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The Reflection and Construction of "Good Old Age" in the Rainbow Carehome

Master's Thesis

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I hereby declare that this thesis is my own work, based on the sources and literature listed in the appended bibliography. This thesis has not been used for attaining a similar or the same degree.

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V Praze dne 24.června 2016   Vít Šrámek

This thesis is dedicated to my mother, Lenka Šrámková, who got me to study even when I felt too preoccupied to do so.

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Keywords: seniors, ageing studies, interaction, strategies of care

Abstract:

    With the current demographic trend of population ageing, the issue of the post-productive stage of life (65+) becomes a topic of growing social relevance. Social cultural anthropology is no exception as ageing studies have been moving to the forefront of scientific discourse in recent years. One of the pioneers of ageing studies in Czech social and cultural anthropology is Hasmanová Marhánková with her longtime devotion to the issues of ageing , senior care and gender in old age (e.g. 2013: Aktivita jako projekt. Diskurz aktivního stárnutí a jeho odezvy v životech českých seniorů a seniorek, 2011: "Leisure in old age - disciplinary practices surrounding the discourse of active ageing."). The question of how to ensure the appropriate quality of life for seniors is one of the most important ones. For a fair number of seniors, this means quality of life spent in senior homes, which represent one of the possibilities of senior care for families that cannot (due to physical or social limitations) or would not care for the seniors in their homes. It is also an alternative for seniors without family.

The current project will focus on a specific senior home (called Delta Senior Home for the purpose of anonymity) and on the strategies of care implemented in it. The aim of the project is to analyze the way of negotiating the care by selected social participants – both seniors and the home staff. How do the participants construct, through narration as well as social practices, the concept of so-called "good" old age? What kinds of interaction are involved in the process of care negotiation and how are they assigned importance? How is the care implemented?

The purpose of the project is to contribute to the Czech scientific discussion on ageing, to point at the factors important for everyday intergenerational interactions which take place in this specific environment, and to highlight senior care strategies which are effective from both the staff and the seniors´ point of view and vice versa – which strategies may be reflected on negatively by the seniors.

Klíčová slova: senioři, ageing studies, interakce, strategie péče

Anotace:

S demografickým trendem stárnutí populace se otázka postproduktivní etapy života stává čím dál více společensky relevantním tématem. Ani sociokulturní antropologie není výjimkou, téma tzv. ageing studies v poslední několika letech vystupuje do popředí vědeckého diskurzu. Jako jednu z průkopnic ageing studies v české sociální a kulturní antropologii můžeme vnímat Hasmanovovou Marhánkovou, která se dlouhodobě zabývá problematikou stáří, péče o seniory, gender a stárnutí (např. 2013: Aktivita jako projekt. Diskurz aktivního stárnutí a jeho odezvy v životech českých seniorů a seniorek, 2011: "Leisure in old age - disciplinary practices surrounding the discourse of active ageing."). Jednou ze zásadních otázek je, jakým způsobem zajistit dostatečnou kvalitu života seniorů. Pro nemalou část seniorů se jedná o kvalitu života stráveného v domovech seniorů, jež fungují jako jedna z možností, jak zajistit potřebnou péči o seniory rodinám, které buď nemají kapacitu (ve fyzickém či sociálním smyslu) a nebo nechtějí o seniora pečovat ve své domácnosti. Zároveň se jedná o alternativu pro ty seniory, kteří nemají rodinné zázemí.

Tento projekt se zaměří na etnografii konkrétního domova seniorů (anonymně označovaný jako domov seniorů Delta) a na praktiky péče v tomto domově seniorů. Cílem práce je analyzovat, jak je vyjednávaná péče vybranými sociálními aktéry-seniory a personálem domova. Jak aktéři konstruují, narativně i skrze sociální praktiky, koncept tzv. dobrého stáří? Jaké způsoby interakce jsou zahrnuty v procesu vyjednávání péče a jakým způsobem jsou tyto způsoby zvýznamňovány? Jakým způsobem je péče realizována? Záměrem práce je obohatit českou vědeckou diskuzi na téma stáří a ukázat, jaké faktory jsou důležité pro každodenní mezigenerační interakci, ke které dochází v tomto konkrétním prostředí. Práce by zároveň měla ukázat, jaké strategie jsou efektivní při péči o seniory jak z pohledu personálu, tak z pohledu seniorů samotných a naopak, které strategie mohou senioři reflektovat negativně.

