflected in the institution’s architectural design, and it was associated with a vision of sociality that emphasized the importance of heterogeneity and intensive interaction between patients and the different professional groups working in the *verpleeghuis* environment—an interaction that Dr. Leering felt could only be possible in a kind of agora where people could meet as autonomous individuals rather than patients and caregivers. Since Regina Pacis was planned as a total institution offering full-time residential care, he decided to build the public square within the institution itself.

I argue that it was the inclusion of the idea of the public square within the physical space of the institution that fostered the kind of critical self-expression that I have mentioned, and the lack of such spaces may have something to do with the paucity of such creative voices within the *verpleeghuis* world in recent times.

For me, as an Indian, I found it extremely difficult in the early months of fieldwork to understand the careful detailing of the idea of the “public” and the attempt to bring the idea of the “public square” into an institution that is in effect closed to the outside world, as well as the silence around “the notion of the private sphere.” Representations of ageing and disability in India tend to be family-centric and thus more concerned with the sphere of domesticity—an area which for gerontologists like Dr. Leering would be considered too private to be touched by the medical discourse. As I have already explained, there is a continuous attempt to expunge all references to the sphere of domesticity in the discourse around the *verpleeghuis*. This explains the substitution of the term *verpleegthuis* (nursing home) for *verpleeghuis* (nursing house), as medical professionals are not supposed to encroach on the private sphere of the home or to think of creating a home-like substitute for their elderly residents. The contrast to this ideology with the representations of ageing and disability in the works of Cohen (2000) and Addlakha (2008), both of whom are concerned with medical institutions, is marked. In the works of these two scholars, the medical institution becomes available for study through the experiences of family members who are brought into the wards to share in the work of care. In my experience, it is actually easier to gain access to the experiences of disability and suffering through institutions in the Netherlands. Two colleagues from Delhi University were also doing fieldwork in the Netherlands during the same period—one in an old age home (*bejaardenhuis*) and the other in a village where he was trying to understand the lives of the elderly within the context of their families. It was he who found it most difficult to gain access to their lives.³ Coming back to the rather romantic idea of the “public square” that informed Leering’s vision of the *verpleeghuis* that he had planned to construct, I was told by some of the doctors who had been at

3 See footnote 2 for details on our collaborative research project.

Regina Pacis since its inception that it was modelled on the idea of a medieval market place—a carnivalesque space of diversity and polyphony very much like the Rabelasian space celebrated by Michael Bakhtin's *Rabelais and his World* (1984). It had something of a cult status when I was doing my doctoral research in Delhi University and I was quite excited that Dutch doctors also read such works. I think that it was the literary and philosophical sensibility that informed the Dutch gerontological discourse in the 1970s and 1980s that I found most stimulating and quite different from anything that I have encountered in the literature coming out of India or England or the United States, for that matter.

With the exception of some ethnographic writings by anthropologists such as Robert Desjarlais (1997) and Lorna Rhodes (1991), organizational studies rarely focus on architectural design as a significant aspect of institutional culture. While the Foucauldian idea of the “panopticon” has been influential in shaping our understanding of the way in which selves are articulated with the disciplinary regimes of total institutions, more nuanced understandings of physical space and its role in constituting institutional culture are lacking. In this chapter, I think of architectural design as a site that embodies and helps articulate aspects of official *verpleeghuis* ideology—its modes of constituting persons with severe impairment as *verpleeghuis* residents and professional caregivers as fellow travellers who also inhabit this institutional space.

When I did my fieldwork in the 1980s, the correct designation for *verpleeghuis* patients was “resident.” The preferred term now is “client,” which reflects the new thinking on health care as a marketable commodity. Be that as it may, both terms suggest a kind of impersonality that shuns the negative connotations of passivity and dependence associated with “patient.” “Resident” also carries the connotation of symmetry between different kinds of people who share institutional space, which is important in sustaining notions of personal autonomy so crucial to Dr. Leering's idea of the public square as a space for creative interaction. I will have more to say on the division into private and public space that was so central to Leering's vision for Regina Pacis in the next section. Here I want to flag the idea of an agora or public square as the site for the generation of a counter-culture within the institution.⁴ One expression of this counter-culture that I take up for detailed discussion are the cartoons drawn by Jan Diekema, with which I began this chapter. Dr. Diekema is a medical doctor whose career in Regina Pacis spanned three decades and who therefore

4 I prefer the term “counter-culture” to Goffman's (1961) “underlife” because the latter is restricted to the culture produced by the “inmates” of total institutions which have the capacity to subvert the rules without being actually caught and punished by authorities. This kind of vibrant underlife occurs usually in institutions for healthy people, like prisons and boarding schools, and not in hospitals. The counter-culture suggests an active and overt critique of a dominant culture, such as the one institutionalized by the medical bureaucracy which the medical and nursing staff can counter in their everyday acts to some extent and certainly through creative expressions as I show here.

witnessed all the important developments and changes in its history—from its early attempts to institutionalize bureaucratic protocols in the name of professionalism, to the recent changes that have led to loss of institutional autonomy so that Regina Pacis is now a node in a large care network that includes many different kinds of medical care providers. His cartoons often reflect the tensions and contradictions in work practices brought on by these changes, and I shall offer a close reading of a small selection. In this way I hope to engage with the larger sociological critique of neoliberalism and the impact of its ideology on public institutions. While there are several Dutch authors (Mol 2008; The 2005) who have thrown light on the negative consequences of the market logic that has inspired the recent restructuring of medical institutions, I feel that a discussion on irony with its in-built capacity to highlight institutional bad faith may be an important addition to this.

The ideal world of the *verpleeghuis*

In an insightful essay on the significance of motoric intentionality in Merleau-Ponty's understanding of embodiment, Carrie Noland (2007) says that for Merleau-Ponty, the pre-personal body "cleaves" to the world even before the self assumes a conscious stance towards it. Leering, whose own thoughts on revalidation had been influenced by Merleau-Ponty, believed that corporeal capability was shaped by the social milieu (Leering 1968, 1970). Since the *verpleeghuis* was a chronic care facility, he felt that it had to embody the values that would make a meaningful life-world possible for persons whose mental and physical abilities were severely impaired. Thus, it should be able to embody the social values of the larger society, especially in the way that it organized the experiential categories of time and space for its disabled residents. Not only were private spaces to be marked out, spaces where one's intimate activities could be carried out in solitude—such as self-grooming—but so too were the public spaces. Public spaces were thought to be spaces of sociality, partaking of some of the qualities of the market place; a heterogeneous and polyphonic space that allowed for intense interaction between strangers. This idea was translated into a two-storied building that lay sprawling over a large and picturesque park that had once been part of the estate of Dutch aristocrat, the Duke of Palland. The doors and windows all looked out onto the park. The reception area was continuous with the public area where *verpleeghuis* visitors, residents, and staff could intermingle in the shop and restaurant. The hair dressing salon for residents was also adjacent to this space. A few benches and lamps in the shape of street lights reinforced the impression of a public square. All the corridors that led to the wards and to the doctor's wing radiated out from this space. The corridors were designed to be extensions of the public area with demarcated spaces for repose and intense activity. Taking Merleau-Ponty's dictum literally, that the world in a

sense commands the body to move, Dr. Leering wrote that public spaces are spaces for movement, spaces that bodies come to inhabit through habitual practices producing embodied notions of selfhood. Thus, wall space was often used to display works of art in the hope that such exhibitions would help create a stimulating environment for patients with diminished capacity for sensory awareness.⁵ The notice board, as I have said, could also be used as a creative space and sometimes became a focus for intense interaction. A railing ran along the wall, marked out in a distinctive colour for the patients to hold onto for support while they walked along the corridors looking at the pictures on display. Colour and decoration were of great significance in transforming the building into a space of habitation.⁶

For Dr. Leering, the division between public and private realms was central to the organization of the *verpleeghuis* as a therapeutic space. It is supposed to provide a prosthetic environment in which severely disabled people can still function as autonomous beings. Leering had done doctoral work on the standardization of the "activities of daily life" rating scale used to judge levels of impairment and ability to carry out bodily functions. These are used routinely to classify *verpleeghuis* populations in terms of care requirements. For Leering, however, the activities of daily life (ADL) became existential markers, standing for fundamental human values; he said that the ADL marked out the private from the public realm as far as the *verpleeghuis* patient is concerned. They helped to identify the basic requirements for the maintenance of individual autonomy, for the personal intimacy that characterizes one's relationship with one's body. Consisting of activities such as bathing, dressing, eating, toilet use, and continence, the ADL was, according to Leering, the private part of human existence. But it was also the visible part so that any deficiency in this area is immediately marked and has a direct impact on one's social milieu. Bedrooms, toilets, and bathrooms had to be functional, but also had to be organized in such a way that privacy was ensured while help with bodily care and grooming was facilitated. Public spaces were for more formal activities such as reading or watching television, which he called "societal activities." Such spaces were also distinguished from the central "multi-functional" square where a variety of activities could take place, such as going to a shop or restaurant. Such space was thought to give the *verpleeghuis* a touch of normalcy as it allowed residents to go out with their visitors while still being within

5 When I did my fieldwork in the 1980s, I was told that Regina Pacis received a government subsidy for providing this exhibition space. This subsidy was considered to be part of the government's role in actively sponsoring public art projects.

6 The 1960s and 1970s, the period when modern *verpleeghuisen* developed, was a time of great idealism. Buoyed by economic prosperity that was distributed among the population at large through welfare provisions, people were encouraged to make life style choices and to expand the range of their experiences. In 1983, when the welfare state was already in retreat, constitutional arrangements were made to reaffirm the state's obligation towards the social and cultural development of its citizens (Kossmann 1986).

the protected walls of the institutions. The ideal resident, as conceived by the architectural design of the *verpleeghuis*, was one who, although suffering from the spatial restrictions brought on by extreme disability, still had alternate spaces in which to exercise a semblance of freedom and actively engage in whatever forms of social life that were still available to them.

When I went back to Regina Pacis in 2010, it was housed in a temporary, prefabricated residential structure.⁷ As I have said earlier, the building that had been conceived by Leering had been demolished six months prior to my visit. Organizational thinking on what were considered to be the norms of sociality and efficiency had changed since Leering's time. It was felt that the use of space in the old building was inefficient and uneconomical. There were too many corridors and not enough rooms for residents. The wards in the old building had a combination of one-person and four-person rooms. Most *verpleeghuis*es now have only single rooms as any other arrangement is considered to be a gross violation of a patient's privacy. Earlier, all wards had living rooms where residents spent the day with other members of their wards. Such spaces have now been drastically reduced, especially in somatic wards, and the only public places left are the restaurants where the resident supposedly has some choice in whom to interact with. Somatic patients are supposed to have the right to privacy, to be able to choose whom they wish to sit with, no matter that such a right may be very difficult to exercise. The model of public space in the *verpleeghuis* setting is now the café or hotel rather than the market place as Dr. Leering had once envisioned—a place for enforced sociality or where sociality is viewed as a form of public encounter. More on this subject later, but the distinction between the café and the public square as two distinct models for envisioning public space may help us understand the historical shift that has taken place in the *verpleeghuis* as an institution and the way in which its services are now organized. Thus, the name of the structure in which Regina Pacis is temporarily housed is "Café Intermezzo," deliberately chosen to reflect its temporary nature, but also to give the impression that it is an open institution where people can come and go as they wish. This, however, is far from reality, as not many patients actually leave the *verpleeghuis* while still alive. However the name was perhaps not intended to be a deliberate deception, but rather reflects the way health care has been commodified in the Netherlands after the functions of the welfare state have been rolled back.

The welfare state, with its vast, all-pervasive bureaucratic structures, was still in place in the mid-1980s. Trust in the ethics of care and in the bureaucratic protocols that could ensure welfare provisions formed the foundation on which the moral world of public institutions like the *verpleeghuis* were built. By the time I revisited Regina Pacis in 2010, the

7 A new building has now come up on the old site. It has been built on stilts to allow for more extensive parking space considered necessary for the many additional extramural services that *verpleeghuis* functionaries now have to undertake.

health care sector had been radically reorganized. Cut backs in government spending on health care have led to the creation of new networks in which medical and other care facilities are coupled with private insurance companies. Regina Pacis is now part of a large network made up of several other kinds of medical and caregiving institutions. Running Regina Pacis as an independent institution had become financially unviable, and merger (*fusie* or fusion) with a larger care network was thought to be a way of giving it a competitive edge in a field that is increasingly being governed according to market principles.

The notion that the *verpleeghuis* could be conceptualized as a moral world whose inhabitants had an ethical duty to be responsive to the emotional demands of others emerged from a critique of the medical model in which the sick person's life is organized in terms of a disease trajectory. The recognition of a "holistic system" of care was important in thinking of the *verpleeghuis* as a "caring community"⁸ in which patients as well as staff could reach out to each other. However, the bureaucratic demands of the organizations are often at odds with the institutions' self-professed ideals. The setting up of commissions and protocols to help the process of patient emancipation and democratization within the institution is supposed to help close the gap between these contradictory aspects.

The 1960s and 1970s, the period when the first professional care institutions were being established, was a time of great optimism in the Netherlands. Social diversity and personal freedom were valorized, and there was a belief that it was possible to constitute society as a dense ethical mesh by encouraging individuals to be conscious about their distinctiveness. In this moral climate, invalidity could be viewed as a distinctive mode of being and self-expression. It was the responsibility of the *verpleeghuis*, as a total institution, to create a prosthetic environment that could enable this distinctive mode of being. In keeping with this philosophy, the *verpleeghuis* as an institution also enabled a culture of self-criticism that was quite remarkable, even in the liberal era of the 1970s. Ten Have, a *verpleeghuis* doctor, wrote a monograph based on sociological fieldwork in one such institution. Using Goffman's (1961) work on total institutions⁹ as

8 The "caring community" is a term that appeared in a lot of the public discourse in the 1980s. Sensitive critics like Dr. Diekema felt that this term was used in a largely rhetorical way to sugar-coat the cuts in the government's welfare budget. In the discourse of the *verpleeghuis*, the idea of the caring community reflects the institution's vision of an ideal form of neighbourly living which they try to replicate within the ward by planning patient in-take in terms of a diversity of forms of disability and ability to communicate.

9 The total institution ideally collapses the separation that modern societies make between spaces for work, sleep, and recreation. All activities are tightly scheduled and carried out in a single space under a single authority. The most striking feature of life in a total institution is the idea of batch living and is thought to be completely contrary to the way life is organized in normal society where privacy is a central organizing norm (Goffman 1961).
Even though the 1960s and 1970s were radical times in which there was an effort to bring about democratization in many institutions, the tolerance of

a vantage point for a critical reflection on its work culture, he came to the conclusion that patients and care providers lived in separate worlds that had no connection with each other (Ten Have 1979).

Goffman's (1961) discussion on total institutions shows us that they are based on incongruent definitions of reality (see also Emerson 2000). The reality of the *verpleeghuis* contains not only an official self-definition, but a counter-reality as well. The *verpleeghuis* ideal of "caring community" comes up against the stark reality of the patient's actual situation in which the social network around them has collapsed and they have no other source of care. In such a grim scenario, the *verpleeghuis* is often the last resort. Given this, the *verpleeghuis* identity is inherently precarious, built as it is on several contradictory definitions of reality.

The strength of Goffman's study lies in its ability to demonstrate how the total institution is not merely a bureaucratic organization, but also a social institution and thus embodies a particular moral code. Ten Have uses this aspect of Goffman's work as his point of departure and distinguishes between two aspects of the *verpleeghuis*: the organizational and institutional aspects. The organization is defined by its goals, and the institution by normative modes of action. There is always a tension between the two aspects. Ideally, the normative aspect should take precedence, but there is a real danger that organizational ends will engulf the institution as a whole. According to Ten Have, the health of the institution is dependent on the reflexive relationship between the two aspects. The *verpleeghuis* as an institution occupies a moral space in society, and must articulate its self-critique in terms of this reflexive relationship. Ten Have's work provided an impetus for self-reflection in the *verpleeghuis* world. Efforts were made to create structures that were more open-ended and responsive to criticism, and to institutionalize a more personalized system of care that could address the needs of a diverse population with vastly different forms of sensory impairment.

Discourse and its publics

In ancient Athens, the agora was the central square, open to all citizens, a space in which many different kinds of activities occurred simultaneously (Sennet 1994). The public area on the ground floor of Regina Pacis near the main entrance housed a shop, a restaurant, hair dressing salon, and a chapel where the pastor in residence held mass once a week.¹⁰ In a small way there was an attempt to replicate the idea of a public square in the city center where people met while carrying on diverse activities. The

verpleeghuis culture is still quite remarkable and certainly not shared by other kinds of medical institutions (see Chatterji 1993).

¹⁰ This and some other cultural symbols pointed to the past history of Regina Pacis as a Catholic institution. After the Algemeine Wet Bijzondere Ziektekosten (ABWZ) came into place in 1967, admission to Regina Pacis was no longer restricted by religious denomination (Chatterji 1991).

public square is the ideal space for stranger sociability separate from and contrasted with the private space of domesticity and intimacy.¹¹ It was in this central space that Jan Diekema along with other members of the staff chose to display his satirical cartoons on bureaucratic protocols and work routine.

In the Netherlands, most “total institutions” that were built in the 1970s tried to incorporate the idea of a central square in their buildings. Thus, most old age homes (*bejaardenhuis*) tried to build in some idea of a public space so that the world can be brought to the doorstep of its residents who are otherwise confined to their rooms, thus enabling them to lead normal lives within the protective though restrictive walls of the institution (Datta Chowdhury 1991, 241). In Regina Pacis, more than the ideal of a normal life it was the significance of a common space where individuals could meet and where face-to-face interaction between people with different interests could occur that was considered important.

Jan Diekema was certainly referring to this common space when he spoke about the agora—the space for creative display, physical space. But was there also something more implied? More than architectural space I think Jan Diekema was referring to the presence of an audience that was implied by the existence of such a space—an audience that could form the potential addressees of his critical utterances. Michael Warner (2002) uses the term “public space” to characterize the space in which discourse circulates, a space carved out by the trajectory of this discursive circulation in which publics exist by virtue of being addressed by discourse and are organized by it.

Once we begin to consider discourse as self-reflexive and conscious in its choice of addressees, we also have to think about the form that discourse takes. The choice of genre, the style in which it is embodied, will determine its range of circulation, the interpretative frames that it can anticipate, the projected field of argument, and so on (Warner 2002, 63). *Verpleeghuis* medicine already has a well-established genre that it uses for critical reflection—“the extended case study” popularized first in the writings of Ten Have (1979), thereafter by van der Wulp (1986) and The (2003), amongst others. Why were cartoons and fairy tales the preferred modes of self-expression? The first public display of creative work was on the occasion of a board meeting held in Regina Pacis under the chairmanship of the director who took over from the charismatic Dr. Leering in 1985. Dr. Diekema had worked closely with Dr. Leering to bring in new ways of thinking into the institution. Both probably felt his absence very

11 It is interesting to note that the *verpleeghuis* has never sought to replicate the models of private domestic space. There was some attempt to replicate the idea of living in flats where patients were allowed to stay in single rooms with small, open kitchens and attached bathrooms in the late 1990s (Miesen 2009). Nurses would serve food and beverages to the patients from these personalized kitchens. Regina Pacis hired a floor of a disused old age home to try an experiment of this sort about ten years ago. However, this arrangement was financially not sustainable, given the drastic cuts in health care budgets as mentioned earlier.

keenly when he had to retire unexpectedly after a stroke. The director who replaced him was an economist by training and had a very different style of functioning. The decision to display their artwork that had been inspired by the *verpleeghuis* environment was as much a lament of a time gone by as it was a criticism of bureaucratic procedure.

As Warner says, writing to address a public helps to make a world. From the experiences of a known world one projects a public through whom one hopes to achieve transformation (2002, 64). Jan Diekema had experienced the *verpleeghuis* in more optimistic times when the welfare system was in a phase of expansion, and also when institutional possibilities and their transformation were viewed through a somewhat idealistic lens. The period after Dr. Leering's resignation was one of consolidation when bureaucratic protocols were put in place to try and ensure some of the democratic procedures that the first generation of gerontologists and *verpleeghuis* staff had discussed. However, bureaucracies tend to become ends in themselves and the larger purposes for which bureaucratic rules are formulated are often lost sight of over time. As a form of social criticism, cartoons do not generally counter normative or moral claims with opposing claims of their own. Their aim is not so much to posit a counter argument to the one being critiqued, but rather to expose the latter's claim to the moral high ground (Willet 2008). By using a form of "quotation irony," i.e. the citation and evocation of particular organizational protocols, Jan's cartoons serve as powerful tools to expose the "bad faith" arguments used to legitimize bureaucratic procedures in the patients' interest (Todorov 1983).

