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

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**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 system<sup>1</sup> (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;

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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.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup>

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

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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)<sup>5</sup> 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,

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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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