<u>1. Introduction: The Fish Pond:</u>

"*In the middle of the carehome garden is a wooden bridge which expands over a fish pond. There are reeds, lotuses and other plants on the edge of the pond. In the water, one can see orange and white spotted goldfish, about the size of a shoe. Even though the sand path leads on to the bridge, , you can choose to walk over the bridge or take a stroll through the grass around the pond. The pond does not divide the entire garden. The railing along the bridge is also wooden, and allows you to rest on it, while observing the fish. I always have a feeling of tranquility here.*" Field notes

Aside from the interactions, of course, the fish pond in the middle of the carehome garden was for me, the most exciting aspect of the entire carehome. While I have never seen the maintenance worker attend it, I always imagined that it would require a considerable amount of effort to maintain the water habitat for the fish, tend to the plants and keep the bridge clean. It was a luxury, something without any practical function aside from making the garden look pretty. My interest in the fish pond was strengthened by its mysteriousness, or more accurately a certain lack of interest in it, which to me seemed shocking. What I mean by that is, none of the informants ever mentioned the pond when they were talking about the carehome. In fact, the only time it ever came into conversation during my entire research was when I myself mentioned it to the seniors during interviews. As in, "I've noticed you have a fish pond in the garden" or "Don't you think the fish pond in the garden is amazing?". And they would acknowledge that the fish pond is there, or agree with me that it is pretty, but outside of that, it never was something they would concentrate on during our conversations. I assume you are asking yourself, why is a thesis centered around social practices and strategies of care of the elderly commenced with a description of a fish pond in the carehome. Did the fish pond factor in some important way into the way in which seniors spent their time, or did it demand attention from the carehome staff? Not really. However this fish pond to me illustrates the message of the thesis, something I wish to extrapolate on towards the end. For now, just keep it in mind as something that makes the carehome garden look very well kept, but has no other particular effect beyond that.

Back to the main topic of the thesis: The current project focuses on a specific senior home (called Rainbow Senior Home for the purpose of anonymity) and on the strategies of care implemented in it. The aim of the project is to analyze the way of negotiating the care by selected social participants – both seniors and the home staff. What this meant for me, is a series of questions which I aspired to answer during my research: How do the participants construct, through narration as well as social practices, the concept of so-called "good" old age? What kinds of interaction are involved in the process of care negotiation and how are they assigned importance? How is the care implemented? How and in what way is the social environment relevant?

2.0 Methodology:

"*Yeah, I guess you're going to like replay all the stuff I told you and then just pick whatever is useful to you out of all the gibberish.*" Anna, 78 years old.

For me, the largest struggle has not been analyzing data, but putting analyzed data into a coherent text, by which I mean coherent to someone other than myself. After all the topic of constructing "good old age" is also a matter of experiencing the carehome and being there, which is not something that is easy to pass on. Hence I will try to achieve this by adding my own thoughts, little comments (such as this) into the text to show my line of thought and to show why the text makes sense to me. So yes, in a way I am trying to pick things out of my data analysis in a way that makes sense to the reader. In the following chapter, I will focus on three formal levels of my research. The social environment of the carehome, my personal relationship to the carehome, my research and data analysis methods and how my personality affected my research.

2.1 From an employee to a student: what was I doing in Rainbow:

First off, before going into the technical details of qualitative research and data analysis, I would like to shortly describe the way in which I entered the field and how my position in the field changed throughout the two years that I have been - to put the thesis into a chronological perspective. This is important because, similarly to "*Dangerous fieldwork reexamined: the question of researcher subject position*", my position in the terrain had a big impact on the data that I have constructed and was highly subject to change - in fact there were times where I felt, that I could be expelled from the terrain and would end up with little data to create my thesis on. (Nilan, 2002)   In 2012, I learnt about the carehome Rainbow from a family friend, Gabrielle, and it was she who told me that the carehome she lived in recently had its IT teacher resign and was looking for someone who would provide IT courses for seniors. And seeing how I was looking to change job at that point, and had always wanted to work with seniors, especially considering that ageing and care of the elderly had been my topic of research before, I decided to give it a go. When I started my Masters course in anthropology, in 2013, one of our professors

informed us of a university wide competition, that would enable some thesis topics to receive funding for their research (in practice this would mean money for books, courses abroad, conference travel costs etc.). This prompted me to quickly create my thesis project, and having what I considered the ideal field, I wrote down and submitted a first version of my project, which would eventually become this thesis. I never actually won the competition. Regardless, I asked the director of the carehome whether I could write my thesis about the place (thankfully her niece was also an anthropologist) and with that out of the way and her being okay with it, I began making field notes at work, jotting down my interactions with members of staff, with the clients, things I noticed concerning the scenery of the carehome, of the individual rooms and every little thing that came to mind. About half a year later, the funding of the carehome changed, and the carehome could no longer offer me a satisfactory wage, which meant I had to change my job. I still visited the carehome several times a week, but I was no longer an employee - just a student doing my fieldwork. And it was under these circumstances that I carried out the majority of my research. My position in the field was more often subject to change, and I will get to that later.

2.2 Who am I And why does it matter? - my position in the field:

Positionality in anthropology is a key point of reflection and who we are affects the way the persons that we study react to us (Bourgeois, 1995). Indeed one of the most frequent topics in my thinking, writing and consultations on the subject of my research has been my own position in the terrain. I have never experienced so much fluidity in my position in the terrain during any research, and I feel that this is something that greatly affected both the direction in which I constructed my data and the way in which I analyzed it. While I intend on addressing and reflecting on my position in the field throughout the whole thesis, there are some factors that I would like to outline right now, in the methodological part of the thesis.