The cartoons that I now describe are from a series on bureaucracy and institutional care that Jan Diekema had worked on over several years.¹² Figure 1 depicts an elderly resident in a wheelchair, alone and forlorn, facing a window overlooking the picturesque garden, next to one of the corridors described so enthusiastically by Dr. Leering as the vectors of sociality but starkly empty in the picture, and underneath the caption, "And yet it doesn't really seem like home." The image brings out the contrast between corridors used for the repetitive "ambulations of pacing" by patients and meaningful forms of journeying through varied spaces such as streets and pathways that become sites of encounter and adventure (Desjarlais 1997, 20). Figure 2 shows a nurse at a dying patient's bedside—we, the viewers, know this because the familiar figure of time, the Grim Reaper with his scythe, is waiting outside the door; but the nurse does not see him as she is busy completing her work protocols. "Be quiet! Visiting hours are over," is what she says. But to whom is this addressed—to the patient or to the figure of death? Death, an ever-present reality in the *verpleeghuis*, is feared by most nursing staff as it goes against the ideology of hope that is so central to their training. The bed and body work of patient care that involves so much of their time can also become a way of keeping

12 All images are reproduced here with the permission of the artist Dr. Jan Diekema. All translations from the Dutch are my own.

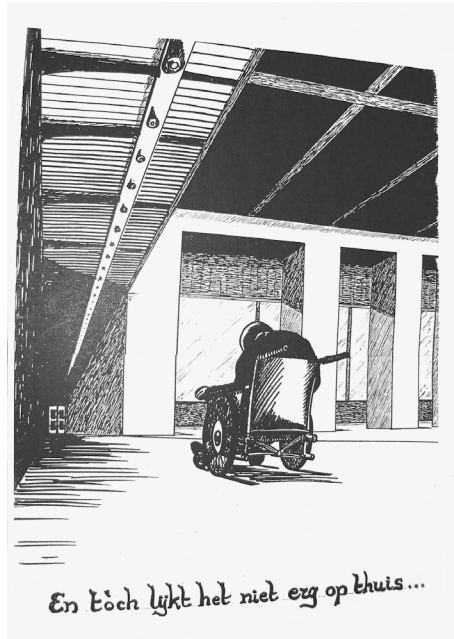


Figure 1: "And yet it doesn't really seem like home."



Figure 2: "Be quiet! Visiting hours are over ..."

this frightening possibility at bay as this cartoon shows. Dr. Diekema also drew a series of cartoons that dealt with the organizational aspects of Regina Pacis. Thus each one of them uses the image of a familiar object to speak of the institution in an ironic way. Regina Pacis is visualized as a ramshackle car without wheels and as a dilapidated truck almost invisible under the load of junk piled on top of it. Each one of the items carries the label of one of the committees responsible for bringing about reform in the *verpleeghuis* (Fig. 3). Figure 4 is especially interesting as it refers to protocols introduced to bring in democratic reform in the institution. It depicts a hobo filling gas balloons shaped like formally suited men (representing upper management), each with a label of a committee associated with reform. The caption below reads, "Our newest success number—the Complaints Committee for residents!" The repetition of organizational terms and their recontextualization in absurd scenarios serve as techniques to destabilize the familiar world in which such protocols are meaningful. The repeated use of quotation irony points to what Todorov calls the "inauthenticity of the initial act of enunciation"—to the spirit in which these reforms were initiated (1983, 63). Humour, as Bergson (1956) tells us, often depends on situations that can be interpreted in two entirely different ways. Thus the reduction of an institution to a machine, the sudden change in aspect, graphically represented, is the perfect tool for a genre that uses irony to communicate its message. Ridicule is inherently democratizing as it has a levelling effect, puncturing the hubris endemic to bureaucratic hierarchies.

The discussion in this chapter has so far drawn attention to the discursive regimes within which institutions operate and the way power circulates within them. Institutional enunciations, such as the organizational protocols ridiculed in Dr. Diekema's cartoons, acquire the status of truth and legitimize certain kinds of ideological apparatuses that help perpetuate the institution by not only producing certain kinds of discourses, but forms of subjecthood/subjugation as well (Foucault 1980). The concept of "interpellation" posited by Louis Althusser (1971, 121) helps us to better understand this dual operation by which ideologies are constituted by state apparatuses which then interpellate subjects through acts of naming and address. The allegorical narrative recounted below describes precisely this—the process by which the *verpleeghuis* resident is produced as a subject through bureaucratic procedures of subjugation.

Jan Diekema wrote a fairy tale (*sprookje*), a parody of the style of functioning of the *verpleeghuis* and its official rhetoric on the occasion of an in-house refresher course that had been organized for the nurses in 1987. A translation of the story is given in the Appendix. It is set in an imaginary place called potato land or more literally, Taterland. The scenario that unfolds is familiar to the *verpleeghuis* world. An old lady who lives on her own suddenly falls ill. Her kith and kin are far too busy with their own affairs to fathom just how critical her situation is. Before anyone realizes what is happening, she is whisked away to a mysterious, faraway place to which her little granddaughter Piepeling journeys in search of her Grandma. Her companion on

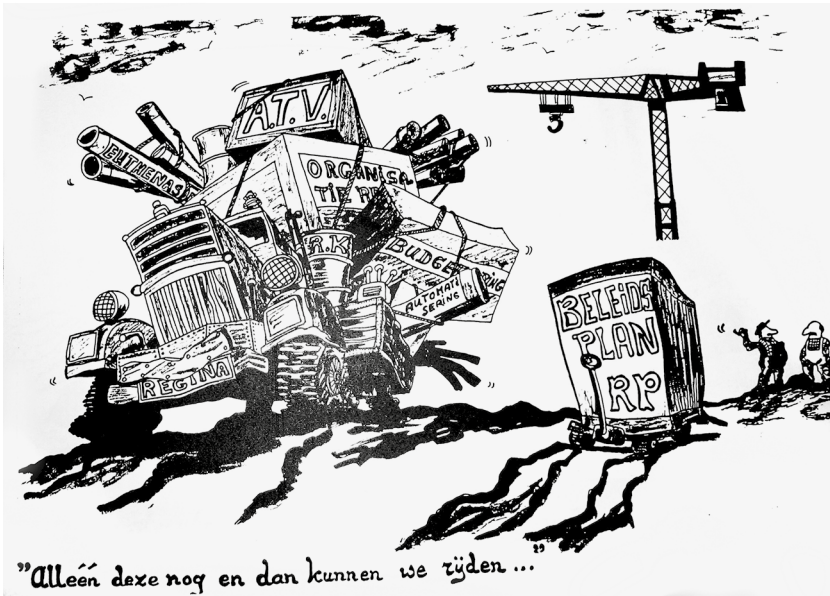


Figure 3: "Only this one more [on top], and then we can go ..."



Figure 4: "Our newest success number—the Complaints Committee for residents!"

this journey is a wise owl who sees life as it is and passes no judgement. Piepeling finds her Grandma in a nightmarish world of frenzied activity and raucous sound presided over by a host of men clothed in white whose rank is determined by the size and brightness of the spoons that they carry. It is significant that the spoon, an essential implement for carrying out one of the basic activities of daily living, i.e. eating, should be used here to denote rank. The spoon is a sign of power, and Grandma has forgotten to bring hers and has to be fed. She is no longer able to “function” independently as a person. The much-vaunted plurality of *verpleeghuis* culture is reduced to mockery in this story. Difference implies hierarchy, and a hidebound specialism that can brook no criticism. Piepeling is told to go to the complaints commission when she dares to cross swords with one of the heads.

The story poses questions of basic existence—happiness, freedom, and loss. Piepeling’s question becomes a refrain as she passes along the organizational hierarchy: “But what is Grandma actually doing here?” No one offers a proper answer. The important looking white-jacketed men can only offer platitudes in their professional jargon. Finally it is the young trainee who has taken care of Grandma who reveals the truth: “Everything has been tried but things remain the same. Perhaps they always come back to this state, they can’t be really different.” Yet the story ends on a note of hope. The boy weeps with Piepeling when Grandma dies. He is able to participate in her grief. It is only in the inter-subjective experience of this emotion that there can be redemption. The story, presented as a form of self-critique to young *verpleeghuis* caregivers, addresses the existential self in its singularity, stripped of all social and ideological attributes. In this way it fills the lacuna in the organizational discourse which can only speak in terms of a bureaucratically organized rationality.

Jan Diekema’s fairy tale presents the critical voice in the role of witness. Piepeling, an innocent little girl, and the wise owl are both outsiders, and it is through their eyes that we view the *verpleeghuis* world. He uses this outsider perspective as a device of estrangement to highlight the moral space that the *verpleeghuis* occupies. This aspect is seen as constituting a reflexive relationship with the organizational aspect of the institution—the sphere of medical protocols and policy decisions. This relationship also brings about a heightened sensitivity to suffering and death. It posits a contradiction between illness as a perturbation in the bodily system that the *verpleeghuis* as therapeutic space will restore to equilibrium and illness as irreversible loss.

Brands and care networks

I have tried to show that the self-definition of the *verpleeghuis* simultaneously assumes contradictory counter themes which challenge the dominant definition (Emerson 2000). Jan Diekema’s satirical utterances transform experiences in the institution into texts that become reflecting mirrors. It is not accidental that his choice of expressive genres emphasizes the voice

of the witness as an outsider—a device of estrangement—to destabilize common sensical definitions of reality. Thus, he turns official protocols and organizational practices into utterances that can circulate as quotations in new contexts, thereby problematizing their source and meaning.

The importance of thinking critically about the “institution” seemed to be a prerequisite to understanding the disordered lives of the people whom they cared for was, as I have tried to show, an important aspect of *verpleeghuis* care. Why am I using the past tense here? It is not as if the counter reality of the *verpleeghuis* is no longer given expression. In fact there is now a growing body of literature that uses the case study method to critique geriatric care facilities. Death, loss, and suffering lend themselves to parody and were recurrent themes for cartoonists in Dutch newspapers, though that may not still be the case (Verwey 1986, 1989). But this critique no longer finds its primary location within the *verpleeghuis* world. The importance of creating enclaves of “dissensus” was still recognized in the 1980s (Ranciere 2010).¹³ This was considered important for self-understanding so that the institution could reimagine its practices to itself. In the last two decades the symbolic imagination of the public sphere has increasingly given way to a market model in which health care institutions have to compete with each other for patients, now called clients, in an environment of diminished resources.

Still, in the Netherlands there is a strong sense of trust in public institutions and in the ethics of care. In spite of competition between different health care networks and insurance companies, the Exceptional Sickness Costs Act or *Algemein Wet Bijzondere Ziektekosten* (ABWZ) continues to finance continuous, systematic, long-term, multidisciplinary care. But other forms of financial support that the *verpleeghuis* used to receive, such as for infrastructure and building, is no longer available. The ABWZ was in the process of being reorganized and several initiatives such as financial support for household help were no longer available when I visited the Netherlands in 2010.¹⁴ In the past such institutions had much more autonomy, and therefore institutional arrangements were more malleable. Doctors, social workers, and other health care professionals organized the intake function of such institutions and would often try to make alternate arrangements which involved an interface between intramural and extramural care. It was the in-house doctors who decided whether patients should become prospective *verpleeghuis* inmates. The *verpleeghuis* no longer have this kind of independence. Institutions do not receive an annual budget from the government anymore. Instead they are paid in terms of beds occupied and the care contracts with individual patients in

13 The term connotes the opposite of consensus and is used by Ranciere to critique the dominant managerial culture under neoliberalism.

14 Many of these financial arrangements are fairly recent (2007–2008). Regina Pacis’s financial troubles which led to its incorporation in a large care network date from the same period (see van de Rijdt-van de Ven 2009 for recent changes in the financing of old age care; also Risseuw et al. 2005).

terms of specific nursing/care functions and medical interventions. The emphasis now is on only as much as is necessary, made-to-measure care (*zorg op maat*). An independent organization called the Central Indication for Care (*Central Indicatiestelling Zorg*, or CIZ) evaluates how much care per function is necessary for each patient and administers the ABWZ accordingly.¹⁵ Any change in the care contract, i.e. an addition of care functions, must be officially notified to the CIZ so that the institution can receive additional funds. The delay in payment due to procedural complications and the time lag between treatment and official accounting means that institutions are constantly scrambling for funds. Over and above this, they also receive regular directives to cut back on personnel and services.

The new managerialism in health care is client-centric, oriented to care as a commodity and to the patient as consumer. Care institutions have to become brands to survive. Brands are usually seen as drivers of revenue in a situation where there is not much difference between the products on offer. It is the function of the brand “to establish a point of competitive difference among similar products in a category” by creating symbolic meaning around the brand so that the product is transformed into something special (Franzen and Moriarty 2009, 74). Regina Pacis’s recent merger with a large care corporation called *Attent-Residence, Wellbeing, Care (wonen, welzijn, zorg)* reflects this new approach. Its website claims to offer a broad spectrum of services, different institutions each with a distinctive culture.¹⁶ There is now a contradiction between the ABWZ that supports CSLM care (Continuous, Systematic, Long-term, Multidisciplinary Care) offered in the *verpleeghuis* as a public good and the institution as a profit-making organization that has to finance itself through its own earnings. Medical institutions like Regina Pacis are now monitored for credit worthiness when they apply for bank loans for their infrastructural needs. This has led to greater corporatization as a form of brand management, cuts in staff and “non-essential” facilities for patients. There is also an emphasis on extramural services such as consultative services by doctors and so on.

According to Jan Diekema, it is precisely this new form of managerial culture based on a form of consensual politics in which one knows and accepts one’s role within a bureaucratic hierarchy that disallows the idea of the agora as a space of dissensus where contestation and litigious speech is possible. His words, spoken when we had met in 2010, acquired a prophetic quality some years later when, at his retirement party, he made a PowerPoint presentation of his cartoons that depicted a humorous history of Regina Pacis in lieu of a farewell speech. In a bittersweet exchange with me via email he wrote that his presentation met with “deafening silence;” no one commented on his unusual farewell speech or asked him about

15 This is called the *zorgzwaartepakket* or “weight of care package” for an individual patient.

16 <https://www.attentzorgenbehandeling.nl/wonen/regina-pacis-arnhem>, accessed on February 20, 2020.

his eccentric vision of the *verpleeghuis*.¹⁷ In a further exchange with Jan Diekema, we discussed the role of neoliberal ideas and their impact on institutions. One may laud the emphasis placed on individualism, autonomy, and freedom of choice but an unintended consequence of this may be that critical voices may be less threatening and therefore tolerated as individual opinion rather than as important correctives of institutional practice.

So has the vibrant expressive culture that once existed around the existential situations that were typically associated with the *verpleeghuis* vanished? Bere Miesen, a psychologist specializing in psychogeriatrics, started the initiative known as “Alzheimer Café” in Leiden in 1997 to provide opportunities for the “emancipation of the patient and his family” through counselling. The Alzheimer Café consists of a gathering that is held once a month to discuss issues relating to dementia. The term “café” is used deliberately to evoke a “non-compulsory, open-ended, non-bureaucratic tone” (Miesen 2000, 244). It has now become a franchise with branches all over the Netherlands and in countries such as Belgium and England. Miesen’s intention is to spread awareness about dementia by encouraging sufferers and their families to communicate with others in similarly placed situations. This, he feels, will create greater self-reflexivity in the experience and management of the illness.

Miesen’s experiment is a successful attempt at creating a new form of branded service—a rational and useful product which also has an emotional and symbolic meaning. Dementia is the one disease that is most threatening to the Dutch values of individuation and autonomy. By emphasizing the aspects of self-awareness and control over the course of the disease trajectory, he is able to package a service as a new kind of intervention. This kind of branding is happening at a time when the *verpleeghuis* is increasingly becoming subject to adverse criticism about the quality of care that they are able to offer.

In a sensitive and thought-provoking account on the “logic of care” operative in the medical field, Annemarie Mol (2008) discusses the forms of interpellation evoked by the social imagination articulated by the ideology of choice. The two dominant contexts in which the “logic of choice” is operative in the Netherlands according to Mol are the market and the sphere of democratic state apparatuses. The market interpellates the person as a customer who is able to choose the products he or she wishes to consume and state apparatuses do so by constituting the person as a citizen who is defined by their ability to control their bodies. Mol argues that the “patient” conforms to neither model of subjecthood. As Mol says, the care relationship between doctors and patients cannot be articulated as a transaction in which the former hand over clearly defined health “products” to

17 Jan Diekema started drawing cartoons again after a long hiatus soon after my last visit to Arnhem in 2010. As part of his farewell address to his colleagues in Regina Pacis, he made a PowerPoint presentation of his cartoons spanning more than two decades. His presentation however was met with a deafening silence (communication by e-mail from Jan Diekema, November 2015).

the latter. The exigencies of disease require long term and varied kinds of interaction in which the terms of engagement may shift from day-to-day (2008, 16). Similarly, it may be difficult to posit patients as citizens in the care relationship as they are rarely in the position to control their fragile bodies. The care relationship is not an on-off transaction but a social process in which neither caregivers nor receivers are seen as autonomous individuals. Instead, they form shifting collectivities whose boundaries may shift from time to time depending on the vagaries of the disease process.

The process of de-institutionalization had already started in the Netherlands when I conducted my fieldwork in the 1980s. There was talk of "economization" (*bezuiniging*). Hospitals were for short-term stay, and old age homes were no longer admitting healthy old people as they had in the 1960s and 1970s when such institutions were touted as ideal residences enabling old people to maintain their independence. The *verpleeghuis's* imagination was shaped by its residual status—as an appendage to the hospital, as a residential, chronic care facility. But its institutional autonomy did allow for the possibility of an expressive space within its walls. The contradiction between a contractual model of care and the fact that an indication for *verpleeghuis* admission meant that the prospective patient had no alternative mode of residence and thus no real choice in an alternative life style provide a fruitful subject for critical expression. As de Swaan (1988) shows, the transfer of responsibility to professional caregivers is a way in which dependence is made acceptable in Dutch society. The generalization of dependence helps individuals to come to terms with contradiction between the value of autonomy and old age disability. However, the acknowledgement of a counter reality—the fact that care cannot be constrained within the model of a contract but must always include a social surplus—is only possible in this critical space (van der Veen 1991). As of now the *verpleeghuis* is struggling to come to terms with the market model, and its credit ratings are often low. Staff members have many more extramural tasks such as consultancies, but many complain about the loss of voice. This is in spite of the elaborate committees that are set up to redress complaints within the *verpleeghuis* and so on. The increase in scale that is a by-product of corporatism means that individual voices are often difficult to hear. Sociologists like Richard Sennet (2007) have spoken about the importance of institutional stability in the creation of meaningful life narratives for those who work in them. Even highly bureaucratized organizations can provide creative outlets for their workers in the way that rules are interpreted and tasks accomplished. Staff members who are committed to the work that they do have been able to create meaning precisely by engaging with official protocols in a reflexive manner. The radical changes that have occurred in the last decade, the loss of institutional identity, have led to the shrinking of this critical space as it existed within the institution. There is no dearth of critical writing on health care in general and on dementia in particular. But it is largely by people who stand outside the medical system.

Revisiting the field is always difficult. A sense of nostalgia tends to distort one's vision, and it is hard to present an objective picture of the current situation. The decades of the 1960s and 1970s, when the *verpleeghuis* developed as an independent institution, were exceptional times. Unprecedented economic growth was coupled with an idealism that was translated into the social values associated with the welfare state that supported personal development and self-reflexivity regarding life style choices. The 1980s, the period of my fieldwork, were already marked with a growing anxiety about economic stagnation and the state's inability to continue with the extensive welfare measures that were in place. However, some of the radicalism of the early decades could still be seen in the way that the institution was able to look at itself critically, with self-doubt. Most people whom I've known since the 1980s now say that the reorganization of work due to the resource crunch no longer allows for the luxury of such self-reflection. Writing about the past, not as a seamless chronicle but rather as a re-presentation, allows one to select particular events and view them in the light of images and aspirations that helped shape the imagining of such an institution. I have used the image of the "agora", its rise and development and then its substitution by another image—the "café" and its franchise—to highlight a particular aspect of the institution's self-understanding, one that is rarely highlighted in discussions of *verpleeghuis* organization. Understanding the social imaginary is an important aspect of the history of modern social institutions, and creative expressions—such as the ones discussed here—may be one of the ways in which it is available for study (Taylor 2004).

By way of conclusion

But what about the story from India? Such questions are inevitable when the researcher is an Indian as I learned from my interactions with Dutch colleagues during fieldwork in the Netherlands. At that time my response was that comparing geriatric institutions in India and the Netherlands was like comparing apples and oranges—they are incommensurable. But perhaps this question requires a more thoughtful response. What form does institutionalization take in India, especially in the medical field? In a comparative account of a hospital in Srinagar, Kashmir and the *verpleeghuis* in Arnhem, Sangeeta Chattoo, Veena Das, and I (1998) were able to show that the 'chronic care' model in which multiple pathologies are supposed to be managed in a holistic fashion that governs geriatric care in the Netherlands is rarely applied to the elderly in India where the 'acute cure' model tends to prevail so that illness episodes are treated as discrete units without a sense of long duration. Total institutions with specially designed environments to enable severely impaired patients to lead full and creative lives is possibly a utopian vision even in the Netherlands but unthinkable in a country with scarce resources such as India. But more importantly, in

India it is difficult to talk about institutions without discussing the role of intimate relations with family and kin networks. In a society where the family is still thought of as the primary unit of care, institutional boundaries are porous. Family members are an intrinsic part of hospital wards as they are the primary caregivers of the patients (Addlakha 2008). Even in cases of long-term institutionalization, scholars like Sarah Pinto (2016) describe the ebb and flow of intimacies as patients come to be folded into the web of kinship at times, while at other times they fall out when the burden of care may snap intimate ties worn thin by the very opacity of the illness experience. In a different key, Veena Das (2015) discusses the impact of new medical technologies, governmental practice and the discourse of global health on the urban poor in Delhi. Using the neighbourhood as her ethnographic site she shows how neo-liberal regimes impact the poor, generating new markets for pharmaceuticals and medical technologies while simultaneously extending the sphere of kinship obligations. By constructing people as consumers of health she shows how the burden of care and the responsibility for health increasingly falls on the individual and his/her family in situations of poor institutional delivery.

Are India and the Netherlands comparable? Given that India has still to achieve equity in health and medical provisioning it would seem that they are not. Yet in India development in the medical sphere is very uneven and cutting edge medical technology and institutions co-exist with forms of medical provisioning that border on quackery. It is the idea of medical pluralism and the range of choices that it gives to individuals that is sometimes used to justify the presence of such divergent kinds of medical provisioning while it bypasses questions of poor institutional delivery (Das and Hammer 2004). In the Netherlands radical changes in the *verpleeghuis* have come about in a response to a critique of the ways in which chronic dependency in the Netherlands is admitted into social life only through the mediation of total institutions such as the *verpleeghuis*. Such reforms attempt to align such institutions with the values of a liberal democracy in which citizens are conceived as autonomous, independent, and rational and society is an association of such individuals who have the right and the ability to make their voices heard. The model of the *verpleeghuis* that Leering envisioned was an environment that would enable severely dependent people to live with a creative vitality even in diminished circumstances. His idea of creative vitality would require a type of sociality radically different from the forms implied by the liberal ideas that govern not only Dutch society but the global health discourse today.

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Figures

Fig.1–4: By courtesy of Jan Diekema. © Jan Diekema.

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Abbreviations

ABWZ	<i>Algemein Wet Bijzondere Ziektekosten</i> (Exceptional Sickness Costs Act)
ADL	activities of daily life
CIZ	<i>Central Indiciestelling Zorg</i> (Central Indication for Care)
CSLM	Continuous, Systematic, Long-term, Multidisciplinary Care
IDPAD	Indo-Dutch Programme for Alternatives in Development

Appendix: The Story of Piepeling in Pottage Land

Jan Diekema¹⁸

A long time ago and very far away there was a land called Taterland because the people who lived there cultivated them in enormous quantities. They used them in all their transactions; they gave them as birthday presents, they paid their bills with them and threw them away with their rubbish. In short, their lives revolved around these taters and everyone was happy.

In a small village in Taterland there lived a little girl called Piepeling who, along with her brothers and sisters, was also involved in all these tater happenings even if on a more modest scale. They could have carried on like this for years, uninterrupted but for the fact that one day they got a letter from Grandma. Grandma lived alone on the other side of the dark woods and it seemed from the letter that because of her age and ill health she could not manage her taters any more. Did they have a bag of taters left over for her? I am sorry to say that the letter came at a most inopportune moment—the whole family was extremely busy with their own taters and had very little time for an old lady who was sick. She *would* insist on living on her own they thought, and now who could they send to take care of her?

Finally little Piepeling was sent with a bagful of creamy taters so that stubborn Grandma was taken care of and everyone could say that they had done their duty.

Little Piepeling had a nice walk in the warm midday sun. She skipped up the path that led to the cottage where Grandma lived. But strangely no one answered the door when Piepeling rang the bell. The shutters were closed and no smoke came out of the chimney.

"Looking for someone?" asked a voice from above. On the roof sat a large brown owl who blinked at her with round yellow eyes.

"I am looking for Grandma," said Piepeling.

"She is not in," drawled the owl, "shifted house or something, some time ago." It seems that Grandma had been taken away by some large men in white jackets.

"Oh," said Piepeling, "but I have to give her these taters, do you know where she has gone?"

The owl closed its eyes and thought.

"You will have to walk a long way. Perhaps I should come with you."

"That would be nice," said Piepeling with relief, "but I don't have my walking shoes on."

"We shall be flying," said the owl impressively.

He swooped down from the rooftop and seemed suddenly to grow three times larger. He swept Piepeling up on his back and flew off high above the woods and fields of Taterland. Piepeling felt dizzy from looking down and closed her eyes tightly for the rest of the journey. Then, all of a sudden, there was a loud thump and Piepeling saw that they had landed on the ground. Before them was a high wall in white stone with a gate in the middle. Over the gate was written:

18 Translations from the Dutch in this appendix are my own.

POTTAGE LAND

HOUSE ANIMALS AND UNAUTHORIZED PERSONS FORBIDDEN

"We are here," said the owl—his voice very close to her ear. He seemed much smaller now and Piepeling saw that he was sitting on her shoulder. His small brown head near her ear gave her a warm and cozy feeling.

One the other side of the gate they could see a big, sunny meadow. It seemed rather bare, without any trees or bushes and they could see no flowers anywhere. Old people sat in groups on the meadow and there were several young people dressed in white who scurried around. Most of them had big white bowls in their hands which they would fill from a row of taps on one side of the meadow and then rush screaming towards the group of old people. In one corner stood a pop group that belted out an ear-splitting tune so that it looked like a scene from a carnival.

"Does Grandma live here?" asked Piepeling amazed. "What is this place and what are these people doing?"

"This is where the main pottage distribution takes place," whispered the owl in Piepeling's ear.

It took some time to find Grandma. She was sitting in the midst of a group of very old people and there was a young man in white overalls who sat near her with a white bowl on his lap. He was busy ladling thick soup into her mouth with a thick yellow spoon worn out with use. Grandma was chewing like one possessed and could barely pause to greet Piepeling.

"Can't you do that more slowly," asked Piepeling, "does it have to go so fast?"

The young man looked up briefly without stopping from what he was doing and said, "No it can't. Actually it should go much faster! I am already behind in my pottage schedule!"

The bowl was almost empty and the dirty yellow liquid dribbled down Grandma's chin.

"What are you feeding her?" asked Piepeling.

"Can't you see?", said the young man irritated, "why, pottage of course! They all get that here. It's very good for them! And I have six more to do. Now that's called overworking!" With that he spooned the last mouthful into Grandma's mouth, sprang up and disappeared into the crowd.

"Pottage distribution is not as simple as it looks," whispered the owl, "you have to be trained for it and to have followed all the refresher's courses."

"Why aren't you at home and why and what are you doing here?" asked Piepeling leaning beside Grandma.

Grandma sighed and shook her head, "I couldn't peel my taters any longer, so they have brought me here".

"I have brought some for you," said Piepeling and showed her the bag.

"Let it be child," said Grandma, "It's very kind of you to bring them but I don't think I like them any more".

"But you can always use them to buy things and distribute them," Piepeling argued.

"That's not allowed," whispered Grandma, anxious in case anyone had heard. "Only Pottagelanders with spoons can distribute things and I have left mine at home. Besides, everyone eats pottage here".

"But no one has a spoon in Taterland and no one eats this dirty pottage," said Piepeling angrily.

"But here they do," said Grandma, "and the bigger and shinier the spoon is the more you have to say. But I don't mind not having a spoon dear, you get used to it very quickly."

"That's called hospitalization," said the owl. But Piepeling wasn't listening.

"I think this pottage is tasteless," she snapped, "let's go home and then you can have some delicious taters with us."

"That's strictly forbidden," a harsh voice rang out behind them, "and that dirty bird must be removed immediately!"

Piepeling turned around and saw a tall Pottagelander with her hair screwed tightly in a bun and an iron spoon in her hand. The owl rustled its feathers nervously.

"Who are you and what business is it of yours," asked Piepeling. She was a little scared and tried to sound angry to make herself feel brave.

"I am the Ward Head Pottage Distributer," the woman said pompously, "and so I am the boss!"

"If you are the boss then why don't you see that Grandma has her taters," asked Piepeling, "and do you also have to eat pottage?" She rushed off, saying over her shoulder, "Grandma must first recover, go ask the pottage magician."

Piepeling burst into tears. "This is a horrible place," she cried, "no one has the time and I know you are not comfortable here."

"Only in the beginning child and that was when I wasn't used to the pottage. But you get enough of it to eat even if you do have to wait for it and there is no one to talk to you."

"The boy was so rude," Piepeling sniffed.

"He can't help it," said Grandma, "he is only a trainee and everyone sits on his head."

Piepling blew her nose and got up. "I'm going to look for the pottage magician and take you out of here."

The owl shook his head but Piepeling ignored him.

"Do you know for certain that Grandma wants to leave," asked the owl.

"I don't care," Piepeling stamped her foot, "I think that this is a horrible place for Grandma to be in."

The pottage magician was also in a meeting. He wore a white jacket and had wrinkles on his forehead. Together with a couple of other Pottagelanders he was eating delicious golden taters with a bright copper spoon. At first Piepeling could not make herself heard over the din that the Pottagelanders were making. Everyone was talking at the same time with their mouths full and no one was listening.

"Will Grandma get better," shouted Piepeling, pushing her way in to stand next to the bowl of taters. That helped and they all stared at her while she repeated her question.

"Yes," said the pottage magician, "I am doing my best. But I have so many Pottagelanders to physic and that is a lot of work."

"She isn't here for nothing you know," said another Pottagelander, "she has to exercise a lot before she can even think of taters."

"Precisely, and her spoon has still to be measured and adjusted to suit her."¹⁹

"And all that has to be planned, organized and coordinated," added the pottage magician, "order and regulation you know."

"Oh!" said Piepeling, looking at the chaos in the room.

"Our work is our chief concern," said the pottage magician, "this is a genuine revalidation institute."

"But in the mean time they all get pottage and far too quickly at that," said Piepeling, "why don't you go and help the trainees."

There was a deathly silence while the Pottagelanders glared at Piepeling.

"And what does Grandma do besides eating pottage all day?" she asked.

"Aha, there is a special department for that. People do pottaging and mashing there. In the corner, look, in the corner over there," said the pottage magician.

Piepeling found a Head Pottage Distributor with a silver spoon. She was also in a meeting but she seemed to have the time to explain.

"It is to do with the fact that people live here," she said, "and to make that more pleasant we offer them different kinds of pottage—radio pottage, TV pottage, even video pottage. We also have music pottage and song pottage for the more discriminating tastes. We have recently developed sleep pottage—it's the absolute end!"

"But it's pottage for all that," said Piepeling.

"If you have come here to criticize go to the complaints commission," said the Head Pottage Distributor, "good day."

Piepeling turned sadly back to the teaming crowd in the meadow.

"I told you so," said the owl, "you should have listened to Grandma."

"I don't believe that," Piepeling said, "Everyone here is busy with their own spoons and nobody cares about Grandma."

"Do you really think that child," a grave voice spoke behind her. When she turned around she saw an important looking Pottagelander holding a golden spoon. Clustered around him were a group of Pottagelanders with silver spoons.

"The Chief Pottage Distributor himself," whispered the owl.

"Oh gosh!" said Piepeling, but then taking a deep breath she asked, "Can you tell me if Grandma will get better and why she has to eat pottage?"

The Chief Pottage Distributor took a deep breath and began, "In the light of the threatened retrenchment, both in the sphere of pottage as well as spoon provisions and given the fact of the evaluation of service functions, the computerization necessary for our systems, the development of action committees, etc., the stew pot is growing steadily emptier and the spoons..."

"I don't understand a word of it," Piepeling interrupted rudely, "I just want to know how Grandma is?"

"But that is what I am talking about child," said the Chief Pottage Distributor bending over her, "We are trying out new policies to see whether less pottage can be

19 The reference is to *zorg op maat* or "made to measure care" that is part of the individual care plan of each patient.

distributed to more people so that there is still enough. A great responsibility rests on our shoulders."

"Oh!" said Piepeling as the Pottagelanders seemed to swell with pride as they listened to their leader's weighty words, "What is 'responsibility'—what does it look like?"

The owl swallowed the wrong way and broke into a fit of coughing. The Chief Pottage Distributor started to explain, waving his spoon for greater emphasis. His companions seemed suddenly to deflate.

"I think that none of you have ever distributed a spoonful of pottage," cried Piepeling, "or else you would have done something about it. I think responsibility only means being able to wave fancy spoons around and not to have to share things the way we do in Taterland. I am going to take Grandma home!"

Grandma was lying down when Piepeling reached the meadow. She recognized the trainee pottage distributor. He was kneeling besides Grandma and was holding her hand tightly in his own.

"What happened to your pottage schedule," asked Piepeling.

He looked up and Piepeling saw that he had been crying.

"I am saying goodbye to her," he said, "my duty time is over."

"I am taking Grandma home," Piepeling said, "we are leaving now."

"There is no hurry for that," said the boy, "we must get her ready first and arrange the transport for her."

"She can go with us as she is—don't you agree?" said Piepeling, turning to the owl.

"Why don't you ask her first," growled the owl softly.

But Grandma did not answer. She was lying very still.

Sometime later when Piepeling had cried her fill, and the meadow had become very dark, she saw to her surprise that the boy still stood by her. She had been using his handkerchief without knowing it and had wrung it out five times only to soak it again with her tears.

"She was actually quite happy here," said the boy but he sounded uncertain.

"I still think that there is something wrong with this place," Piepeling said, "but I have to think about it."

"Very sensible," said the owl, "who knows, perhaps you will have to take pottage yourself one day when you are old."

"Never!" cried Piepeling, "I would rather die! And anyway by then things will be better."

"Yes, you always hear them saying that," sighed the boy, "but no one has ever come up with anything better. Everything has been tried—pottage theory, pottage magic, pottage *mantel zorg*,²⁰ unit pottage provision and lots more—but it always comes back to pottage distribution in the end."

"I am going to think of something better," said Piepeling in parting, while saying goodbye to the boy. When she was flying over the dark wood on the owl's back the thought came to her that the boy had very gentle eyes even though he wanted to become a pottage distributor.

And that was a nice thought to take home with her.

20 *Mantel zorg* is assisted home care.

Axel Michaels

The “Holy Joint Family” in South Asian Ageing Theories

Abstract Recent notions of aging in South Asia often mourn the loss of the ideal of the joint family and the emergence of the nuclear family at the cost of elderly people. However, it can be shown that this ideal is not sustainable any more since historical sources give sufficient evidence for exiling and other maltreatments of old people. It seems that the cohesion and solidarity was not always very strong and that the situation of old people depended and depends on the interfamilial constellations, gender, social position, and especially on the integration of elderly people into ritual tasks. Examples from contemporary Nepal will illustrate that these factors still matter in traditional Hindu (and Buddhist) environments.

Keywords joint family, nuclear family, exiling old people, āśrama system, vṛddhāśrama, Nepal

*In the cross-cultural science of old age,
far more than old age may be at stake.
(Cohen 1995, 316).*

Introduction

Lawrence Cohen in his seminal and fascinating article “No Aging in India: The Uses of Gerontology” aptly noted that gerontological writing and practice are dominated by a seldom challenged narrative of the decline of the Indian joint family, in which “old people had all their needs taken care of, were listened to and respected, and had few complaints” (Cohen 1992, 124). However, Cohen continues, with “Westernization, modernization, industrialization, and urbanization families begin to break up, and the social support and respect for the elderly declines, along with their quality of life” (Cohen 1992, 124; see also Cohen 1995, 315–316).

Cohen also pointed to an ill-fated link between the narratives of a decline of the joint family and the emergence of gerontology as a discipline in India, which, “since the early 1980s has produced an efflorescence of research projects, publications, commissions, welfare schemes concerned with the old people in India” (Cohen 1992, 123). He criticizes Indian gerontology for not reflecting on an *Indian* concept of old age, but rather sticking to a universal concept of ageing. What it needs, says Cohen, are different elaborate, functional, reflexive theories of ageing. In gerontology, however, there is no ageing in India, there is only ageing. Ageing in India is mostly understood in a localized sense, but not as a culturally different or transcultural concept. Understandably, he has a problem with this situation.

What would such a “Hindu” concept of old age look like? This is what I ask in this chapter. In doing so, I will refer to some notions that I found either in Sanskrit texts or in interviews with old people in Nepal.¹ My methodological approach is therefore what I call ethno-indological, a combination of philology and fieldwork.² However, it is impossible to work out *the* Indian concept of old age, because this would mean essentializing and reducing the complexity of India. I prefer to challenge the myth of the “holy joint family” that is often proposed, and instead try to elaborate on the ruptures and frictions in Hindu concepts of old age. To be sure, there are many more positive notions of old age in traditional and present India pointing out their wisdom and the affectionate relationship between parents and their children. I am not neglecting these aspects, but in this

1 All interviews were held in Nepālī and Nevārī between December 2014 and March 2015. I am grateful to Rajendra Shakya for assistance with the fieldwork (interviewing, transcription, translation, and discussions), and to Christiane Brosius and Roberta Mandoki for their helpful comments.

2 For the theoretical grounding of this method and further literature on the joint family, see Michaels (2004a, 2005).

chapter I try to work out the more problematic sides. Naturally, the traditional Sanskrit texts have been written by just one social group, male Brahmins, and they are normative texts which do not necessarily mirror reality. But they reflect social ideas and situations of religiously dominant groups, more often than not imitated by other social groups and still valid in many parts of traditional South Asia.

The fall of the joint family

Let me first clarify what I mean by "joint family," which interestingly does not have just one corresponding term in Indian languages. This makes it all the more important to define the central social group in South Asia. Every society has its descent and kinship groups to which families belong. But what is characteristic for much of India is the size of the extended family, of which the joint family is a part. In the West, a family consists maximally of parents and siblings, the parents of the parents, and possibly uncles and aunts and their children. Family size differs by region (more members in southern than in northern Europe), and denomination (more members in Catholic areas than in Protestant ones), but it is nuclear families or small extended families (possibly still with the paternal or maternal grandparents and a few other relatives) that form the lived world and economic units.