In anthropology, we consider two forms of social status. One ascribed (as in assigned by birth) and one achieved, as in formed through our interactions (Linton, 1936). While achieved status played a major role in the way in which I was being viewed, and in extension treated in the field, my ascribed status played a relevant role as well. In short: I am 25 years old, a student and

I live with my boyfriend. Age and gender of course, played a very strong role in the way I was being received both by members of staff and by carehome clients. Being young, I was considered inexperienced and in need of being patronized, given advice as to how I should make my life choices. After all, I was about the same age as the children of the members of staff and the same age as the grandchildren of the clients. Because their children and grandchildren faced certain choices and experiences, and the clients had little contact with other people of that age, they would often compare me and them. For instance one client, whose grandson would make money as a professional poker player emphasized to me very often that I should be very careful of gambling myself as it is a downward spiral. What this meant for me is, that I felt like a child very often - someone who requires guidance and is not capable of making decisions without advice. Regardless, I would always discuss said advice with the clients, if only to gain insight on their position towards other issues important for the topic of my thesis. While I did not feel that gender factored as much into my interactions with the staff and clients, it was always something that affected interactions in a more subtle way. Male clients would expect me to be aware of football and hockey results, and would often ask me which team I support. Because I did not want to appear alien to them, I just randomly named one team which I knew of (only by name), which appeared to be satisfactory to them. Gender identity was mostly discussed in regards to appearance. For instance I got an earring shortly after I stopped working in the carehome and several clients mentioned that in their time, it was not appropriate for men to wear earrings. In general I felt like my appearance was under constant scrutiny - clients would comment if I wore jeans with holes in them or when I changed my hairstyle. While they would never denounce my clothing, it was more something they would want to discuss - what is my opinion on my own clothing, or my opinion on the way subcultures (for instance emo) dress themselves – and no, I don't dress emo.

The second factor was my sexual orientation. I imagine you are asking yourself, how is this even relevant and I will proceed to explain that right away. When interacting with seniors (carehome staff never actually showed any interest in my personal life) it was very common that the carehome clients expected a sort of reciprocity. After all, they were giving me a lot of personal information, and it only seemed logical that they would also be interested in my persona. About my family, siblings, hobbies, political views and most often relationships. Do I have a girlfriend? Why not? Did I ever have a girlfriend? And, not having given this matter too

much consideration until I was faced with the question for the first time, I simply answered that I live with a flatmate and that I do not have a girlfriend at the moment. It wasn't really a fear of prejudice that resulted in this answer. Being surrounded by stereotypes of seniors hating gays, it was more because I was afraid of hostility or unwillingness from the side of the carehome clients that would close off parts of an already extremely fragile and sensitive terrain that made me decide to rather just not tell the truth. I am aware of the ethical and practical consequences of my decision. The ethical being, that I was ultimately deceiving my informants. The practical that I had created a lie and had to be consistent with the information I would give, seeing how the seniors would actively discuss what I had told them, and if the information didn't match, confusion would arise. I believe I managed the latter somewhat well.

While all these aspects strongly affected my relationship with the carehome clients and staff, it was the achieved status that had the largest impact on the course of my two year research. As I had stated before, I used to help out in the carehome as an assistant. This entailed a range of tasks, from helping out with tidying the individual flats of the clients to organizing free-time activities such as English courses and computer courses. This enabled me to get to know the clients better, and later when I decided to ask the carehome staff whether or not it would be possible to do my research here, it helped me in that I was no longer some stranger off the street, but someone that both the clients and staff knew. That being said, you might be wondering why I described the terrain as extremely fragile and sensitive, when I was effectively very close to being an insider. Almost as close as an anthropologist can be. The reason is, I was never really an insider. A good example of this would be, that when I started working in Rainbow, members of staff would sometimes mention how silly the demands of the clients were, how they often behaved in a childish manner complaining about this that were of little importance (such as lunch being 5 minutes late) etc. When my position shifted from worker to researcher, and I would only arrive in Rainbow to construct data, these forms of interaction became nearly non-existent. There was a considerably larger amount of emphasis on political correctness. In short, I no longer felt as an insider towards the carehome staff - but that is also something I will explain later on. Another example, which I will also discuss later on, where events that were considered problematic in the carehome. One was a client attempting to commit suicide and another was the carehome doctor getting fired. Because these topics were controversial to the carehome staff, I was always given notice by the director of the carehome

that perhaps I should back off with my research for some time. This of course had me worried that I would be unable to construct all the data that I needed for the thesis and resulted in me trying to limit my visits to the carehome and stay under the radar during these periods of time

Due to these events, I was worried about whether I would be allowed to continue my research in the carehome and would try to keep a low profile for several weeks whenever something dramatic happened.

2.3 Rainbow - characteristics of the research site:

"The entire area is surrounded by a fence intertwined with bushes of some sort. There are signs signalizing that the area is under camera surveillance. As I open the gate, I see the two buildings that constitute the carehome, a two-floor building in the lower part of the area and a four-floor building in the upper area. Between them is a small park, mostly covered with well-kept grass, a pond with a wooden bridge and benches scattered along the sand path between one building of the carehome and another. There is no one here - perhaps because it is autumn and quite cold. I never really thought about it, but the park actually makes the carehome seem very lonely." Field notes

The carehome Rainbow is a facility organized under an international company whose specifics I will not go into so as to ensure the remaining anonymity of Rainbow's staff, clients and the carehome itself (and it isn't like there are a hundred carehomes in Prague). There are three buildings, two residential buildings and a cafeteria, outside of the fenced area which is currently under construction. The lower building is the original carehome building, the upper building is newer. There is a total of 47 available flats, some for one person, some for more. Most of the flats have small balconies. The amount of residents in the carehome fluctuated during my research, but was usually around 60. So, how does this work? Well, the specifics are really the topic of the whole thesis, but officially the way the carehome works is, one can rent a room (the carehome is nearly always full and so there are usually waiting times) and furnish it with their own inventory. Unlike hotel rooms, which are generic, every room in the carehome at

least partially represents its owner. Then, one remains in said room as a tenant with additional services, such as nurse visits, provided food and a doctor in the facility.

Starting with the first building, the buzzer at the entrance has a list of all the carehome residents - one can either buzz the carehome office or simply the person they wish to visit. Once you enter there is a small one-room library right next to the entrance. Clients can borrow books here, provided they write their name down in the open book on the table. A conference room where meetings and classes are held is right behind the library. There are bookshelves with additional books, a TV with a DVD player and several boxes of DVDs, most of which are either fairy tales such as Snow White or older Czech comedies (as in from the 1980s). The central hall of the building features a reception desk - which is usually empty and behind it are two offices. The offices are connected, so you need to pass through the first to enter the second. The office of the secretary of the carehome Hilda and the director of the carehome Celine. These two middle-aged women, along with two nurses, a doctor and a cleaning lady, form the core of the carehome staff. A huge hallway with a stairwell makes up for the center of this building. There is a parlor with four chairs, a table with some magazines and a piano in its center. While one can use the stairs to get to the second floor, an elevator is also available for less mobile clients. There are multiple large plants in plant pots scattered around the hall. My personal feeling of this hall has always been that it is something between a large living room and a hotel parlor - formal in a way, but with attempts to make it look more domestic. The interior of the second, newer building is considerably different. While the color scheme of the first building is red-brown, what with the walls having wood on them, this hall is white. Instead of a dim gray carpet, there are white tiles, giving the building a more sterile feeling. A message board and table with various leaflets is present, informing carehome clients of future events as well as leisure activities such as trips or interest groups.

2.4 Methods:

Because I wanted to get detailed data considering an enclosed small sample (and also because anthropologists don't do quantitative) I decided for qualitative research. My research was focused on the environment of Rainbow, the sample was therefore all participants that

created what I call "good old age" in the carehome - the clients of the carehome and the staff of the carehome. Basically I was focused on setting. You could describe that as trying to keep track of several courses of interaction. The interactions between the carehome staff and the carehome environment, as in how they tried to make the carehome pleasant for the clients, the interactions between the carehome staff and the clients, the interaction with the clients and the environment and the interactions of both clients and staff with myself. The interactions between the carehome staff and the clients - which I am sure you like me consider the key interaction in regards to the thesis topic- were also the most challenging to generate data on. This was due to the fact that a large segment of these interactions was carried out either at the client's flat or at the doctor's, both of which I was not able to attend because the topics of discussion could be sensitive or confidential and in extension my presence would be unpleasant both to the staff and the clients. As my method of data construction, I selected participant observation and semi-structured interviews with emphasis being placed on participant observation. Semi-structured interviews were conducted both with members of staff and with clients. They were my method of capturing the interactions between clients and staff. During the interviews with seniors I focused on the contrast of their expectations of the carehome and everyday life in the carehome and which strategies they selected to gain access to the forms of care that they wanted. With staff I mainly focused on which forms and strategies of care they prefer and what reasons they have for doing so. After that, I made a word-to-word transcript of all the interviews. The reason for a literal transcript was my attempt to, in the spirit of Geertz's interpretive anthropology, approach the topic holistically and aim at uncovering any relevant context for the construction of "good old age". After transcribing the interviews, I encoded them in Atlas.ti, where I assigned individual codes to specific statements - using both enclosed coding (creating codes on the basis of literature) and open coding (creating codes on the basis of data interpretation. Field notes were also encoded and analyzed through Atlas. Clients and personnel were made aware of the topic of my research, and all interviews were held only after verbal consent from the interviewee. To ensure anonymity, all persons in this research have been given nicknames and the carehome itself has had its original name changed to Rainbow.

3. Theory: Of power and ageing:

The topic of senior care strategies is quite complex and the number of underlying topics ranged from identity, interaction to marginalization and social networks. Two distinct themes however intertwined this thesis: one was the topic of ageing, old age and care of seniors and the second was power relations and discipline. And these are the themes that I will discuss further in this chapter. Admittedly, when I began my research in Rainbow I only took the first theme into consideration and so my data construction was originally based on my understanding of literature concerning ageing and the setting in Rainbow. After several interviews and some time doing participant observation, it became obvious that my theoretical background was lacking to the forms and strategies of care that I was confronted with and that the interaction in Rainbow went well beyond what Social Gerontology could describe, and as such I began reading up on research and theories that has been done on the topic of power, power-relations and discipline.