In Brahmanically influenced north India and Nepal, belonging to the family is defined in different ways.³ First, it is highly patrilinear. The wife's parents and relations "belong to it" only to a very limited extent. "The wife's authority within the household is only a participation in her husband's" (Sharma 2004, 275). Second, many more family members live, work, and reside together, not necessarily under one roof, but close to one another: the paternal parents and grandparents, the father's brothers and their families, and other patrilinear relations; in addition, there are employees, servants, adopted or foster children, and—very importantly—the ancestors. "A typical extended family in Nepal would probably include grandfather, grandmother, their married and unmarried sons, son's wives, their children, and sometimes even children's wives," writes Sharma (Sharma 2004, 274), referring to the situation in the early 1980s in Nepal. I call this group an "extended family" (rather than "joint family"): a broad circle of in-laws and blood relations, who meet regularly, work together, and practice religious rituals, especially the major life-cycle rituals. It is a residential and commensal social group, mostly based on descent and blood relationship (*kula*). Such an extended family is also understood as part of a caste group (*varṇa*), and as a subcaste or a clan (*gotra*). It further includes various nuclear families, where parents live together with sons and their wives

3 The following is partly based on Michaels (2004a, 165–174).

and children, sharing the kitchen and building a joint household, but this nuclear family is not nearly as central as in the “West.”

Cohabitation practices have drastically changed in the last decades, especially in urban areas, but also in villages affected by labour migration and media imaginaries of independent lifestyles. Today, the nuclear family is becoming more and more the centre of social life, at least in the urban middle class, and the joint family dissolves because the family members are scattered over several places or countries. This leads to the belief that the intergenerational contract of the joint family is in danger. Already in 1982, Sharma remarked:

In the urban salaried families, arrangements for ageing parents to live with their married sons have become a source of uneasiness to older people and, together with physical isolation, there is a corresponding psychological alienation within the family itself because of the tension between two different value systems (Sharma 2004, 277).

As a consequence, old people became more and more afraid of being forced to leave their home (cf. Lamb 2009, 69). For instance, Pradhyumna Lal (Shrestha), aged 68 with two sons, remarked in an interview in Patan (Nepal):

If you go to Pashupati Old-Age Home and look, people there have sons and daughters, who are well-known in the society. But they don't care for the elderly and dropped them there. They don't even go and visit them; they don't even know if the elderly are dead or alive. This isn't human relation. Ours is a very close family-knitting; ours is not the kind of society like in the West, where the family is usually disintegrated into pieces (Interview, December 25, 2014).

Nepalese media sometimes support this view. Thus, a certain Paavan Mathema complained in an article that “traditional family norms that valued and respected the elderly” (Mathema 2012) are now slowly eroding, and grandparents feel neglected and disrespected in nuclear families. “The trend of young families migrating abroad means that old parents are left behind with no one to look after them. The widening generation gap, family disputes, and even physical abuse drive away the old into the harshness of the streets” (Mathema 2012).

Sarah Lamb aptly notes, “[t]he ‘joint family,’ a multigenerational household in which elders make up an intrinsic part, is often described as something ‘uniquely Indian’ or ‘characteristic of Indian culture’” (Lamb 2000, 89). She quotes from an *India Today* article in which Madhu Jain and Ramesh Menon declare that “[a]ge was synonymous with wisdom, values and a host of things that made Indian society so unique” (Jain and Menon 1991, 26, cited in Lamb 2000, 89). “In contrast,” Lamb continues, “the ‘West’ is

associated with old age homes, negative images of aging, independence (that is, small or non-existent families), and individualism. In fact, the first old age homes in India were products of colonial penetration, constructed by Christian groups [...]” (Lamb 2000, 89).

When asked the reasons for the decline of the joint family, Indians often cite several: urbanization leads to smaller flats, Westernization leads to a more anonymous neighbourhood, modernity leads to individualism, etc. Repeatedly it is the daughters-in-law or the change in the role of young women which are made responsible for the growing lack of care (*sevā*). One middle-aged Mangaldih woman, Bani, told me: “Our ‘joint families’ are becoming ruined (*naṣṭa*) and separate (*prthak*), because women have learned how to go out. They are irritated by all the household hassles (Lamb 2000, 92).

And quite often it is just Kaliyuga, the last of four eons that the world goes through as part of its cycle of creation and destruction, that is blamed for all these changes. Once again Sarah Lamb has got to the heart of the problem:

The following often get grouped together: nuclear families, small flats, transnational living, consumerism, lack of time, efficiency, rationality, materialism and individualism. These are placed in contrast to more “traditionally” Indian characteristics: family bonds, intimacy, plentiful time, spirituality, large houses and families, care and respect for elders, material frugality (Lamb 2009, 71).

However, isn't the traditional family setting strongly idealized in these accounts? This is what I want to scrutinize by taking a closer look at some of these “more ‘traditionally’ Indian characteristics”—notions that belong to what I call “the joint family glorification package” and which I reduce to the following two aspects: retreat (plentiful time, spirituality, material frugality), and respect (better care or *sevā*).

Retreat and abandonment of the aged in the āśrama system

A major factor of the joint family glorification package is the mostly voluntary withdrawal of old people from active work, a special form of retirement that is said to have only been possible within the joint family. This ideal is based in and glorified by the *āśrama* system, according to which the male members of the three higher classes, especially the Brahmin, should live his life in four phases: first the *brahmacarya* (studentship) and learning of the Veda; second, *gṛhastha* or householder founding a family; third, as a forest dweller (*vānaprastha*), and fourth, *saṃnyāsa*, or becoming a wandering ascetic (*parivrājaka*, *bhikṣu*) not dependent on the family any

longer. In the classical form of the *āśrama* system,⁴ the last two phases are mainly for the aged. In the *Manusmṛti*, a law text supposedly composed around the first century CE, we find one of the oldest articulations of the four-staged *āśrama* system:

After spending the first quarter of his life at his teacher's, a twice-born man should marry a wife and spend the second quarter of his life at home. (Manu IV.1) [...] After spending the third quarter of his life in the forest, he should cast off his attachments and wander about as an ascetic during the fourth (Manu VI.33).

According to this concept, the ideal (male) life—traditionally comprising one hundred years (childhood excluded)—is divided into two different stages: an active part that entails learning as well as working and founding a family (stages one and two), and a more passive part, the two last stages, which imply a gradual withdrawal from the world (but not necessarily the family) and its materiality, seeking spiritual liberation in a kind of renunciation. This moral obligation of spiritual retreat is still stressed by many old people in South Asia, especially the better off. For instance, 77-year-old Gopal Man Shrestha said:

Ageing in the west and in our part of the world is different. They only look at it with the physical approach. In our part, we not only look at it at the physical level but also in the intellectual and a higher level. [...] For instance, yoga. When I went to Norway, in a book stall, I found books like "Yoga for Beauty" and even "Yoga for Sex." In an interview there, I told that I also do yoga a bit but it's different here. We never say yoga for sex or yoga for beauty. We only say yoga for enlightenment. So I told them that you are more focused on the physical aspects. But we only focus on how to attain enlightenment (Interview, December 25, 2014).

And Kali Raj Joshi, 81, a retired government officer, joins him:

The main difference that I see is that we totally focus on spirituality while they focus more on bodily or economic aspects. Like *bājjyā* [grand-father] just said, with the money they visit places they have never been, like swim in the Atlantic or go to polar regions. But in our case, we go to visit Benares or go for pilgrimage to the Vishwanāth [a temple in Benares] (Interview, December 25, 2014).

However, the history of this gradual and spiritual retreat in the *āśrama* concept is not as romantic as claimed, both by old people in South Asia and some scholars working on old age in South Asia. As I will try to show,

4 For a detailed study on the *āśrama* system see Olivelle 1993.

relying on textual material also analyzed by Joachim Friedrich Sprockhoff (1979) and Patrick Olivelle (1993), that the *āśrama* concept is partly based on a gradual and ritual separating, expelling, or, in rare cases, even forceful exiling of the old father (and indirectly the mother). To understand this, we have to enter the world of the Vedic-Brahmanical sacrifice, the soteriological aspects of which are still prevalent in Hinduism.⁵

Part and parcel of the Vedic sacrificial world, which emerged in the first millennium BCE, is the strong focus on the father-son relationship. The son is the liberator of the father, he carries on his life work, takes care of him in illness, old age, and after his death. Through the son, one achieves immortality, as it is repeatedly said: "In your son you are reborn; that, oh, mortal, is your immortality" (*Taittirīya Saṃhitā* 1.50.5-6).⁶ This sentence is to be understood both experientially and ritually. That is, the father passes on to the son not only his life and professional experience, he not only bequeaths his material property, he also bequeaths a sacral legacy: the duty to maintain the domestic fire and to provide for the ancestors (including him after his death). To study the Veda for the seer, to carry out the fire sacrifice for the gods to get married, and beget sons for the father are the three obligations (*ṛṇa*) the son has inherited from time immemorial, right from birth, and which must be fulfilled by any means.

The domestic fire is part of the Vedic sacrificial fire, which was considered extraordinarily effective, for the gods were fed through the fire. Only the Brahmins knew how to stack the fire and were aware of its salvational efficacy. This knowledge was the Veda. The priests identified themselves with the knowledge. They not only had the knowledge, they *were* the knowledge, they embodied it. This may have been the most important identification in the history of Hindu religions. Thus, when the father died, he did not pass on the knowledge to his son, but rather, put him in his place and thus, de-individualized, he lived on in him. His legacy—in the *Śatapatha Brāhmaṇa* (14.4.5.25-29)—was: "You are *brahman*, you are the sacrifice (*yajña*), you are room to live (*loka*)!"⁷ The son repeated these sentences and thus made them irreversibly effective. "He who has no child, has no place (no firm footing)," adds the *Aitareya Āraṇyaka* (7.3.13.9, Haug 1863). And this is how the ritual transfer was articulated:

Next, the father-and-son ceremony, which is also called the rite of transfer. A father, when he is close to death,⁸ calls his son. After the house has been strewn with fresh grass, the fire has been kindled, and a pot of water has been set down along with a cup, the father lies on top of him, touching the various organs of the father with his

5 The following is based on Michaels (2004a, 315–344).

6 See Olivelle (1993, 43) (with additional evidence).

7 See Sprockhoff (1979, 385–389) for a detailed analysis of this transference rite; cf. also von Stietencron (1979) and Olivelle (1993, 41–46).

8 The span the father has still to live is not clearly mentioned, but it could well be many years.

own corresponding organs. Alternatively, the father may execute the transfer with the son sitting and facing him. The father then makes the transfer to the son:

"I will place my speech in you," says the father. "I place your speech in me," responds the son.

"I will place my breath in you," says the father. "I place your breath in me," responds the son.

"I will place my sight in you," says the father. "I place your sight in me," responds the son.

"I will place my hearing in you," says the father. "I place your hearing in me," responds the son.

"I will place my tasting in food in you," says the father. "I place your tasting in food in me," responds the son.

"I will place my actions in you," says the father. "I place your actions in me," responds the son.

"I will place my pleasures and pains in you," says the father. "I place your pleasures and pains in me," responds the son.

"I will place my sight in you," says the father. "I place your sight in me," responds the son.

"I will place my bliss, delight, and procreation in you," says the father. "I place your bliss, delight, and procreation in me," responds the son.

"I will place my movements in you," says the father. "I place your movements in me," responds the son.

"I will place my mind in you," says the father. "I place your mind in me," responds the son.

"I will place my intelligence in you," says the father. "I place your intelligence in me," responds the son.

If he finds it difficult to talk, the father should say very briefly: "I will place my vital functions (*prāṇa*) in you." And the son should respond: "I place your vital functions in me."

Then, as the son, turning around towards his right, goes away toward the east, his father calls out to him: "May glory, the lustre of sacred knowledge, and fame attend you!" The son, for his part, looks over his left shoulder, hiding his face with his hand or covering it with the hem of his garment, and responds: "May you gain heavenly worlds and realize your desires!"

If the father recovers his health, he should either live under the authority of his son or live as a wandering ascetic. But if he happens to die, they should perform the appropriate final rites for him (*Kauṣītaki Upaniṣad* 2.14, cf. Olivelle 1996).

Basically, this ritual is a death ritual: the breaths are entering the son (thus leaving the father), there is circumambulation, the son should not turn around. The father then lives on in the son. However, the father is ritually replaced by the son: "The father is the same as the son, and the son is the

same as the father" (*Śatapatha Brāhmaṇa* 12.4.3.1). The father himself is then ritually a living dead, i.e. he has the same status as an ascetic who, for instance, among the Daśanāmīs ascetics, is initiated into the sect while symbolically entering the burning fire for the deceased. And the father could, in fact, also become an ascetic: "If the father recovers his health, he should either live under the authority of his son or live as a wandering ascetic," says the *Kauṣītaki Upaniṣad* at the end of the quoted passage. In no way can he then be reintegrated in the family since he is ritually and socially "dead." Like the widow who survives the widow-burning (*satī*), and like a child with whom the elder is often compared, he is not capable any more of holding any social, legal, and ritual rights. He has to retire from public life and live separated from his family in a hut or in the forest. In a way, he is exiled.⁹

Some texts even recommend a kind of religious suicide:¹⁰ fasting until death, to take to the water, to go on the Great Journey, i.e. walking until death to the north or east—or to go to a place of retirement. The term for this in the Sanskrit text is *vr̥ddhāśrama* (lit. "the *āśrama* of the old people")—a term which appears in Vedic literature only here.¹¹ All this is a voluntary emigration and self-excommunication.

Given this Vedic background, it is likely that the Hindu voluntary retiring of the father from the family became a Brahmanical norm and moral obligation for all twice-born, expressed in the classical *āśrama* system:

When a twice-born man has followed the ten-point Law with a collective mind, learned the Vedānta according to rule, and freed himself from debt, he may retire. Casting off the inherent evil of rites by retiring from all ritual activities, being self-controlled, and residing the Veda, he should live at ease under the care of his son (Manu VI.94–95).

When a householder sees his skin wrinkled, his hair turned grey, and his children's children, he should take to the wilderness. Giving up village food and all his belongings, he should go to the forest, entrusting his wife to his sons or accompanied by her (Manu VI.2–3).

However, already in the early Upaniṣadic times (ca. 800–500 BCE) and in early Buddhist and Jaina texts, the concept of voluntary emigration and renunciation was also internalized. These texts criticize the sacrifice and the dominant position of the Brahmin and offer as an alternative the

9 See Sprockhoff (1979, 398).

10 See Sprockhoff (1979, 395) for references.

11 Nowadays old age homes are also often called *vr̥ddhāśramas* or *br̥ddhāśramas*, but there is an important difference: "[...] a widespread perception among Indian residents of old age homes, for instance, that these homes—commonly referred to as 'ashrams' (or *br̥ddhāśrams*, '[spiritual] shelters for the old')—are a contemporary version of the classical Hindu third and fourth life stages, in which persons purposefully leave their households of reproduction on a path of late-life spiritual cultivation" (Lamb 2009, 12).

internalization of the sacrificial fire, a kind of ascetic fire (*tapas*), even for young people. In this context, the withdrawal from the world became a fully voluntary, renunciatory act, and a more spiritual emigration.

We do not know to what extent the *āśrama* system meant a forced expelling of old people, but it seems likely that it was also used for this purpose:

It is debatable whether the practice of killing old people or of forcibly sending them into exile was a widespread custom or even whether it ever existed in ancient India. Nevertheless, even a widespread voluntary retirement, when it is expected by society and becomes an ethical norm, can have many features of exile. The most significant aspect of this hypothesis is that, given the association of old age with the assumption of an ascetic mode of life, economic factors may have played an important role both in the development of an Indian ascetical institution and in the history of the *āśrama* system.

The economic benefit from the exile of the aged to societies existing at marginal subsistence was simply that it would mean having fewer mouths to feed. Northern Indian society since about the sixth century, however, was at a more advanced stage of economic development. It was not a time of scarcity but of relative abundance. The possibility exists, however, that a custom that originated in an earlier time may have survived and may have been given a different significance during later and more affluent times (Olivelle 1993, 115).

Abandoning the elderly in Nepal

Even today, the exiling of old people, now called abuse, neglect, or abandonment of the aged, is not so rare a practice. Thus, in a report by the Human Rights Commission Nepal and the Geriatric Center Nepal (2011), one reads that after physical abuse, "neglect by family members was found to be the most common form of elder abuse. Out of 117 cases, 39 cases of neglect or deprivation of proper care were reported. In twelve of thirty-nine cases, elders could not receive Old-age-allowance that they were entitled to receive as per the existing government rules." Moreover, in nine cases, dead bodies of elders were found abandoned in public places but they did not show signs of physical abuse. According to this report, other cases of neglect included family or relatives forcing old persons to get admitted in old age homes against their will; intentionally abandoning the elderly in crowded market places, temples, or near old age homes, who then generally resort to begging; or suffering neglect when their grown children migrate to other countries (NHRC and Geriatric Center Nepal 2011, 15–16).

I talked to a few abandoned elderly in the Paśupati Vṛddhāśrama,¹² a Social Welfare Centre old age home at the Paśupatinātha Tempel operated under the Ministry of Women, Children and Social Welfare, which currently houses 230 elderly people, partly looked after by the Missionaries of Charity, religious congregation established in 1950 by Mother Teresa. Two examples may suffice:

This is what one elderly man, who has been living in the ashram for almost ten years, answered when he was asked whether he has a wife and children:

QUESTION: *Are you married?*

ANSWER: *Yes, I have a wife, but of no use. [...] What to do? I am forced to stay here, as my children don't take care of me. [...] What to do now that I'm unable to work and earn money?*

QUESTION: *Why? Don't they take care of you?*

ANSWER: *I can't say I don't [have a wife and children]. Can one say they don't exist to someone who is still alive? Yes, I have a son, a daughter, a wife, a grandson and a granddaughter.*

QUESTION: *Where are they?*

ANSWER: *Back there in Hetauda. What to do? I am forced to stay here, as my children don't take care of me.*

QUESTION: *You said you have a wife, didn't you?*

ANSWER: *I have the whole family. But they don't take care of me. What to do now that I'm unable to work and earn money? I don't have any land to make earnings; just a small house that I made myself. I used to work as a carpenter too. It's a wooden house.*

QUESTION: *Your children don't come to meet you?*

ANSWER: *No, no one comes. About two, three months ago, my wife had come here. They got into fights at home on various issues. If we stay together, won't there be fights? Something like that happened there also. Now the daughter-in-law has gone to live with her maternal uncle. My son came back from Qatar. He took his wife along and began to live separately in a rented house in the market.*

The other example is from an interview with Amar Bahadur Puri, who lives in the Pashupati Vṛddhāśrama together with his wife. During the interview his nephew, Ram Bahadur Karki, a serviceman of the Armed Police Force stationed at the Pashupati Area, showed up.

12 The Social Welfare Centre Vṛddhāśrama in Pashupati is the only old age home run by the government. It was established as Pañcadeval Pāthashālā during the reign of King Surendra Bir Bikram Shah, and was converted into the Social Welfare Centre Vṛddhāśrama in 1978. The concerned Ministry allocates an annual budget of ₹13.9 million. Out of the 230 elderly people, 106 are men and 124 are women.

RAM: Children can be bad; just because one has children, that does not mean that they will look after the parents. If the son goes separate ways with his wife and leaves behind his parents alone, one has to work in the fields in the village. [...] Here [in this ashram], people with power come to live even though they have children. There are people here who are the parents of the people who have the capacity to move the country right and left. It's not certain that the general public, helpless and weak people will get to live here. You need to have the power [he means political connections] to get [admitted] here. [...] Once you get here, there are no worries like the buffaloes are hungry, the goats are missing, or the fox has killed the hen and chickens. The rice is prepared; just eat it. Ekdam bindās.¹³ No tension; nothing to care about; weekly health check-ups are there. After his death, if the person has relatives, they inform them. If not, then there are people here who will take care of the funeral.

YAM BAHADUR: Even if there are children, they don't come.

RAM: It will be a matter of shame for them. How can they come?

YAM BAHADUR: There are people here who say that they have children who don't care for them. But when they die, the children don't come here to even perform the last rites. One was saying that he had a son living nearby. They called him, but no, he didn't come at all. That's the kind of son they are.

As we see from these examples, the joint family did and does not always mean that the elderly will not be mistreated. The joint family's solidarity, which is soteriologically based on the *āśrama* system and focused on patrilinearity, quite often structurally failed and still does. In some cases, its ritual structure led and is still leading to the exile of aged men. Even the conscious misuse of the *āśrama* system in order to expel unwanted family members is possible, as I have shown elsewhere in the case of exiling two young boys during their initiation ceremony (*vratabandhana*).¹⁴ As this certainly unusual incident demonstrates, people could and can become victims of the *āśrama* system. This is not only true of old fathers, but also and even more so for women, and unmarried, childless men.