3.1 What anthropologists and other social scientists know of ageing:

It is not uncommon that as topics gain social relevance they also become of increased scientific relevance. With the present demographic trend of population ageing, the issue of the post-productive stage of life (65+) becomes a topic of growing social relevance. Social cultural anthropology is no exception as ageing studies have been moving to the forefront of scientific discourse in recent years. Both Czech and foreign literature has begun focusing on the subject of ageing studies, which I can divide into three topics:

3.11 The conceptualization of ageing:

In what way do we create the concept of a generation? What is old age, how do we define it? It is important to explain who the actual persons in Rainbow are and why social gerontology is an adequate discipline in terms of analysing their interactions. In order to conceptualize old age and seniors, I have used two concepts - one is Sýkorová's concept of generation and one is Fry's concept of culturally determined old age. Sýkorová argues, that old age is defined through

three levels: the numerical level, the historical level and the demographic level. The numerical level is simply the number of years one is assumed to live - societies create milestones according to which age is divided and these milestones even reflect norms within the society. For instance the legal drinking age or the age when one is assumed to be an adult. Similarly, societies create milestones as to when someone reaches old age. The historical level is age associated with historical milestones. Rather than a number, one is considered old because they witnessed a specific event - for instance the Second World War or the Holocaust. Finally, the demographic level is the aspect of having descendants - the moment you have children you are already sort of branded as a member of a specific generation and assumed to be in the productive stage of your life. Then, the moment you have grandchildren other assumptions are made, and for Sýkorová the presence of grandchildren is another factor that constructs the idea of "old age". So for Sýkorová, rather than being tied to one level, old age is the result of a discourse between these three levels and is constituted through a combination of them. As in, one reaches a certain age numerically, they also remember certain events which require them to be at least X years old and add to that that they might have grandchildren (Sýkorová 2007).

Fry places emphasis on the cultural relativity of old age - for her it varies from culture to culture how and in relation to what it constructs the concept of "old age" and there is on objective milestone as to when someone reaches that age. In some cultures, this vantage point may for example be the aforementioned presence of grandchildren. For western societies it is the relation to work which constitutes what generation one is associated to be a part of. People are divided into three groups: the reproductive group, children and young adults preparing for work through school and education, the productive, the working populace and then the post productive, the populace that had worked and is no longer working (Fry, 2009).

These two concepts are not mutually exclusive and in fact I find that they complement each other quite nicely. In this thesis, I have defined old age primarily in relation to the economic level of activity - as such seniors in this thesis are persons who are in the post productive stage of their life. This definition of old age is one that Fry would identify as typical for our culture, indeed in Czech the term for a senior is a "pensioner", someone who no longer works and is receiving a pension. This category was also reflected by the standards of accepting new clients in Rainbow - for someone to be accepted as a client, they had to be at least the age of sixty five, in

correspondence with the age required to receive a pension. You will notice during this thesis, that I mainly use the term "clients" for the persons living in the carehome, and occasionally seniors when I have written clients too many times to avoid my writing style looking repetitive. The two main reasons for this are: one the idea of a post-productive stage is not completely flawless, and in the case of several seniors in Rainbow, they were still in their full-time jobs or part time jobs both as a means of income and as a means of staying in touch with their colleagues. Two, the specific relationship and individual position of the seniors in Rainbow constituted more of a client - service relationship than a senior - medical staff one, but this is something that it will be easier to extrapolate as we get to the actual analysis chapters.

3.12 Care of seniors:

How can we reflect taking care of seniors? Why do seniors interpret some issues differently than the people taking care of them? How do we construct the concept of "good old age"?

One of the pioneers of ageing studies in Czech social and cultural anthropology is Hasmanová Marhánková with her long-time devotion to the issues of ageing , senior care and gender in old age. Her concept of "active ageing" is something that, at least partially, allowed me to interpret a lot of data that wouldn't make much sense otherwise. So, what is active ageing? Active ageing is a concept that is to her closely tied to the concept of good old age. It is a discourse that identifies certain activities - such as going to courses, to the theatre or on trips as being active and other activities, such as going grocery shopping or watching TV as being passive. For her, good old age was being an active senior. This discourse contrasted the active senior, who partakes in activities that are in accordance with active ageing and the passive senior, who only partakes in activities that the discourse considers less valuable. The active senior being the senior that is praised by their relatives and friends and the passive senior being something of a caricature. To Marhánková the active ageing discourse actually makes old age more difficult, since it evokes feelings of failure and uselessness in seniors who do not stand up to our views of an active senior (Hasmanová Marhánková, 2010).

Haškovcová works with a slightly different concept of intergeneration interaction. To her a lot of issues seniors face are the result of mutual misunderstandings between them and other generations - be it the generation of their children, grandchildren, older generations or generations in between these. A good example would be for instance neck tattoos. Many seniors currently associate neck tattoos with criminal status - in their day the idea was that a tattoo is something you get in prison to declare your allegiance to a specific clique or gang. Today the stigma from tattoos is shifting, and the associations that seniors have when it comes to neck tattoos are not the same associations that for instance my generation would have on the subject. These misunderstandings can be eliminated through training in being able to imagine the point of view of "the other". When various generations attempt to imagine what the views and contexts of other generations might be, they become more open to cooperating and allying with other generations. This change of views rationalizes opinions or interpretations, that might seem irrational from the perspective of your own generation and helps understand, why another generation could think the way it does (Haškovcová, 2012).

Finally, Hooyman and Kiyak focus on the importance of social networking. They stated that because maintaining relations requires effort and energy (I'm sure we all have those friends whom we really like, but haven't found the time to spend with them in months), as one ages they are no longer capable of having the wide array of relationships that they had before. As such, seniors begin decreasing the amounts of friends they have and start to focus on the few relationships that they considered the most important, namely those with their family and closest friends. These senior social networks are then considerably smaller but also a lot more intense. These intense social networks allowed seniors to cope with their everyday lives more effectively and also were a sort of protection against harm - if the senior was being abused or had any problems, more intense social relations provided more support than large amounts of less intense social relations (Hooyman, 2011).

3.13 The reflection of old age:

This topic relates to how seniors reflect old age. Or more precisely, how seniors reflect themselves and the social reality around them through the prism of old age. Because the topic of the thesis is taking care of seniors and one of the aspects of providing satisfactory care for the clients is that it is reflected as such by the clients, this is another important field that required theoretical apparatus. A good example is the research of Temelová, Dvoříková and Slezáková, "Rezidenční spokojenost seniorů v proměňujících se čtvrtích Prahy ", which focuses on the way seniors in Prague reflect their surroundings. According to the authors, one of the inseparable aspects of old age was decreasing mobility and capacity to interact with ones surroundings. Tasks that may have seemed trivial prior are suddenly quite complex and demanding and interactions that one did not even consider before reaching old age became an issue. As a result, seniors would be more bound to their everyday areas, such as their flat, the shop they visit etc. and this would encourage them to experience these areas more intensely. Places that they perhaps did not give much consideration before, like the path on the way to the shop may suddenly gain meaning.

Here, too many impulses would confuse the client, and in the case of the grocery store a situation where there are too many sales or too many alternatives of the same product was an unpleasant and exhausting experience for the seniors, who felt confused and tired from the effort of having to make a decision. Seniors would prefer simple environments with limited amounts of impulses. Similarly, standardized procedures were preferable to unexpected situations and so Temelová, Dvoříková and Slezáková state that in order to make facilities more friendly to seniors it is important to simplify and standardize them (Temelová, 2010).
Setterstain and Trauten have a similar vantage point in their analysis of the reflection of old age. Likewise they consider one of the aspects of old age to be the inability to achieve and interact with one's environment as well as before. The senior is in a situation where tasks that were baseline or mundane before suddenly require a lot more effort to complete and completing some tasks becomes impossible. This results in a situation where the senior has feelings of failure. For them, an important strategy for coping with these situations and avoiding the feeling of failure is to reconceptualize their goals and targets and break them down into targets that are possible to achieve. For instance, rather than going to the post office, then to the grocery store, then to the

doctor and then to the hairdresser, they would only focus on two goals and then complete the other two visits on another day. Another strategy, was to work with a fluid image of oneself - rather than compare myself to how I was when I was when I was at the peak of my health (I personally like to think that I am not yet at that peak), seniors should adapt to a more changing perception of who they are and not persist on maintaining a consisted and unchanging image. The reconceptualizing strategies are according to the authors a way steadily coping with decreased mobility and at the same time functioning independently (Setterstain, 2009). These concepts enable us to comprehend, why some, to us seemingly petty issues in Rainbow, were actual legitimate complaints for the clients. They also help us realize the gap between a young and healthy person in the productive stage of their life and a person in the post-productive age of their life, who might struggle with life situations that were previously not even remotely an issue to them.

3.2 Foucault and discipline:

Foucault's Discipline and Punish may seem like a far-fetched concept to bring into a thesis that is concerned with the establishing of good old age for seniors, however, even though the majority of the text focuses on the history of punishments and the establishment of prisons, it also gives us insight into some mechanisms through which institutions discipline and control the people within them, and, in extension, affect both the way these persons reflect their environment and behave within it. For Foucault the main form of exercising power within an institution is through surveillance. The overseeing was primarily done by the employees of the specific institution, but it was also done on the level of peer pressure. Because people are uncertain about whether someone can see them or not, they would discipline themselves into behaving as if someone were watching, even if no one was actually watching at that point. Eventually, this discipline would become internalised and the people in the institution would do it habitually, without even considering whether they have been seen or not. It is important to realize that the concept of permanently being watched also affected the employees of said institution, not just the clients - they too mutually controlled their actions. You can think of for instance those "open space" offices, where one has no privacy and you always have to take into account that someone might be watching. Discipline also encouraged the division of public and

private areas and what kind of behaviour was adequate in what area. For instance it might be alright for me to walk around in my pyjamas at home, but it definitely isn't something I would do at work or at university. Certain forms of behaviour are adequate in specific environments and with the possibility of surveillance, these forms of behaviour are enacted even with no actual surveillance present.