13 "A wonderful time with no worries."

14 See Michaels (1986).

Victims of the *āśrama* system: Old women and childless men

What is crucial in the soteriologically based intergenerational relationship of the *āśrama* system is the replacing of the biological father-son sequence with a ritual father-son identification. This not only makes the old father dependent on the son, even after death, but also leaves no independent place for the woman. The system is strictly patrilinear; a woman has no autonomy in it. Famous is the following verse in the *Manusmṛiti*:

Her father guards her in her childhood, her husband guards her in her youth, and her sons guard her in old age; a woman is not qualified to act independently (Manu IX.3).

At birth, a woman acquires the fictional kinship (*gotra*) of her father; when she marries, she receives the *gotra* of her husband. In parts of northern India, the married daughter is no longer considered a blood relative. Raheja (1988, 56) writes that, for the inhabitants of the village she studied, married women lose their "physical" relationship (Hindi: *śarīr kā sambandh*) after marriage and subsequently have only an indirect (kinship) relation (*rista*) to their own family. The woman thus loses her "ancient ancestors" or those of her father. When she dies, her husband's relatives perform the death rites; if her own parents die, she must not include them in ancestor worship.

Since a woman's protection and even her ritual salvation depends to a certain extent on her husband, changes in her family status like being widowed, divorced, or abandoned put her in a position of despair. As a consequence, in Nepal and many parts of India, daughters are generally not allowed to take their widowed or divorced mothers into their marital household. Very often old women do not even want to ask for it, as is evident in an interview with Indra Maya Chukām, 71, from Bhaktapur living in the Paśupati Vṛddhāśrama:

- QUESTION: *Did you come here on your own?*
 ANSWER: *My neighbour brought me here.*
- QUESTION: *Why? Don't you have anyone at home to look after you?*
 ANSWER: *I don't have a home. I don't have a home and land.*
- QUESTION: *Don't you have anyone in the family?*
 ANSWER: *I do. I have a daughter.*
- QUESTION: *Is she busy, or ...*
 ANSWER: *My daughter ... she's [now] the daughter of another's home ... what to do? Will they look after me? Her mother-in-law dishonours me.*
- QUESTION: *Does your daughter not like you or ...?*
 ANSWER: *My daughter does like me. But her mother-in-law doesn't. It's difficult [for her daughter] to feed me*

*when I go there. What if my daughter asks me to come
and eat there? Her mother-in-law dishonours me.*

As mentioned, the father who has no son or no family is without *loka*, i.e. without any place in the world—according to the logic of the traditional texts, he is ritually dead. “Who has no son, should think about himself and leave without looking back in northern or eastern direction,” says *Kathaśruti Upaniṣad* (cf. Sprockhoff 1979, 80 fn). Old men who did not, for a variety of reasons, marry, are therefore frequently residents of old age homes. They too become victims of the *āśrama* system.

Respect and disregard of old people

The second aspect of the joint family glorification package which I want to discuss is the claim that, in the golden past, sons and daughters-in-law gave better care to their old parents. The “proof” of this claim is often a reference to the popular story of the pious Śravaṇa Kumāra:

Śravaṇa Kumāra’s parents were blind and frail. They wanted to go on a pilgrimage. As they could not walk, Śravaṇa Kumāra made them sit in two baskets hanging at each end of a wooden pole, and carrying them on his shoulder he went on the pilgrimage. When the parents felt thirsty, Śravaṇa went to look for a riverbank and filled water in his vessel. During this time, Daśaratha, the king of Ayodhya, was hunting in the nearby forest. He thought it is an animal drinking water. With his bow he shot Śravaṇa in the chest and killed him, but before his death, Śravaṇa told the king that his thirsty parents were waiting for him. Daśaratha was shocked by his mistake. He looked for Śravaṇa’s parents and when he reached them and told them of his mistake they cried out in despair. They cursed Daśaratha that just like them he would also die of the sorrows caused by his son’s separation. In this way Daśaratha gave up his life, unable to bear the sorrows of separation from his son Rāma. When he died, he pronounced Rāma’s name six times. Soon after Daśaratha’s death, a deep sorrow gripped all the subjects of Ayodhya (Summary of *Rāmāyaṇa* 2.63-4; cf. Sand 2008, 139).

In other Sanskrit texts as well, one finds plenty of examples of honour and respect for one’s parents, and the filial piety of sons:

When someone is conscientious about greeting and always renders assistance to the elderly, he obtains an increase in these four: life span, wisdom, fame, and power (Manu II.121).

There are many similar verses praising the wisdom of old people to whom one had to show reverence and respect, but this wisdom is connected to

authority, learnedness, life experience, etc. Even though age alone is not enough to gain this form of respect,

Hindus treat old age with a show of respect everywhere, and elderly members in the family and the community are held in high esteem. Like austerity, renunciation or educational attainment, old age is recognised as a virtue in a person. Deference to old age is a basis on which Hindu society in Nepal has sought to build up a social order with its characteristic patterns of values, discipline and social organisation of the family (Sharma 2004, 272).

In Nepal, this respect for elderly people is evident among the Newars by their respect for the *guthis*, an institution ensuring the organization and the social and cultural life of local communities in which leadership rests with the eldest male (Nep. *thakālī*). One of the most impressive rituals depicting this respect for the aged are the *gyā jaṅku* rituals in Nepal, celebrated by Newars at the age of seventy-seven years, seven months, seven days, seven *ghaṭis* (of twenty-four minutes each) and seven *palas* (of twenty-four seconds each), or eighty-eight years, eight months, eight days, etc., or ninety-nine years, nine months, nine days, etc., or, according to some accounts, one-hundred-and-ten years, ten months, ten days, etc. In these rituals, the elderly are worshipped extensively and then carried around their quarter and to various shrines in a palanquin.¹⁵ Nowadays, this ritual is more and more seen as an example of respect for elders among the Newars.

However, there are many complaints about the lack of respect for and care of old and disabled persons. In the *Manusmṛti*, for instance, old people, especially when they are senile, are sometimes equated with children and disabled persons whom one should avoid in certain situations:

Idiots, the dumb, the blind, the deaf, animals, old people, women, foreigners, the sick, and the crippled—he should have these removed when he confers with his counselors (Manu VII. 149).

Transactions carried out by persons who are intoxicated, insane, distressed, or totally subservient, by children or the aged, or by unauthorized persons, are invalid (Manu VIII.163).

Different from the ritual transfer of father to son and its social consequences, the respect or lack of respect for old people has much more to do with morality, and the guilt of not fulfilling the duty to care for the elderly. That is why quite often their revenge is feared; people fear being cursed by the neglected aged, both living and dead, via the ancestors. "This was a continuous topic at the Paśupatiṅātha Vṛddhāśrama: the residents repeatedly expressed their fears about being cursed by co-residents." When

15 For a detailed study see von Rospatt (2014).

asked, an old lady from the Paśupati Vṛddhāśrama told us how she had come to live in this institution:

- ANSWER: *All of them here are boksis [witches], ... these women. The whole twenty-four hours, the boksi remains in effect.*
- QUESTION: *Which one?*
- ANSWER: *It's inconceivable to recognize or identify. They argue. I only have the mouth; I don't know anything [how to do witchcraft]. The boksi just remains in effect all the time. [...]*
- QUESTION: *Did someone bring you here?*
- ANSWER: *No. I came on my own. [Looking around and talking to herself] If only that old man would just perform phuknu¹⁶ on me! Don't know where he's gone. The boksi takes charge with just moments apart.*
- QUESTION: *Don't you have any children?*
- ANSWER: *No. I don't have anyone, son. I'm all alone.*
- QUESTION: *Did you not marry?*
- ANSWER: *I did. I have children from my sautā.¹⁷ But I don't have any myself. All have made houses in Kathmandu. Some are in Banasthali, some in other places. They are six brothers.*
- QUESTION: *What about your husband?*
- ANSWER: *He died long ago.*
- QUESTION: *I guess, the sons from your sautā don't look after you, right?*
- ANSWER: *They'll kill me if they get a chance when I argue with them. I had called my lawyer. He hasn't got here yet.*
- QUESTION: *So you are troubled by boksis?*
- ANSWER: *Just after he [the lawyer?] performs phuknu on me, I'm able to walk for a while. Then, again, [the boksi] doesn't let me even raise my head straight. I had a fight with that prostitute (rāṃdi). That lady named Bidya is really a dangerous one.*
- QUESTION: *Does she live here too?*
- ANSWER: *Yes, she lives here. She hit me thrice; I hit her once in the bathroom. Since then, she doesn't let me even raise my head straight. I don't know what she applies to me. That's it. I don't know [the witchcraft]; I can only shout.*

This lady was apparently mentally impaired. However, her worries express the widespread fear of being cursed by fellow members of this old-people's home.

16 Persons believed to have special powers silently recite mantras, and then gently blow air on the ailing person.

17 A woman who marries a married man.

Conclusion

There are many ruptures in the notions that go along with what I have called the joint family glorification package. The joint family is not as "holy" as is often said. Its cohesion and solidarity were not always as strong as proclaimed. There is some evidence of abandonment of old people even if the joint family still exists. It is crucial to understand that it is not just modernity or Westernization that have led to this practice, as this chapter has aptly illustrated. It is also rooted in a structural ritual separation or, in some cases, even exiling of old people due to the traditional *āśrama* system—one of the strong spiritual pillars of Hinduism.

With this deconstruction of the "holy" joint family, several other aspects related to the treatment of old people can no longer be easily idealized. I had mentioned the notion of respect and care (*sevā*) for elders, but I could show the same result for what Sarah Lamb called "'traditionally' Indian characteristics: family bonds, intimacy, plentiful time, spirituality, large houses and families." (Lamb 2009, 71)

Now, if the ideal of the joint family glorification package breaks down, the causes for the presumed decline in the care of old people must be sought elsewhere. My suggestion is that the emergence and gradual acceptance of old-age homes have little to do with the decline of the joint family, but with the propagation and ready acceptance of another package, the gerontological initiative package: the provision of health services, old-age homes, clubs, day-care centres, homemaker services, meals-on-wheels, and "friendly visits."

Lawrence Cohen (1992, 135) rightly says that by

closing enquiry to the richness and complexity of ritual and text as responses to, rather than merely injunctions about, aging and to the history of the family as more than a process of decline, gerontology denies itself the use of this history in its own creation. With the sealing off of the past, the discipline appears to have recourse only to the West for models to interpret a fallen present.

It seems that some cultural studies on ageing in South Asia are still clinging to the romanticized ideal of village India where the joint family was the ideal basic social structure—neglecting the hierarchical, patriarchal, caste-driven structures of the village:

The family's internal relations are constituted not as rigid, fractious and cold but as fluid, stable and warm. The joint family signifies a powerful alternative to the inferiorized self Ashis Nandy posits as the enduring legacy of colonialism (1983). Its elaboration sustains the maintenance of an oppositional self and allows for the recovery of the experiencing of this self as authentic. That the essential Indian self identified with the ideal Joint Family is "lost" within the



Figure 1: Old-people's bench at Patan Durbar Square.

temporal sequence of the narrative is not a challenge to its authenticity. Even as the narrative charts this loss it affirms—through continual reiteration—the ultimate equation of the Indian self with the Joint Family. The Decline is less a loss than a superimposition of inauthentic otherness (Cohen 1992, 137).

In Indian gerontology, as far as I can see, the “disadvantaged elder”—the disciplinary icon” (Cohen 1992, 124) is taken for granted. Old age is a problem—*per definitionem*—because only “the disadvantaged elder legitimates the universality of the discipline and claims for patronage” (Cohen 1992, 124). Through the fall of the ‘holy joint family’, the disadvantaged elder is presented as an urgent problem. However, I hope to have demonstrated that the disadvantaged elder is not a recent phenomenon; rather, it has been evident since the “golden past” and is a structurally given in the soteriologically based *āśrama* system.

What could be the solution then? In gero-anthropology, the trope of moral indignation and the wish to help underlies many studies. I do not want to follow this route, and that is why I will give the last word to Kali Raj (Joshi), 81, the retired government officer whom I met at the old-people's bench at Patan's Durbar Square (Fig. 1):

So we need to change as per the time. Same is the case with ageing, if one changes as per the situation and adapts to the newer

situations, there will be longevity and health as well. So you have to come forward to deal with the problems positively and make it a pleasant act. If one can practice such conversion, you will be very happy, even happier than the younger people. There are a lot of curiosities during the younger age. In old age, there are no curiosities. So the attitude has to be changed. Such changes cannot be trained by any institutions. Maybe to some extent, it can be but mostly, it's the individual himself who has to train himself. Okay, I'll leave now. I'll be back later for gossiping. [*Laughs*]

Figure

Fig. 1: Photo by Rajendra Shakya. Patan, Nepal, March 2015.

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Ira Raja

No Time to Die: Illness, Ageing, and Death in Three Short Stories from India

Abstract While the narrative turn has opened up new areas for research and intervention in social gerontology, it also raises some important questions. What, for instance, is the place of the ageing body in the preoccupation with narrative? And how do we begin to think and theorize the body without allowing it to stand in for what it means to be old? This chapter examines the interplay between the materiality of the ageing body and its cultural constructions, with reference to three short stories from India. The ageing character in these stories resists being conscripted to the task of ventriloquizing a cultural narrative about the journey of life as leading inexorably towards death, of ageing as being inseparable from decline, of young lives as being more valuable than old, of equating loss of memory with a loss of selfhood, and so on. Crucially, the stories achieve this not through the deployment of heroic narratives of individual agency and activism. Discursive accounts of human subjectivity are instead interrupted in this fiction through the narrativizing of a body whose meaning is clearly not exhausted by the paradigms of power, language, and knowledge. Furthermore, while each of the three stories foregrounds the material body as being central to the meaning of growing old, this material body is not the unreconstructed body of medical discourse whose x-ray vision presumes to render it reassuringly transparent. It is rather a body that vies with the mind, as it were, to claim its full share of complexity, its unplumbed depths.

Keywords narrative, mind/body, memory, dementia, teleology

The Cultural Argument

Early approaches to gerontology typically assumed that art was an imitation of life and that high art, especially literature, was to be valued for its deep insights into the experience of human ageing (Deats and Lenker 1999, 2–3). The assumption that art mimicked reality, however, was powerfully challenged by the poststructuralist thrust of the 1980s that interrogated the belief that literature granted any kind of unmediated access to reality. Literature and life, it was now argued, shared a dynamic relationship in which the former did not just reflect reality, but also helped shape it. Knowledge came to be recognized as being neither objective nor autonomous, leading literary critics to become less interested in asking whether stereotypes of ageing were positive or negative, and more in unmasking the dynamics of power that lay behind them. In contrast to the traditional biomedical and physiological approaches which tended to view ageing as contiguous with the body, the new approach informing gerontological research focused on the ageing body as “a social text, something that is both formed and given meaning within culture” (Hepworth 2000, 46–48; Twigg 2004, 60).

The scope of the cultural argument was seemingly contained in the subsequent turn in gerontological theory towards using narrative, particularly the insights of literature, as a means of understanding the dynamics of biological ageing. Narrative gerontologists focused on what Randall and McKim call “textistence,” a reference to the process of turning “the stuff of our life [existence] into the stories of our life [text]” (Randall and McKim 2004, 241). In arguing that people not only *have* a life story, but on some level *are* stories, that is to say, “they think, perceive, and act on the basis of stories” (Randall and McKim 2004, 236; Kenyon et al. 1999, 41), narrative gerontologists seemed to make greater room for individual agency than was conceivable within the social-constructionist approach. To draw on Hannah Zeilig, the concept of textistence invites us to ponder the critical difference between “what is and what is possible,” because scrutinizing the way a story is constructed, as Zeilig explains, also invites us to entertain the possibility that it may have turned out differently (Zeilig 2011, 10). Indeed, the optimism of Zeilig’s assertion is reinforced by the related concept of “restorying lives,” which focuses on how a creative manipulation of symbols can enable individuals to retell their life stories, giving them new meanings (Kenyon and Randall 1997).

There are of course limits beyond which a story and a life are not subject to “restorying.” In fact, in conceding the presence of “the outside aspects of the stories we are,” i.e., external circumstances, which impinge on personal narratives and overwhelm their open-endedness symbolically to liberate us, narrative gerontologists may be seen to return us to the question of culture (Kenyon et al. 1999, 41). As Julian Rappaport observes, for those who lack social, political, or economic power, the emancipatory potential of personal narratives may be truncated by the community, neighbourhood, or cultural narratives that are negative and narrow (Rappaport 1995, 796,

quoted in Medeiros 2013, 96). The redemptive possibilities of trying to read one's life as a particular kind of narrative, that is to say, are likely to collide, in the case of such individuals, with pre-established cultural plots, master narratives, frames, and scripts, which are so widely circulated that their author may be legitimately identified as a larger collective entity rather than a specific individual (Phelan 2005, 8).

Whither Body?

While the narrative turn has opened up new areas for research and intervention in social gerontology, it also raises some important questions. What, for instance, is the place of the ageing body, in this preoccupation with narrative? And how do we begin to think and theorise the body without allowing it to stand in for what it means to be old? This chapter will examine the interplay between the materiality of the ageing body vis a vis its cultural constructions, with reference to three short stories from India. I will begin with a brief description of a powerful cultural narrative, that of the classical Hindu textual formulation of the *ashramadharma* (see also Michaels, in this volume), followed by close readings of the three stories for accounts of how this narrative may be contested via an invocation of the material body.

Addressed primarily to the upper caste Hindu male, the brahmanical doctrine of the *ashramadharma* posits that the human life-course be divided into four ideal life stages, namely, of the student, the married householder, the disengaged forest dweller, and the wandering ascetic (Vatuk 1990, 70). While contemporary Hindus may not subscribe to the idealized, four-stage life cycle in literal detail, they are nonetheless guided by the belief that life is made up of distinct developmental stages, each with its own normative code of conduct (Vatuk 1990, 70; Vatuk 1980, 135). Thus, old age is widely cued as a time for people to renounce sensual pursuits in favour of spiritual ones, and to withdraw from active involvement with household affairs—all in the expectation and anticipation of “a good death,” which is characterised as one that takes place at home and amongst kin, and is followed by the appropriate rites. The good death is also said to follow “a fulfilled life and occurs for a man when he has seen his children married; and for a woman, when she has seen this and dies before her husband” (Pocock 2010, 364). It is not premature and it does not come suddenly. Indeed, its unfolding must leave room for leave-taking, confession and atonement, acts of piety, and so on (Pocock 2010, 366).

Although the precise manner in which people express and interpret a cultural narrative can differ significantly from textual formulations, such narratives can nonetheless wield enormous influence on how individuals tell their stories to each other, and what they tell. And older people who deviate from the narrative norm in any conspicuous way, who are seen to not act their age, may attract opprobrium from others. If, as Mary Russo contends, the pressure on old people to act their age must at some point

mean their having to die, then, what is most forcefully challenged in the three stories discussed in this chapter, is the cultural narrative of a good death more than the normative ideal of the *ashramadharmā* as a whole. While the ageing protagonist in each of these stories comes under this kind of pressure, in each case, the literal body of the ageing protagonist upsets the calculations of chronology by refusing to die, and in turn, forcing the reader to rethink the overwhelming focus on discursivity when it comes to understanding the experiences of growing old.

Each of the three stories, from Tamil, Oriya, and English, enlists the ageing body as an ally in the project of disentangling the process of ageing from its contiguity with the body. It is the ageing body that digs in its heels, as it were, and refuses to go along with the cultural narrative of a good death which is defined as the end point of the journey of life, which takes place in the presence of the whole family, and before an inevitable loss of bodily function and the consequent loss of dignity, which comes at the end of a long life, and only after one's last wishes have been fulfilled. By visualising and/or verbalising age, not as a series of inevitable stages, but as "a state into which one may enter, languish, exist, or reverse regardless of chronological age" (Charise 2012, 927), the three stories may be read as attempts to subvert notions of chronological progression. Deploying the broad theme of the opaqueness of the human body, and more particularly of regeneration, of looking or feeling at odds with one's age, or through figures of ill and aged children, the stories confound cultural understandings of what it means to grow old. In the process, they recast old age as a comparatively open condition of being, one more permeable to "the influence of medicine, philosophy, and economics than was the ages/stages model" (Charise 2012, 928). The ageing character in these stories is seen to resist being conscripted to the task of enunciating pre-articulated cultural scripts about how the journey of life leads inexorably towards death, how ageing is inseparable from ill health and decline, how young lives matter more than those at an advanced age, how loss of memory may be equated with a loss of selfhood, and so on. Crucially, it does this not through the deployment of heroic narratives of individual agency and activism so much as by interrupting discursive accounts of human subjectivity through recourse to the body, whose meaning is clearly not exhausted by the paradigms of power, language, and knowledge.