What was the source of power though, that enabled a certain facility to watch over the persons within it? Well for Foucault it was knowledge in relation to the nature of the facility. In a carehome facility, authority is constructed through medical science - the discourse which identifies and uses the authority to science to claim what is desirable for the clients of the institution. In a carehome, it is assumed that the staff are highly trained in medical care and capable of assessing what is and what isn't good for the client and this gives them authority over the client. For us, the two important features in Foucault's analysis is the impact of permanent surveillance, which modifies the behaviour of persons under it and the discourse of authority constructed around medical knowledge of the staff. On the level of surveillance and peer pressure, it can help us partially explain why some issues were not brought up during client - staff interactions but were brought up either when the clients interacted with me or when they interacted amongst themselves. On the level of authority, it gives us insight into the complexity of the relationship between the clients and the staff, which was on one hand a relationship of power due to the seniors in Rainbow being clients, but was counterbalanced by this with the staff being in the position of authority when it comes to care of the elderly (Foucault, 1975).

4. Seniors are not all the same:

Before I begin describing the various forms and specifics of care in Rainbow, it is important to outline who my informants even are. Who are the people that I brand with the term clients or seniors. And since I these terms in the thesis quite often, this can lead the reader to assume that my informants, outside of staff, are all more or less identical. While the concept of class could be used to help show the various social status that clients had, class as a concept is currently under a lot of debate and is shown to be extremely diverse (Beck, 2007). As such, it would be problematic for me to describe seniors in Rainbow using the concept of class, and I will rather use my data and present four stories of interaction between carehome clients, by which I would like to illustrate that we can in no way consider Rainbow inhabitants as a homogeneous group with the same interests, goals and opinions. The stories are related to four different phenomena that played a role in inter-client interaction, social status based on past education or profession, economic status, descendant prestige and flat identity.

4. 1 Social status based on education and profession:

In 2013, Rainbow had a New Year's party - well presumably they have one every year, but this was the only one I attended. While parties in Rainbow are quite an interesting topic by themselves and something I will address later on, I would like to describe one of the events that happened to illustrate the diversity and complexity of senior relations between themselves in Rainbow. Mainly, I would like to focus on two clients at the party, Sarah and Tina. Sarah used to work as a professor at the Philosophy faculty while Tina had done several jobs throughout her life, mostly secretary and shopkeeper-like jobs. Anyhow, both of them got quite drunk during the New Year's party and when Tina was leaving, Sarah kissed her on the cheek. Now I am going to presume that the reader is Czech or at least familiar with the difference between "tykání and "vykání" in Czech, but here is a footnote for you who are not.[1] Several days later, Sarah

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[1] This is the only downside of writing in English that I came across in this thesis. English does not differentiate between "tykání" and "vykání" unlike for instance French, but to briefly explain it to the reader, in Czech the word "you" has two variants - one singular and one plural, the latter being used as way to show social distance and respect even towards a single person, the former being a sign of familiarity or social equality. They may also reflect hierarchy in that in theory a teacher may use "tykání" towards their students, while the students in turn use "vykání".

complained to me that Tina had switched from "vykání", the more respectful and formal means of addressing the other person, to the familiar "tykání" which people mainly use when talking to friends and family.

"I'm not sure, I have to tell her somehow. It just is not appropriate...I have a doctorate, it isn't like...it just isn't appropriate. Do you think she will be mad?" Sarah, 78 years.

To Sarah, this was really an unpleasant situation. On one hand, she did not want to offend Tina by telling her to please refrain from "tykání" and on the other, she really felt offended that Tina was doing so. It just did not feel appropriate to her, that she, an ex-university professor would be addressed in such a familiar way by someone who had spent most of their life performing jobs that she found less prestigious than her own. Not to mention that Tina had no titles, while Sarah was used to (and often demanded) that she be addressed "doctor" Sarah. The situation was later resolved, as Sarah simply confronted Tina about it a week later and Tina did not seem to take much notice - Sarah phrased her concern more that she feels they are not close enough to use such the more familiar form of addressing each other, rather than try and pull rank (or title) as she had told me. The point is though, that situations like these happened several times during my time in Rainbow. Whatever job the clients performed during the productive period of their lives was relevant to their status in the carehome, who they associated with and how they expected to be treated by other seniors. Which often lead to minor clashes between clients and was interpreted by the staff as quite childish.