No story, no self?

The first story I discuss is by T. Janakiraman (1921–1983), widely regarded as one of the major figures of twentieth century Tamil literature, with almost a hundred short stories and a dozen novels to his credit. In the story "The Puppet," Janakiraman offers a powerful challenge to the master narrative of a good death. The story's ageing protagonist Venu has been very ill, and his large, extended family has travelled great distances to be present at his deathbed. Miraculously, however, he gets better, creating for the whole

family an unexpected crisis: were this situation to repeat itself in a couple of months, would they all be able to come together again in time to be by the old man's side? As one of Venu's daughters says, in confidence, to the narrator: "Couldn't God have taken this old Appa? See how He tests us. Can I come from Chandigarh as and when I want to? It takes me three whole days to get here" (Janakiraman 2010, 189). In other words, would it not have been better for Venu to have taken leave of this world, surrounded by his loved ones, and embrace a good death while it was still within his reach?

An old man, who suffers from acute short-term memory loss, Venu seems ripe for death in more ways than one. A highly successful lawyer of his time, he was always known for his sharp memory. It was, as it were, what made him who he was: "There was a time when I could quote from anywhere in the *Bhagavatham*.¹ Could recount the judgments of the previous forty years even when woken up suddenly from sleep. Now, everything is a blank" (Janakiraman 2010, 187). As Venu's younger sister makes clear, more than his advanced age, it is Venu's loss of memory and his subsequent dependency that attenuate his claim on life:

"That's the kind of man he was!" she exclaims, reminiscing about the past. "And today he asks his own daughter who she is. Sometimes he even asks me who I am. Shouldn't God have taken him away when his strength failed him? He doesn't even realize when his clothes fall away from his body! He can't recognize the face in front of him" (Janakiraman 2010, 191).

Even as Venu is denied subjectivity, his family is granted the same in what amounts to an "exchange of symptoms" between his ageing body and that of its caretakers (Cohen 1998, 51). As the younger sister says, while drawing attention to how Venu's condition has affected his carers: "Look at the people around him and how much they have to suffer! And I am not talking about physical suffering" (Janakiraman 2010, 191). But the family that denies selfhood to Venu does so less from a sense of fatigue at having to care for him and more because of its investment in the kind of person it perceives Venu to be. The centrality of memory to the process of becoming a more complete and self-directed individual as such draws on powerful traditions within Enlightenment thought (Biggs 1999, 114). As Simon Biggs points out, for the Enlightenment Philosopher John Locke, it was "the loss of memories beyond the possibility of retrieving them" that became a criterion for the non-attribution of personal responsibility and the discontinuity of personhood. In other words, if one cannot remember, how far can one be thought of as the same and accountable person? (Biggs 1999, 114). It is hardly a surprise then that the question of memory arises so powerfully in the context of Venu rather than any other character type: Memory is a significant factor in his

1 A reference to one of Hinduism's eighteen great *Puranas* (*Mahapuranas*, great histories).

case not because the loss of memory *per se* is an index of personhood, but more because it is an index of being “a certain kind of person,” a practitioner of law who should by rights be the master of reason (see Cohen 1998, 142).

Nor is it just family members who would deny the old man subjectivity. As the gerontologist Jerome Bruner observes, citing Kierkegaard, since “we live life forward but understand it backward, it is in that backtracking that we impose dramatic structure.” For Bruner, this backward glance, so to speak, constitutes “the very process by which we construct Self, the central figure in this work of art (Bruner 1999, 8). For gerontologists like Bruner who profess a strong investment in the idea of narrative as the basis of identity (“No story, no self”), Venu likewise is a non-person, his failing memory leaving him incapable of constructing any kind of plotted narrative invested with a past and a future. Several events and exchanges in the story, between Venu and other members of his extended family, however, offer a powerful rebuttal of this perception. In one notable episode, Venu, on being teased by young children from the family for his inability to recall the word for a pencil, offers to tell them what it is used for: “It’s what you write with?” And he is puzzled when his young interlocutors insist that he supply them with the actual word: “Who needs a name? I’ve told you what it is used for.” And again: “What name shame! To go beyond all names and forms is wisdom, isn’t it?” (Janakiraman 2010, 188). While the narrator interprets this as no more than a sheepish attempt on Venu’s part to disguise the fact that his memory is failing him, Venu’s response in fact goes to the heart of an alternative conceptualization of personhood in old age being articulated in this story. As Venu insists, he may have lost the language for naming a pencil, but he still “understands” its uses. If the word pencil here may be read as standing in for what Charlotte Delbo calls “an ‘external’ memory, socially constructed, skating along the surface of words and engaging the intellect,” Venu’s intuitive apprehension of its uses stands for a “sense memory” located in the body (Culbertson 1995, 170). The story plays off the cultural narrative of privileging reason, which may be traced all the way back to the Enlightenment, against another cultural narrative which may be formulated in the timeless vocabulary of Hindu scriptures, but which at the same time also recalls current critiques of language-centred analyses of subjectivity, to finally draw attention to the limitations of the former. This is underscored in yet another episode from the story, where Venu overhears his younger sister recounting to the narrator a particular incident from the past, when Venu’s ailing wife was still alive. In the sister’s retelling of this particular incident, Venu himself, while clearly getting on in years, still seemed to have his memory intact, although there were other ways in which the sister thought he had begun to betray his age, viz. his disregard for social norms:

It was only after she [Venu’s wife] died that he became like this, wandering around, sometimes inside the house, going to the Pillayar temple, the Perumal temple, to the front, to the back. While she was

there he would never leave her side. There was absolutely no need for vigilance like this then. We were all embarrassed by the way he would stroke her, massage her legs. One day the son of the younger grandson came in and shouted, "Great grandfather is caressing great grandmother. He keeps bending down and kissing her." How many films these youngsters see everyday—must he kiss in front of the children—he had become so mad, you see [...] (Janakiraman 2010, 192).

The sister is still speaking when Venu suddenly appears from nowhere to interrupt her with his rather distraught question: "Then who should I kiss?" As he goes on to explain, he was married at the age of seventeen, and his wife had been with him for exactly sixty-six years. "We weren't apart for even one day. She quarrelled with my father-in-law. She didn't return to her natal home even for her first confinement. Who else will I kiss?" (Janakiraman 2010, 193).

As his intuitive bodily memory of the uses of pencil, his memory of his ailing wife whom he had started to caress, unmindful of societal norms that tend to frown upon such public display of spousal intimacy in traditional families in India even today, and finally his spirited defense of past gestures of spousal love shows, Venu may have lost his social memory, but he has clearly not lost the memory located in the body (Culbertson 1995, 170). The point is not whether the story offers an accurate account of dementia. The point rather is that the responses of Venu's extended family described here go on to show how only a certain kind of external, socially constructed memory located in the intellect is counted as legitimate, while the other memory located in the body, deemed expendable, is not allowed to underwrite his claims to a continuous selfhood.

In foregrounding Venu's failure to die on his supposed deathbed, "The Puppet" not only challenges the notion that old people who do not have the kind of memory and language necessary for narrative are people without a self, and who are therefore without a real claim on life, but also seeks to restore the humanity of the person diagnosed with dementia. The story reaffirms Kitwood and Bredin's contention that dementing illness need not automatically dismantle the person's subjective lived self. In their prescription for dementia care, Kitwood and Bredin locate "the problem" outside the person with dementia: it arises from a "damaged, derailed and deficient inter-subjectivity" (Kitwood and Bredin 1992, 273, quoted in Herkovits 1995, 156–157), accounted for in this story through the figures of the protagonist's third daughter and his younger sister, as also the more sympathetic narrator, who nonetheless repeatedly refers to Venu as "a body" rather than a person. Indeed, through accounts of characters such as the third daughter and the younger sister, the story underscores what Kitwood and Bredin describe as the hypocrisy, competitiveness and crass materiality characteristic of everyday life, that seems more pathological than a neurologically impaired elderly man such as Venu, who, by contrast, comes across as more

authentic, honest, and healthier in his (inter)dependence on others (Kitwood and Bredin 1992, 273, quoted in Herkovits, 157). Given his propensity to live and to take pleasure in the simple joys of the present, as evidenced in his ability to “laugh for the joy of laughing,” Venu presents a striking contrast to his carers who may be more mentally alert than him, but who are so locked into the calculus of profit and loss as to have become incapable of taking pleasure in patently profitless activities (as the narrator notes, wryly, “No one laughs without a reason these days” [Janakiraman 2010, 187]).

Scholarly research on dementia suggests that the responsibility for maintaining the afflicted individual's sense of self should be passed on from the patient to those around him/her (see Kitwood and Bredin 1992). While this may be a more enabling way of framing the interaction between care-giver and care-receiver, “The Puppet” locates agency within the victim of dementia by focusing on the non-verbal symbolic interaction between people as a means of constructing the self—a mode that does not privilege narrative so prominently. While language-centred analyses of subjectivity insist on the linguistic conditions of creating a self, where “self” is understood to mainly involve a process of social perception based on verbal language (Konecki 2005, 68), “The Puppet” asks us to also consider non-linguistic possibilities of constructing both interactions and self. It does this by drawing attention to the significance of corporeality, including non-verbal communication such as gestures, touching, embracing, and looking. Considering that more and more people in the world live on to an advanced old age, when the body is bereft of language and we have reached the limits of discourse, locating the self exclusively or even primarily in narrative is to risk a paradoxical situation where the body has been made invisible in narratives of ageing. As Shabahangi et al. point out, “people with forgetfulness can teach us about life and living,” but the desire to learn from forgetful people “demands a willingness to live in the question, to appreciate the mystery that envelops us” (Shabahangi et al. 2009, 45). It also requires us to recognize that not everything in life, like death, is possible, or even desirable, to be “read like a book.”

Time for the fruit to fall?

A different kind of challenge to discursive constructions of the ageing body is posed by the well-known Oriya writer and linguist Bijay Prasad Mahapatra (1938–2015?). Mahapatra's short story “Unseasonal Pineapple” depicts the predicament of an old woman under tremendous moral pressure to surrender her will to live so that her ailing granddaughter may receive her kidney in an organ transplant procedure that could potentially save her life. The belief that it's only after the last wish of a dying person has been fulfilled that she may take leave of this world, leads the old lady's son and daughter-in-law, with whom she lives, to keep plying her with slices of pineapple she had happened to once mention she was

craving. But days seem to pass with no perceptible deterioration in the old lady's condition, while in the next room, the eighteen-year-old Mithi, who, in her mother's words "should be in the full bloom of youth," lay "shrivelled up like a sick kitten" (Mahapatra 2010, 219). Although nothing was said within earshot of the old lady, she was by no means oblivious to what was expected of her. As her son and daughter-in-law put it, "Everything was in her hands. If she earnestly desired she could pass away that very moment, and Mithi would be up the next, hale and hearty, very much the eldest daughter of the family whose every footstep had once put the blooming lotus to shame" (Mahapatra 2010, 221). Younger children of the family too had taken to repeating the parental message. Thus every morning they would say: "Granny, pray to God to put an early end to your suffering!" (Mahapatra 2010, 218). Contrary to appearances, there is nothing particularly crass about these expressions and expectations of the old woman. As Purushottam Bilimoria (1992) observes, the discussion of death, especially self-willed death, amongst the Hindus, invariably took into consideration the specific context and circumstance of the event. The Sanskrit terms for "suicide" by and large signify the act of "giving up one's life-breath," usually for the sake of some higher good or end. One may, he notes, sacrifice his or her life to save another life considered to be of greater value or worth than one's own. Indeed, the old lady is eager to relinquish her life, and she is filled with remorse, each morning when she opens her eyes and realizes that she is still alive:

She looked at them with a twinge of guilt. Why hadn't she passed away during the night? Why did she have to wake up alive this morning? She had had her slice of pineapple, she had had everything she craved. Why wasn't she dead? Maybe tomorrow the children would ask her the reason. What answer would she give them (Mahapatra 2010, 221)?

Then one morning, the old lady, all of a sudden, asks to be carried over to the next room so she could see Mithi. After a brief meeting in which they exchange a smile, she returns to her room and asks her son to bring her a palm fruit kernel. In the hope that this was the last wish, the fulfilment of which would cause the proverbial drop of water to fall from the yam leaf, the son rushes home with the fruit, only to discover that his mother had already passed away.

"Unseasonal Pineapple" foregrounds a crucial concern in ageing studies: to what extent we are aged by culture and where culture might run up against the materiality of the ageing body. Thus, although great external pressure is brought to bear upon the older woman to surrender her hold on life, and she herself strongly appears to want to adhere to the cultural expectation, her body simply refuses to cooperate. It is only after she has seen Mithi that something shifts. The old lady expresses a fresh craving for a new fruit, but this time her wish signals that she may be getting ready to

take leave after all. Is this then her belated concession to the cultural script in which a young life is valued over that of an older one? I wouldn't say so. By timing the moment of death as taking place before the desired palm fruit kernel actually arrives, the text seems to undermine the moral economy of the master narrative in which a young life is valued over an older one—a narrative of which the old woman's fruit-bearing son and daughter-in-law are pitched as the true custodians. The old lady, by willing her death to arrive before her son has had a chance to fulfil her last wish, however, writes herself into a position of agency in her own right. In the end, when she finally dies, it is not because her obliging children have fulfilled all her food cravings, it is not because the full weight of the cultural script has been brought to bear upon her. Her final decision to give up the ghost, as it were, is driven not by the belief that a young life is of greater value than an old one, it is not underwritten by the Hindu master narrative that sanctions a self-willed death to preserve one deemed higher in value. Rather, her final decision, for it is her decision, is predicated on considerations of an altogether more personal nature. The older woman finally embraces death out of love for her young granddaughter, in what is presented as a pact between the two women, sealed in an exchange of smiles from across the room. The story invites us to distinguish between two kinds of deaths—the one that has been culturally pre-articulated for the older woman and which she declines, and the other that she gladly embraces as an act of personal choice. The ageing body that refuses to be commanded by the cultural script responds to the command of the old woman's heart. It is a visceral response not intelligible in terms of language, power, and knowledge, but only as the non-verbal language of love uttered in and through the body.

Dying the good death

The final story I discuss in this chapter is by Chaman Nahal (1927–2013), a former Professor of English at the University of Delhi, best known for his work *Azadi*, an English novel about the Independence of India, set against the backdrop of the Partition of 1947. Ram Prashad, the ninety-one-year-old protagonist of Nahal's English short story "The Womb," is once again under tremendous pressure to die. This time, however, there is no alibi—the old man does not suffer from dementia, and there is no life he could save by giving up his own. Ram Prashad needs to die simply because he has "lived too long" already (Nahal 2010, 128). Much like the two stories discussed earlier, "The Womb" attempts to disrupt a linear view of life as a series of inevitable stages to be gone through before one finally reaches the end point of death—by offering not closure but aperture—or openness—where even death fails to usher in the sense of an ending (Randall and Kenyon 2004, 334).

The narrative revolves around one of the most powerful symbols across all times and cultures around which entire life stories may be constructed, i.e. home. Typically, homes are built for one's children and grandchildren,

and to die well is to die “at home,” surrounded by them all, in the full knowledge of the continuity of the family line. Ram Prashad’s home is all this and more. The story begins by underscoring an intense identification between the two. Together, Ram Prashad and his ancestral home, the *haveli*,² present a vivid picture of neglect and marginalization: “This illness struck Lala Ram Prashad almost every winter. In spite of modernization, the *haveli* was too damp. It needed a new coat of paint. It needed some better ventilation, it needed a general cleaning up, and the family did not have the money for vast scale repairs” (Nahal 2010, 129). The discovery that his sons were planning to demolish the *haveli* after his death and construct high-rise apartments in its place fills the old man’s eyes with tears. “His demise would mean the demise of many old values in the *haveli*, he was certain, but that it would mean the demise of the *haveli* itself he had not for a second thought of.” The realization “[tears] a hole through [Ram Prashad’s] emaciated skeleton of a body” (Nahal 2010, 132), reaffirming Mike Hepworth’s sociological argument about the way bodies and spaces get interlinked in ageing, with decaying houses often standing in for decaying people (Falcus 2012, 1387). Nor is it the physical structure of the *haveli* alone that recalls for the reader Ram Prashad’s physical being. The *haveli* is also a reflection of his personality. Slowly and carefully, and always with good taste, the *haveli* has accommodated the signs of modernity: “The electric bulbs were lowered into the candle stand chandeliers. The phones were hidden behind niches. The TVs were firmly encased in heavy mahogany frames” (Nahal 2010, 126). But eventually the pace of change overtakes them both. The *haveli* needs to make way for new development, just as Ram Prashad is called to make way for the new generation to take its own decisions. If Margaret Gullette is right to claim that the master narrative of ageing is one of decline (Charise 2012, 927), then Ram Prashad and his *haveli* seem truly in its grip. And Ram Prashad feels this only too keenly: “He indeed was very old, a great-grandfather, who should have by now vanished from the scene.” And yet, the logic of old age leading seamlessly to death is less than obvious to the old man. “But why *should* he have? Why this imperative? He would go, anyone who is born has to die one day, that’s the very law of life. Only why this hurry? This *unseemly* hurry?” (Nahal 2010, 128). Afraid that the *haveli* might be pulled down after his death, he seeks to arrest that fate by somehow outwitting his sons:

[H]e could still show them a trick or two. He would simply cut them out of his will. Pass all the property and the other savings on to his grandchildren. When that seemed too protracted, he thought of adding a line to the existing will that for the next fifty years the *haveli* was not to be rebuilt or sold or mortgaged or changed in any form whatsoever (Nahal 2010, 133).

2 A *haveli* is generic term for a traditional mansion in the Indian subcontinent, usually one with historical and architectural significance.

But then comes a twist in the tale. Ram Prashad's initial anxiety about the fate of the *haveli* starts to dissipate. Rejecting the normative definition of home as identity, he now seems completely disinterested in its future: "Why bother? Let them pull it down, if they so desire it" (Nahal 2010, 136).

In his description of the characteristics that shape the bourgeois, Paul Davies observes that the insistence on enclosing oneself, the accretion of material surroundings, disproportionate obsession with offspring and posterity achievements—traits that speak rather eloquently of Lala Ram Prashad's personality—are all signs of the fearful resistance to death (Davies 2000, 127). Indeed, the *haveli* has been the centrepiece of Ram Prashad's identity, a marker of social status, wealth, pride in self-reliance. It is through the figure of the *haveli*, which Ram Prashad hopes will outlive him, that he has sought to keep thoughts of mortality at bay. By writing his sons out of his will he had hoped to exercise control beyond death. All this changes, though, once he dissociates himself from the *haveli* as a narrative of identity and selfhood: "Lala Ram Prashad was gripped with tremendous fear. He wanted someone strong near him, someone to hold him as he entered the hereafter, to soothe him and comfort him" (Nahal 2010, 137). Ram Prashad has taken the risk of facing the unknown shorn of all the marks of social identity with which he had surrounded himself. This risk is different only in scale, not spirit, from the risks he is known to have taken before, such as the time when desperately sick and unable to stand on his feet, "[p]ersistently, when no one was around, in the middle of the night, he would try and get up. He would totter for a few seconds and then—fall flat, either on the bed or on the ground" (Nahal 2010, 130). To his sons this constant pushing at the limits of the body, risking fall, is not the sign of someone who is acting his age. And yet, the story has already undermined any fixed understanding of what it might mean to act one's age—after all, his sons are sicker than he is: in his ninety years Ram Prashad has not once been to the hospital. His vital organs still functioned smoothly inside him, whereas one of his sons suffered from a bad kidney while the other had high blood pressure. "Why don't they worry about their own mortality?" he asks angrily (Nahal 2010, 130–131), rejecting any easy relation between ill health and old age, not to mention old age and a notion of "wisdom" that excludes the tendency to court risk. If Mary Russo is right to claim that "risk is also a condition of possibility, a kind of error in calculating normality," and that "[u]ltimately it is a sign of life" (Russo 1999, 27), the manner in which Ram Prashad embraces death resonates with such irony as to force readers to rethink some of their deepest assumptions about death and dying in old age.

There are also other levels at which Ram Prashad's manner of approaching death dismantles the oppositions that govern our understanding of the life course. As we see, what emerges in place of his investment in the *haveli* as a sign of selfhood is Ram Prashad's intense interest in the *haveli* as a place in which he first arrived into the world as an infant: "In what room was he perchance born—where had the whole drama begun?"

(Nahal 2010, 136). On his orders, each day he is carried on a stretcher, through the narrow passages of the *haveli*, searching for the right room. He finally dies holding in his hands the photograph of a woman he has been told is his mother:

His mother. A bedecked and bejewelled beauty—as she always was. So infinitely precious. Such a pillar of strength. She had conceived him in her womb and shielded him until he was ready to face things on his own. Now that he seemed to falter, she offered him the protection of her womb again (Nahal 2010, 139).

As Kate Medeiros observes, the master narrative of ageing as the end of one's journey then values the past at the expense of the present or future. It finally underwrites the assumption that everything worthwhile is achieved in one's youth, and that old age is merely a time to reminisce about the past. "The Womb," by contrast, opens up an alternative view of time so that it progresses not in a linear but circular fashion: past and present fuse with each other as Ram Prashad seizes the image of the journey of life and turns it around so that the end of the journey brings him full circle to where he had in fact set out from. No longer looking to extend himself through his house and children, no longer seeking the provisional immortality these can grant him, Ram Prashad embraces death as a return to the womb, for which the *haveli* now stands. From being a structure in need of his protection when he was young, to one that promised him a life beyond death in his later years, the *haveli* eventually becomes for Ram Prashada place of refuge from a linear narrative of development and a progressive modernity in which old and decaying objects such as himself and his *haveli* are mere impediments to be overcome.

While traditionally, the house metaphor codes the body as finite, subject to loss, decay, and depletion, Chaman Nahal's short story reveals the body to be at the same time a site of continuity and connection. Thus, even though the story shows repeatedly how his ageing body interferes with his attempts to communicate with others, Ram Prashad never berates his body. More an accomplice than antagonist, it allows him to keep his unpleasant family at bay even as its dysfunctionality becomes a pretext for him to bond with his beloved four-year-old great-granddaughter Priya, who is then invited to intercede on his behalf with the rest of the family. Far from being trapped in the memories of the past, he trains his watery eyes towards the future, beyond life, in which he may be carried by none other than his own dear mother, decrying any attempts to accommodate his desire within existing discourses of religion and spirituality. The old man does not look to "return home" to an idealized past located in an image of "the happy joint family" in which all the relationships are hierarchically arranged. Instead, the model of happiness is founded on dismantling the binaries of past and present, life and death, youth and age as testified by the intergenerational friendship between Ram Parshad and young Priya.

Conclusion

These three stories challenge the narrative privileging of order and form, as well as of teleology—of beginnings and ends. As Russo notes, the experience of ageing is often normalised into fixed patterns of tasks and challenges. While this may be useful in preparing individuals for what is to come with thick descriptions of advanced age, like other forms of normalisation, it also serves to keep old people in their place. To deviate from these fixed patterns is akin to taking risks, which Russo defines as “a condition of possibility, a kind of error in calculating normality.” By the same token, acting one’s age may be understood as a caution against taking risk, so that with the advancement of chronological age the stakes become higher and higher until finally acting one’s age means to die (Russo 1999, 26–27). Russo’s comments underscore the power of cultural narratives. Indeed, the ageing characters in all the three stories discussed in this chapter are shown to be at the mercy of cultural constructions. At the same time, though, the texts also insist on the centrality of the body, forcefully reminding us of the limits of cultural ageing (Falcus 2012, 1382).

But perhaps the most enabling aspect of the three stories is their dismantling of the time-honoured binary between body and mind, where the body stands for what is knowable while the mind stands for something far more tenuous and opaque. In their failure to die at a given time, the ageing protagonists of all three stories reveal the body to be less knowable than is typically assumed. This binary is undercut especially well in the last story, which draws on the familiar metaphor of body as house. If a metaphor is a means of trying to understand the unknown through what is familiar, “The Womb” attests to the singular failure of this move. Ram Prashad’s *haveli*, characterized as it is in terms of the human body—its long and narrow passages standing in for the birth canal, up which the old man is carried on a stretcher in search of the room where he was born—turns out to be no more familiar than the actual body it is meant to make more accessible through its deployment as metaphor: *Ram Prashad never finds the room he was looking for*. The *haveli* is finally no more accessible than the body for which it is offered as metaphor.

The three stories I have discussed in this chapter point to the limitations of a gerontological approach focused primarily on cultural constructions of the ageing body at the same time as they foreground the material body as being central to the experience of growing old. This material body however is not the unreconstructed body of medical discourse whose x-ray vision presumes to render it reassuringly transparent. It is rather a body that vies with the mind, as it were, to claim its full share of complexity, its unplumbed depths, its place on the cusp of heart, mind and materiality.

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Sarah Lamb

Assemblages of Care and Personhood: “Successful Ageing” across India and North America

Abstract This chapter brings the perspectives of older subjects from India into dialogue with the mushrooming public, academic, and biomedical discourse on successful ageing originating in North America and circulating around the globe. According to a dominant biomedical policy, and popular successful ageing discourse prevailing in North America, we each have the potential—and, indeed, the moral and political obligation—to make our own ageing “successful,” staving off the impending disabilities and burdens of later life. This successful ageing model promotes ideals of agelessness, independence, and individual responsibility for ageing well. Prevalent models of ageing well in India, in contrast, have emphasized interdependence within families, and accepting the fundamental condition of human transience. At the same time, Euro-American paradigms of successful, healthy, and active ageing are increasingly circulating within India. By probing models of ageing well traveling across India and North America, the chapter offers an image of care in old age as a complex assemblage of state policy agendas, cultural models of personhood, forms of inclusion and exclusion, and social-moral visions of how best to live.

Keywords successful ageing, care, Indian and US perspectives, assemblage, biopolitics

It is a spring afternoon in Kolkata, the vibrant capital city of India's northeastern state of West Bengal, India. Jethima sits in the family's modest flat, five floors above the bustle of the streets below, her windows wide open to a pleasant breeze that flutters her white-and-blue cotton housecoat. When I drop by to visit, Rita—who has worked for the family since she was a young girl twenty-five years earlier—greet me warmly and busies herself making the afternoon tea. Jethima's granddaughter rushes in from school and hangs on her grandma's shoulder, stroking her arm. Jethima catches me up on the family's news. I have not seen her since the year before.

Jethima lost her husband to a heart attack a few months earlier and describes herself at seventy-three as an "old woman" (*buri*). She tells of how her feet and legs no longer work so well, especially after she had suffered a mild stroke. "I also forget a lot—all sorts of things don't stay in the mind," Jethima shares. She speaks nostalgically of earlier days when the house was full of people: "How we had fun together, making such a racket!" I remark that Jethima is fortunate to be still living with her son, and Jethima replies, "Yes, of course! I know that some families here are becoming like those in your country. But still most mothers live with their sons," she said emphatically, "and most sons look after their mothers." Rita chimes in to agree, informing the American, "Yes, most sons and parents here live together."

I ask Jethima what she does with her time now and recall how she used to love her work as a schoolteacher. Jethima replies, "Now I mostly just sit here, quietly." As we sip our tea and listen to the repeated bubbling call of the *kokil* bird floating through the open windows, Jethima comments, "I ask God now to give me death. I'm now more than seventy! How much longer will I live, tell me?" A little later, she adds: "After you go, when you next come back, I will probably be dead! Do still come and see them all, though." When I get up to leave as the evening sets in and after I have had a chance to chat with Jethima's son and daughter-in-law, home from their work at the university, Jethima hugs me warmly and exclaims, "Bye, bye! I will remember you my whole life! Well, I will only live one or two more days!" She laughs. "How long will someone live?"

Some elements of this scene could strike one, especially an imagined North American or European reader, as perhaps depressing: a frail body, days spent sitting quietly, contemplating one's own death. But such an interpretation would not well capture how Jethima herself experiences her situation and envisions how old age should be. Jethima's words resonate with common visions of a good old age prevailing in her society. In both state policy and everyday talk, Indian visions of old-age care tend to emphasize the family as the best, most practical, and most socially-morally valued site of eldercare. In addition, Indian views of ageing do not emphasize bustling activity and busy-ness as much as North American and European views do (e.g. Ekerdt 1986; Katz 2000). In fact, many Bengalis and other Indians describe later life as a phase relatively lacking in productive activity

compared to earlier life stages. Further, older Indians commonly speak of accepting bodily changes, declines, and mortality as a natural part of the human condition. Talk of acknowledging one's own approaching mortality is so commonplace to be almost expected everyday discourse among older persons. Worldly life is transient, all things including the body come and go, and so one should not cling to one's body or self in later life, but rather, be prepared to embrace the myriad transitions and leave-takings of death.

Such perspectives contrast ideals of care and selfhood in old age found in the popular "successful ageing" discourse prevailing in North America, my own home and site of some of my parallel anthropological research on ageing. Discourses of successful ageing in North America—and in related form as "healthy" and "active" ageing in Europe—emphasize individual independence, busy productivity, and agelessness or a striving to not be "old" (Lamb 2014, 2018). In such a paradigm, it is the individual who bears primary responsibility for pursuing independence, activity, health, and the staving off of old age. To succeed at these endeavors can make one feel inspired and proud, while to fail can involve an implicit or even explicit sense of failure, shame, and social exclusion (Lamb 2014, 2018; Katz and Calasanti 2015).

This chapter brings the perspectives of older subjects from India into dialogue with the mushrooming public, academic, and biomedical discourse on successful ageing originating in North America and circulating around the globe. The aim is, first, to illuminate values and assumptions underlying the North American successful ageing project, which often go unscrutinized in their guise as universal facts or truths. Second, the chapter aims to shed light on the complex assemblage of old-age care in India. In fact, globalizing successful ageing models are increasingly circulating within India, as they are throughout the world. Such deterritorialized images intersect not only with familiar everyday moral discourses of ageing, but also with state eldercare policies, globalizing eldercare institutions, and significant distinctions of social class, family circumstances, gender, and personal proclivities—to make the realities and aspirations of ageing for individuals across India highly varied and complex. By probing models of good or successful ageing travelling across India and America, the chapter offers an image of care in old age as a complex assemblage of state and globalizing policy agendas, public and institutional discourses, cultural models of personhood, forms of inclusion and exclusion, and social-moral visions of how best to live.

I use the concept of assemblage—introduced by Gilles Deleuze in the late twentieth century and since developed by philosophers, anthropologists, sociologists, and queer theorists¹—as a means of thinking about the social complexity of ways of ageing. Assemblage theory offers a richly nuanced

1 Scholars who have developed the concept of assemblage as a way of thinking about social complexity include DeLanda (2006); Puar (2007); Ong and Collier (2005); and Zigon (2011, 2014). See also Deleuze and Guattari (1987).

perspective for understanding social realities—such as moral visions of ageing across India and the US—as consisting not of fixed systems in any single social location, but rather, as Jarrett Zigon articulates, of “a unique conglomeration of various aspects of diverse and often contradictory discourse” (2014, 18). The concept of assemblage helps us recognize “the fact that oftentimes seemingly incompatible moral discourses and dispositions exist rather comfortably [and uncomfortably] in the same situation or location” (Zigon 2014, 19). This notion of assemblage matches well with the findings of my own long-time research on ageing in India (e.g. Lamb 2000, 2009, 2013, 2014). In India, a diversity of ideologies, discourses, policies, institutions, selves, and experiences—some perceived as local, traditional, or Indian, and others as global, modern, or Western, and others as tied principally to personal or social structural circumstances—coexist in heterogeneous ways in complex configurations. Such assemblages offer a variety of sometimes surprising ways for morally being in the world, as people strive to craft meaningful lives in old age.

The chapter’s data draws on fieldwork with older persons and their families in West Bengal—in both rural and urban settings and across a range of social classes—conducted over the past twenty-five years. I also scrutinize—as rich cultural texts—gerontological, biomedical, policy, and popular discourse on successful ageing.

The successful ageing movement as a cultural and biopolitical project

The past several decades have witnessed a flourishing of scientific research and public discourse on how to age well. According to a dominant biomedical, psychological, public health, and popular cultural narrative of successful ageing prevailing in North America, we each have the potential—and, indeed, the moral and political obligation—to make our own ageing “successful,” staving off the pending disabilities and burdens of late life. This trend is variously called “healthy ageing,” “active ageing,” “anti-ageing,” and “successful ageing,” and has become an extremely influential paradigm in both gerontology and public culture today—prevailing in North America and Western Europe, and increasingly with diverse instantiations around the globe (Lamb 2017).

Robert Havighurst provided an early formulation of successful ageing in the first issue of *The Gerontologist* in 1961, and the approach took off and was crystallized in the highly influential work of John Rowe and Robert Kahn (1987, 1997, 1998), who sought to clarify the factors promoting mental and physical vitality in later life. The paradigm has been widely embraced as an optimistic approach to ageing while challenging notions of later life as a period of decline. As Stephen Katz and Toni Calasanti summarize, “Successful agers were satisfied, active, independent, self-sufficient, and, above all, defiant of traditional narratives of decline”

(2015, 27). The approach has spurred an industry of academic and self-help books, journals, conferences, grants, centers, websites, policies, and public health projects. World Health Day 2012 was dedicated to Healthy Ageing, and 2012 designated the European Year for Active Ageing. In North America and Western Europe, centers for Healthy Ageing, Active Ageing, and Successful Ageing abound. In short, as Katz and Calasanti articulate, successful ageing and its counterparts have become “one of gerontology’s most successful ideas” (2015, 26). At the same time, the concept of successful ageing has also been widely critiqued, especially within critical gerontology circles, for being ethnocentric, inattentive to issues of social inequality, and implicitly stigmatizing those who fail to meet the paradigm’s criteria of success, which revolve around robust social, mental, and physical activity, and avoidance of disease and decline (e.g. Martinson and Berridge 2015; Katz and Calasanti 2015; Lamb 2018; Liang and Luo 2012).

If one examines the successful ageing project as a particular cultural and biopolitical formulation, an influential part of the assemblage of moral visions of ageing in the United States and globally, one can begin to discern its underlying cultural assumptions, and its situatedness within certain broader contemporary cultural–historical processes of the late twentieth and early twenty-first centuries.² Several core cultural assumptions—about personhood, the life course, and moral ways of being in the world—underlie the successful–active–healthy ageing movement.

The theme of individual responsibility running throughout the Westernized gerontological and public discourse of successful ageing is perhaps the most dominant. Ageing was previously imagined in North America as largely a natural process of decline beyond the control of the individual. However, the successful ageing project turns that assumption on its head, arguing that lifestyle choices and individual volition dramatically impact one’s “success or failure” in ageing (Rowe and Kahn 1998, 18). Rowe and Kahn pronounce at the outset, “Our concept of success connotes more than a happy outcome; it implies achievement rather than mere good luck. [...] To succeed in something requires more than falling into it; it means having desired it, planned it, and worked for it. All these factors are critical to our view of aging which, even in this era of human genetics, we regard as largely under the control of the individual” (1998, 37). In just one of countless examples from popular self-help books on the topic of successful ageing, Richard Kownacki proclaims: “The good news is that you can regain control of your life and well-being by practicing the principles of successful ageing. Each of us individually has the ultimate responsibility of our own health and well-being” (2010, 76). We see here a vision of personhood emphasizing the power of individual agency and the individual self as project (cf. Illouz 2008).

2 I examine such elements that make up successful ageing discourse in further depth in Lamb (2014) and Lamb et al. (2017).

A second key theme in North American discourse on successful ageing is independence, instantiating the powerful cultural-moral ideal that independence is good, and dependence (after childhood, at least) bad. Rowe and Kahn report straightforwardly: "Older people, like younger ones, want to be independent. This is the principal goal of many elders, and few issues strike greater fear than the prospect of depending on others" (1998, 42). They characterize independence as a "positive" condition and dependence as "bleak" (1998, 14), while defining independence as "continuing to live in one's own home, taking care of oneself" (1998, 42). Popular texts on successful ageing similarly highlight the ideal of independence: "The important thing at this stage is to maintain a sense of independence," Doctor Eric Pfeiffer asserts (2013, 180), offering a bulleted list of tips: "Fight for your independence," "Maintain physical independence," "Maintain financial independence," and "Know what you can do to avoid dependency" (2013, 189). This emphasis on independence as part of successful ageing resonates strongly with broader cultural ideologies of age and personhood analyzed by anthropologists, who find maintaining a sense of independence and avoiding becoming a "burden" on kin to be an overriding concern among older adults in the United States (Buch 2013, 2018; Lamb 2014, 47-48; Simic 1990).

A third central theme in the successful ageing movement celebrates the moral imperative of maintaining productive activity. Activity unites the three core components of the successful ageing model articulated by Rowe and Kahn: avoiding disease and disability, engagement with life, and maintaining high cognitive and physical function (1998, 39). They detail the value of physical exercise, engagement in complex cognitive activity, active social relationships, and "performing activities that are, in the broadest sense, productive" (1998, 50-51). The fact that many centers, theories, and programs related to the broad successful ageing movement are termed "active ageing" highlights the ways proponents are conjoining success—in its physical health and moral value components—and activity. The European Union has promoted "activity" as the key element of healthy ageing since around the early 2000s, positioning the creation of an active later life and postponement of retirement—with its motto, "living longer working better, working longer living better"—as the means to promote not only healthy older individuals, but also a viable economy (Lassen and Moreira 2014, 42). Across Europe and North America, the flourishing of life-long learning institutes, Universities of the Third Age, senior exercise programs, post-retirement work opportunities (e.g. Lynch 2012), and a general ethic of "busy-ness" in retirement (Ekerdt 1986; Katz 2000) are part of the assemblage of active, productive, successful ageing.

A fourth central theme in successful ageing discourse might be termed "ageless ageing"—a vision of the ideal person as not really ageing, or growing old, in later life, but rather maintaining essential features of the self (a permanent middle-aged or adult self?) of one's earlier years. We see such aspirations in not only gerontological texts but also the flurry of

anti-ageing consumer products, anti-ageing medicine, and everyday talk surrounding ageing in North America. The most basic notion of successful ageing used in research involves “older adults whose health status is similar to that of younger people” (Depp and Jeste 2006, 18). In a section boldly titled “Decay is Optional,” Chris Crowley and Henry Lodge proclaim in their top-selling *Younger Next Year: Live Strong, Fit and Sexy until You’re 80 and Beyond*: “You do not have to *act* old or *feel* old” (2007, 33, emphasis original). Such idealized images of an ageless self resonate with broader cultural visions prevailing in North America, in which the frailty, fragility, vulnerability, and decline of so-called “real” old age and agedness are segregated from successful (anti-)ageing. The successful ager as ageless self in such ways indexes a deep cultural discomfort with human oldness (Andrews 1999, Calasanti and King 2017, Holstein 2015, Lamb 2018). In fact, in North America it is not polite to refer to someone as “old.”

Broader cultural, political, economic, and demographic trends of the current era also interpenetrate the successful ageing movement. As Nikolas Rose (2007) analyzes, contemporary biomedicine has come broadly to foster a notion of health as a personal social-ethical imperative. By the second half of the twentieth century, health had become one of the key ethical values in modern societies. Rose examines the ways modern-day individuals “are conjoined to think of themselves as actively shaping their life course through acts of choice” (2007, 26), where the citizen is “not merely a passive recipient [...], but obliged to tend to his or her own body” (2007, 24). Howard Leichter similarly explores how “health and healthy lifestyles have come to occupy so sanctified a position in the American hierarchy of values” that “health promotion has achieved the status of a moral imperative” (1997, 361; cf. Crawford 1980). We can see parallels in the successful ageing and anti-obesity national movements in the United States, as both campaigns enjoin individuals to maintain themselves as healthy, fit, good biocitizens. Susan Greenhalgh argues in her blurb for *Fat Talk Nation*, “Fatness today is not primarily about health [...]; more fundamentally, it is about morality and political inclusion/exclusion or citizenship” (2015; see also LaFrance et al. 2015). The “core moral stigmatizing messages that equate *fat* with *bad*” (Brewis and Wutich 2015, 269, emphasis original) are in certain respects parallel to successful ageing discourse, implying that “usual” ageing (Rowe and Kahn 1987)—that is, “unsuccessful” ageing? being “old”?—is shameful and morally suspect.

In addition, nations around the world are facing an unprecedented demographic shift in population ageing, leading to a kind of statistical panic (e.g. Dychtwald and Flower 1990) that further motivates the successful ageing movement. Discourses of demographic change emphasize how the proportion of older persons in relation to those of traditional working ages—often termed the dependency ratio—is projected to climb dramatically. The higher the old-age dependency ratio, the greater the potential burden on state and society (a scenario that frames old people as naturally prone to dependence). Yet, if healthy, fit, active older persons

can take care of themselves by pursuing the ideals of health and life, then they maintain themselves as self-reliant individuals and good citizens rather than burdens. The billion-dollar, anti-ageing and active-ageing consumerist industries—including anti-ageing cosmetics and surgeries, retiree travel programs, and the like—also figure in the assemblage of contemporary successful ageing. We can see, then, successful ageing as part of a broader cultural, political, economic, medical, and moral enterprise fostering healthy, independent citizens—what one could label a contemporary cultural biopolitics of ageing.

Discourses of ageing, care, and well-being in India: A diverse moral milieu

At first glance, the Euro-American successful ageing discourse seems quite different from prevailing visions of old-age care and moral personhood in India. Interdependence and intergenerational reciprocity within an intimate family setting are especially central to visions of ageing well across India. No matter what else may be going on—even quite serious problems of poverty, or illness, or frailty—elders themselves and their community members tend to believe that a person's old age is transpiring in a moral way if the older adult is living and being taken care of within the context of a multigenerational family home. Certainly the Euro-American successful ageing ideal of independence is not fetishized within India as it is in the United States. Rowe and Kahn describe independence as "continuing to live in one's own home, taking care of oneself," and as "the principal goal of many elders," while asserting that "few issues strike greater fear than the prospect of depending on others" (1998, 42). Such statements would strike most Bengalis I know as highly unfamiliar and odd. The Government of India's Maintenance and Welfare of Parents and Senior Citizens Act (passed in 2007 and signed into law in 2009) stipulates that families—specifically adult children, or those in a position to inherit in the case of childless elders—are not only morally but also legally obligated to provide care. Under the section "Need for the Legislation," the lawmakers declare straightforwardly: "It is an established fact that family is the most desired environment for senior citizens/parents to lead a life of security, care and dignity."³ The National Old Age Pension Scheme, launched by the Government of India in 1995, similarly rests on the idea of appropriate dependence on families, originally limiting pensions to impoverished elders with no surviving adult sons. Although the adult son bar was removed in 2007, government policies and courts still strongly emphasize the appropriateness of family care rather than individual rights

3 The text of the 2007 bill preceding the 2009 law is available at <http://www.prsindia.org/billtrack/the-maintenance-and-welfare-of-parents-and-senior-citizens-bill-2007-441/>, accessed on February 4, 2017.

and self-reliance-based schemes (Brijnath 2012; Lamb 2013; Vera-Sanso 2015).

Many Indians also regard as appropriate in older age a stance of accepting changes of age, mortality, and the ephemerality of the human condition, as revealed in the opening portrait of Jethima. One Kolkata interlocutor, a middle-aged businessman, quoted from the *Ashtavakra Gita*: “The body comes, it lingers awhile, it goes. But the Self neither comes nor goes. So why grieve for the body?” Purnima-di, a retired professor in her seventies, commented: “I am not afraid of death, because it is inevitable. Because I am born, I know I have to die. No one born can escape death.” She added matter-of-factly, “When clothes are worn out, you just take them off and wear new ones. The body is also like that [...]. We have to accept decay. I have accepted.” Kalyani-di, recently widowed at seventy and resident of an eldercare ashram in a provincial town, commented in the familiar style, “The next time when you come back again I may not be living at all any more. I’m ready to go.” “I just have a little pull (*tan*) still for my youngest daughter and granddaughter,” she admitted with a hint of apology.

Conventional views of ageing well and moral personhood among elders in India also tend not to emphasize busy productivity. I asked Boudi what she does with her time now that she has become a widowed mother-in-law and grandmother, with her two daughters-in-law taking over most of the domestic responsibilities. Boudi answered cheerfully, “I mostly just sit here all day long.” Sitting can in fact signal several positive conditions—such as being cared for rather than needing to work and serve oneself, as well as class privilege. So those among the very poor sometimes comment that they do not have as many old people in their communities as the rich do, signalling a conceptualization of old age as entailing appropriate relief from the obligation to labor and move, a state the poor elderly have difficulty achieving. In general, one sign of elite middle-class privilege in India is the capacity to refrain from too much outdoor movement like walking, such as by relying on a driver and other domestic help to conduct marketing, errands, and household work. In old age especially, to be able to sit and be served, or receive *sevā* (respectful care for elders), is a sign of privilege.

The classic Brahmanical Hindu vision of the four stages of life (*āśramas*) additionally foregrounds two later-life stages—of the forest dweller (*vānaprastha*) and renouncer (*sannyāsī*)—during which the individual is relatively free from the productive activities of work and reproduction while focusing instead on spiritual development and loosening ties to worldly life (Manu 1991, ch. 6). Quite a few older Bengalis refer to these classic life stages as models for their own later lives, while spending time meditating, reading religious texts, going to temples, and contemplating the ephemerality of the human condition in the world.

At the same time, as people and ideologies move easily across national-cultural borders, we see in India ideas and practices of a globalizing successful-healthy-active ageing paradigm, contributing to what Zigon

(2014, 17–18) describes as “the fuzzy, fragmentary, and oftentimes contradictory moral milieu” of an assemblage—here an assemblage of models for ageing. Although the paradigm of the family as the most appropriate site of eldercare is dominant within Indian state policy, some gerontologists, policymakers, and those among the public are pushing for alternative policies organized around the concept of an older person’s individual rights to self-determination and a security net beyond the family (e.g. Vera-Sanso 2015). The United Nations is one influential body exerting its impact, detailing measures to safeguard the Universal Human Rights of older people in all its member nations. These measures include affirming the Vienna International Plan of Action on Ageing 1983 and its aim to “enhance the economic and social independence of older people by incorporating the principles of independence, participation, care, self-fulfillment, and dignity into their programs for older people” (Vera-Sanso 2015, 81). The United Nations articulates the relevance of local cultural values and the potential importance of the family, such as in item #10 under “Care:” “Older persons should benefit from family and community care and protection in accordance with each society’s system of cultural values.”⁴ Yet some in India argue that national policies emphasizing family reliance rather than individual rights are uncertain and discriminatory, and fail to meet the requirements of a UN member nation (e.g. Vera-Sanso 2015; see also Lamb 2013, 74–76). Indian newspapers in turn debate whether the family, the state, or the self-reliant individual is the best site of eldercare. Just one of many headlines on the topic proclaims, “Can’t Depend on Kids in Sunset Years,” while moving on to offer advice on how to invest and save, to make independent living a feasible and reliable option for old age (Dhawan 2012). The implication in much of this public discourse is that advanced nations will adopt universalizing assumptions about independence as natural and desirable for older individuals, as one sign of becoming modern.

Daily life debates regarding the competing values of independence and interdependence also frequently arise in my fieldwork. One Kolkata interlocutor who, at age seventy-two, lived separately with his wife, his only son settled abroad, articulated a notion of independence as tied to personal and national success: “At this age, it’s better to live separate [...]. If an old man says that he needs to have his son live with him, then the son won’t advance, and the country won’t advance.” Some elders, especially among the urban middle classes, are joining new clubs for “senior citizens,” focused on peer sociality and cultivation of the individual, in the vein of globally emerging models. One afternoon as we gathered for tea and conversation, members of one such neighborhood club in Kolkata animatedly discussed the merits and demerits of a conventional family-based eldercare system. “That was a very sweet relationship,” one man

4 United Nations General Assembly (1991). <https://www.ohchr.org/Documents/ProfessionalInterest/olderpersons.pdf>, accessed on February 12, 2020.

reflected, “but it is dying now.” Another remarked, “The problem is that we have grown up *expecting* our children to care for us. If you,” directing this comment to me, presumably as an American or perhaps as a social scientist, “can show us how to *get rid* of this—our expectations [of counting on our children for care]—then there would be no problem.” Murmurs of agreement went around the room. Indeed, market-based institutions of eldercare are springing up in India’s cosmopolitan centers, offering old-age homes and in-home care services to those who wish to look into, and who can afford to pay for, eldercare services for hire beyond the family (Lamb 2009, 53–89).

Globalizing healthy and active ageing images are also increasingly circulating in India. Healthy Aging India was founded in 2014 by two Delhi-based physicians who had spent time in Boston and been inspired by the healthy-active-successful-ageing programs they witnessed in North America. Among other activities, Healthy Aging India sponsors walk-a-thons, health education workshops, and programs to “empower senior citizens” “to find their own job,” like “creating self-help groups, taking care of grandkids, gardening, playing with peers, writing, painting, and learning new things.” The group’s mottos include “Turn Aging into a Grand Finale,” and “Healthy Aging for Dignity and Independence.”⁵ Learning of my research, biomedical physicians in conversations with me in India frequently also criticize what they see as a too-common defeatist attitude regarding the ageing body in India, where medical problems such as cataracts or cancer are regarded as simply natural to old age. Instead, India should be working hard to make modern medicine more accessible as part of a national endeavor to promote longer and healthier lives.

Among the cosmopolitan urban elite, some older adults are using Fitbit and Apple fitness trackers and donning global-style running shoes as they enjoy daily morning walks in local parks. One Delhi-based gentleman, who has spent several years in the United States and is active on the internet, proudly reported to me over email his own activity level at age seventy—which includes walking, yoga, meditation, reading, writing, participating in seminars, and volunteering in the areas of human rights and environmentalism. His comments frequently reflect an assemblage of multiple engagements with both Indian and Western moral-spiritual outlooks on life and ageing. He enjoys talking with me about the Hindu tradition of *icchā mrityu*, or cultivating a readiness for dying, while at the same time his comments reflect features of internationalizing successful ageing discourse, such as when he remarked over email: “Where many people my age or younger in India lead vegetative lives [later apologizing that this is not their fault; much is due to poverty and lack of education], I think I have achieved what you call successful ageing.”

5 Healthy Aging India: <http://www.healthyagingindia.com/>, accessed on February 20, 2020.

The choices individuals make about how to age, and the situations they find themselves in, also have much to do with the particularities of crucial life factors such as gender, family situations, social class, and personal proclivities. I close this section on the diverse moral milieu of ageing, care, and well-being by introducing one particularly situated person, Renuka Ghosh.

Renuka-di, a widow's pension, an old-age home, and cheerfully calling the God of Death

Renuka-di, as I call her—"di" representing "*didi*" or older sister, a term of affectionate respect—at age ninety-two lives in the picturesque Mahadevananda Giri Briddhashram home for elders in the town of Barrackpore, a former military and administrative center under British rule, about thirty minutes by train or car from North Kolkata. Made from converted dormitory-style barracks, this home for elders is situated behind tall, fading yellow cement walls, which hold the residents' sleeping quarters and a lovely Hindu temple in the center, along with spacious gardens with a village-style well, several wandering cows, scattered banana and papaya trees, a kitchen garden growing fresh vegetables and herbs, and various seating areas for residents to congregate outdoors. Renuka-di moved into the forty-person elder residence around fifteen years earlier, after becoming a widow and gaining control of the pension her husband had earned as a former government employee. Although she has four sons, daughters-in-law, and grandchildren with whom she could have more conventionally lived, Renuka-di tells of having chosen the elder ashram. If she had lived with her sons, she would not have been able to control her pension. This is the first time in her life she has had money of her own, and she enjoys buying treats like sweets and high-quality fish that she brings to the kitchen staff to cook especially for her. She also uses her money to travel to visit her sons and grandchildren when she feels the urge.

Renuka-di has a lively and witty spirit, and is a social leader in her dormitory room of five, where the ladies fall asleep talking each night, share ideas for knitting and crocheting, listen to the radio, and go together to the home's temple to sing hymns appropriate to their spiritual forest-dwelling (*vānaprastha*) stage of life. "I don't want to depend on anyone," Renuka-di frequently expressed, displaying her independent spirit, "but now my physical problems force me to ask for help." The home provides some assistance with daily activities as well as all meals and care which the hired staff call *sevā*, or service to elders.

Old-age homes, as they are frequently termed in Indian English, have arisen in India just over the past few decades, and offer a new option for ageing beyond the family (Lamb 2009). It is impossible for me to know what, if any, hidden family tensions may have propelled Renuka-di to the home. Others in Bengali society remark that no elder would choose an

old-age home over family, if family relations are not problematic. However, over the more than ten years I have known her, Renuka-di has not revealed any family disputes. Still, talk in Renuka-di's elder home often turns to what brought the residents here, away from the family. One older male resident who had moved into the home with his wife, leaving his son and daughter-in-law in the family home several hours away by train, commented with some bitterness, "These days, children simply kick their parents out. This happens now in all countries."

This elder residence, like others in India, is in some respects modelled after a common Western-style retirement home—offering family-free eldercare through the market.⁶ Yet, the home also feels distinctly Indian in many respects, organized as it is around a Hindu temple and compared by some residents to a spiritual "forest" retreat. The intimate, crowded sociality of dormitory-style living, with everyone eating food prepared in one hearth, also recalls to some residents the large Indian joint families of old times. Further, the days in Renuka-di's elder home are punctuated by almost no organized activities—other than regular meals and tea, warm bath water delivered, and temple worship—a striking contrast to the bustle of activities' calendars and professional Activities Directors mandatory in parallel institutions in the United States.

When my research assistant Hena and I went to visit Renuka-di one February morning after a gap of a few years, we found her sitting in the garden courtyard in front of the ladies' dormitory, knitting and chatting with a handful of women, enjoying the light spring sun. Hena and I remarked on Renuka-di's familiar cheerful expression and how she looked just about exactly the same as she did when we first met her ten years earlier! "I'm almost ninety-two now," Renuka-di exclaimed, "and I'm still here and haven't died yet! I'm ready and waiting to die, though!" She told a story about how Yamaraj, the God of Death, has a notebook filled with pages of lists of whom he is going to call for and when. The page with her name on it must have been accidentally torn from the book and is floating around somewhere out there, because Yamaraj has forgotten her! She and her lady companions laughed. "The page is just floating around out there somewhere lost!" Renuka-di continued, "I write letters to God telling him to take me now, but these letters, too, must have all gotten lost, and so I still keep on living." "But I live in joy," Renuka-di added, and the others concurred.

Renuka-di then said with excitement that her grandson was getting married that very day. "Are you going? Why are you here?" we asked. "I can't go," Renuka-di replied matter-of-factly, "because of my knee problems and difficulty walking—it would be too much trouble." She justified her absence further by remarking that she also enjoys her independence (*svādhīnatā*)

6 The monthly cost of this modest home is roughly equivalent to that of hiring a full-time servant, two options which many middle-class families can afford. Renuka-di's pension covers her old-age home expenses.

here, and is very happy. “So although my grandson called to chastise me that I was playing favorites—I’ve attended all the other grandchildren’s weddings—I can’t be bothered too much.” Nonetheless, Renuka-di insisted that one of her more mobile roommates go fetch the wedding invitation, which she displayed proudly to us, while commenting on the good match. “The bride is really beautiful! And they chose each other [rather than having an arranged marriage], which is good these days—much better! In fact, the bride is a Brahman [the highest Hindu caste], and my grandson a Kayastha [the next-highest caste rank among Bengalis], and so I guess he’ll become a Brahman!” Renuka-di joked with a broad smile.

We spoke more about the wedding, and of weddings in general. Then Renuka-di shared, displaying the ways she navigates between her pull toward her family and her choice to stay in the old-age home: “If I sit still, my mind gets restless and wanders towards my sons and grandkids—what are they doing? So I need to keep busy [...]. When I go to the temple, then I feel that at least for two hours my mind is shifted to God.” She described how the proprietor’s mother, Ila, herself getting on in age, reads from the *Bhagavad Gita*, passages Renuka-di knows well, and how the women sing hymns together, sometimes for hours at a time. “So my mind is God-oriented at least for that much time.”

Conclusion

According to Jarrett Zigon (2014, 19), assemblages “offer a greater range of possibilities for morally being in the world and ethically working on oneself than any one moral discourse or embodied moral disposition would on its own.” As such, the assemblage metaphor works well to illuminate the rich complexity and variety in the lives of the older persons I have grown to know in India. We see older adults, their communities, and policymakers in India combining diverse and often contradictory models for living and ageing, critically finding new ways and rationales to negotiate social transformations of ageing and life, striving to craft meaningful forms of ageing well in the present. In so doing, many bring an analytical thoughtfulness to globalizing models of successful, healthy, active, and independent ageing, a thoughtfulness that can help reveal prevailing Euro-American paradigms of ageing as particular cultural-historical constructions rather than simple facts or universal truths.

In closing, it might be useful to also consider briefly how an assemblage perspective can be relevant to understanding ways of ageing in the United States, where I also find elders critically engaging with transnationally circulating and at times seemingly incompatible moral models for how to age well. My recent fieldwork with Boston-area elders in the United States shows their complex and ambivalent engagement with successful ageing discourse. In addition, quite a few of my US interlocutors engage with what they regard as “Eastern” philosophies and spiritual perspectives as

they craft alternative ways of approaching change in later life. Some do quite delightfully and purposefully pursue successful ageing, inspired by the vision of not becoming old, while engaging in a plethora of activities (lifelong learning, exercise, travel, clubs, volunteering, gardening, theater, reading, games), health pursuits (knee replacement, cosmetic surgery, daily exercise, anti-ageing diets), and strategies to enhance independence (Lamb 2014, 2018). At the same time, many express nuanced and even critical perspectives on successful ageing, especially the paradigm's seeming attempts to deny change, decline, and mortality. "I hate the way that death is viewed in this culture," Shirley exclaimed. "It's just viewed as something that's bad." A cancer survivor in her sixties, Shirley tried to persuade those in her lifelong learning class of the value of Buddhist and Hindu perspectives on ageing and dying, including the notion that life is fundamentally transient, while sharing one of her favorite sayings attributed to an "unknown yogi": "Change is inevitable. Growth is optional." Lily Whitefield, a seventy-six-year-old resident Christian pastor at a retirement community, reflected on her vision of successful ageing: "If you try to be like you were at fifty, you will fail right out of the box." Lily believes that she has grown wiser, more open, more understanding, more loving, and more accepting with age, and a stronger pastor than ever. She feels like she has come upon a "calling" late in life to work with elders, who need help in coming to accept and appreciate the changes of old age. "And why *not* call us 'old'?" she asks. "Are old people *lepers*?"

Thomas Gass spent several years in a Buddhist monastery in the Himalayas before joining a US nursing home as an aide, and interweaves Buddhist insights on life, ageing, personhood, and the human condition throughout his piercing reflection on North American nursing-home life. He writes: "Traditionally Buddhist monks began their training in the charnel grounds, meditating among decomposing corpses. The idea is to deeply internalize the entire cycle of life, to see ourselves as part of nature rather than being apart. Here in North America, media and advertising would have us all pretend we are eternal teenagers" (Gass 2004, 178). Yet, he goes on to reflect, "Every one of us humans is pointed in the same direction. We can put the inevitable out of our mind for a while, but it will catch up one day, guaranteed. In fact, death is the only guarantee we have been granted by life. Yet most of us pretend we will be the only one to escape it." "I look forward to the day," Gass muses, "when we will have enough courage and balance to trust human nature and to honor all its stages, including the end of it" (2004, 86).

We see those in India and in North America working on crafting meaningful forms of living and self out of a complex assemblage of cultural models of personhood; state and international institutions; family, gender, and class circumstances; and social-moral-spiritual visions of how best to live. By exploring assemblages of ageing across India and North America, we can see old age as an intense site for working out forms of moral personhood and probing enduring questions of what it is to be human.

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