4.2 Economic status and descendant prestige:

Education and professions were not the only sources of social status amongst the carehome clients. Another, quite unsurprising, factor was wealth. While the rooms every client had were more or less the same in terms of size, the furniture they placed there, they layout of the room, whether they had art in there was all ultimately up to them and their budget. Likewise, the way they passed time depended on their financial (and health of course) capabilities. For instance the client Becky was quite well off compared to other clients in the carehome. She was receiving a German pension as well as a Czech one, due to having worked in Germany for a

segment of her life. Furthermore she had occasionally hinted, that her family was quite wealthy - and fled to Germany to avoid having their wealth confiscated by the Communist Party. And this was quite reflected on by the other residents of Rainbow. One, because Becky was a theatre fan and would go to the theatre several times per week - and this was considered quite an expensive hobby, even though after having done the math's I realized that with all the senior discounts and multiple entry passes a lot of seniors who considered themselves poorer actually had more expensive hobbies. But I guess the National Theatre is a lot more glamorous and prestigious than for instance collecting rare stamps, so her common theatre visits made Becky appear posh to the other seniors. Two her flat was furnished with expensive design furniture. This was a lot different to other flats, which were either furnished with furniture from Ikea or old furniture from the Communist era. The walls in her apartment had oil paintings on them rather than posters, calendars and photos in a frame like most apartments. It simply had that "high class" feeling to it. You know that feeling when you visit someone and you feel like it is the most organised and clean place you have ever been to, everything perfectly fits with the overall design and so on? That "high class apartment" feeling. A feeling that wasn't just mine, but was several times reflected by other clients:

"My place isn't like Becky's. Have you been there?"

"Yes."

*"She is from some wealthy family in Germany I think. Wonder why she is even here."*Irene, 78 years old.

In 2014, Becky was turning 90. Birthday parties were always a big event in the carehome, which is again something I would like to address later and on its own, and turning 90 was a huge event. Not a lot of seniors reach that age in the carehome. About a month before her birthday, several clients had already mentioned it to me and were curious whether she was planning on throwing a party. They thought I would know, because in the event of her actually throwing a party, it would be my job to help her get the groceries, plastic cups, decoration and so on.[2] Becky

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[2]Though some organising of birthday parties was such an event, seniors usually preferred to divide these tasks amongst themselves and help with the preparations. See: Senior clubs and events

had however not expressed any desire of this kind, and later confided to me that she is not planning on throwing a birthday party at all.

"*I won't be doing anything. I think my son will take me over to their place...I don't really want to do anything here.*" Becky, 90 years old.

The reason being, Becky believed that she was disliked by the majority of the carehome because they envied her that she had more money than them. In fact, Becky probably had more friends in the carehome than many other seniors, due to her extremely friendly nature. Yet to her a party would just mean organizing a formal event where you have to interact with people you dislike and who dislike you, really something rather unpleasant overall. Most of us have probably been to events like that, so no need for me to explain her interpretation further. She said she was too old for charades like that. So there was no party. This came as a huge to shock to many residents of the carehome and was one of the main social events taking place for weeks - the topic of the month at any rate. When I spoke to some other clients about Becky not having a party, their disappointment stemmed from the fact that someone they considered rich decided not to celebrate such an important milestone in their life. Had she been considered poor for instance, it would be understandable to them that she did not organize a party as she lacked the funding to buy beverages etc., but she can hardly say that she lacks the resources to do so? The questions they would then ask is, is Becky either so unwilling to spend money or is this a sign of hostility on her behalf?

"*She kept talking about how her son was on TV. Once. So I told her: look, my daughter is in the closing credits of nearly every fairytale and it isn't a big deal.*" Jasmine, 85 years old.

The success and social status of the children and grandchildren of seniors also played a role in how they viewed each other. The above quote from Jasmine is her commenting on a debate she had with her friend Martha, also a Rainbow resident. You see, Martha's son was a ministry worker, who had appeared on public TV commenting on some recent affairs in international politics. When Jasmines friend Martha told Jasmine about how her son had been on TV, Jasmine felt that Martha was bragging about her son appearing on public TV.

For instance seniors would reflect on the types of car their children would visit them in, and they were often well aware of whose child visits them in a Porsche (or whatever - my awareness of cars and car types doesn't really go beyond color) and whose child only had a Škoda. The life decisions of descendants, their exams, job changes and so on were quite a common topic of discussion amongst the clients, and would also be a part of the social rivalry that took place.

Putting aside the actual accomplishments of their children and grandchildren, another level of prestige was the actual quality of relationship the client would have with their descendants. What I mean by that is, how often the descendants would visit, the intensity of their relationship, and even how much they would confide in them. It might be hard for us to imagine, but for instance a lot of clients were cut off from their family and had very little information. If their descendants only called them once a month, they were unaware of what was actually going on in their lives. For example they would know that their granddaughter was having an exam next week, but months later they were still unaware of how she had done.
This was something they would then feel the need to justify in front of other seniors - claiming their descendants were too busy and trying to provide explanations that would create the image of a good relationship that is simply derailed due to their children or grandchildren not having the time to contact them. I imagine you are asking yourselves, "Well why did they simply not call their children on their own, rather than wait to be called?". That, dear reader, is a very valid question and something I will return to when I discuss the importance of activity and independence in Rainbow.

"I'm going to be looking after him (her grandson) in about two weeks. I can't wait to see him! Could you check the bus times for me?" Luan, 87 years old.

To Luan, being allowed to take care of her grandson meant quite a lot. It was a responsibility, which she interpreted as a way of her family trusting in her, both on the level of character (being the right person to help with the child's upbringing) and on the level of her health state (being able to pay attention to the child). It was also an activity that was deemed worthwhile by her peers. And as you can see from the quote, Luan was very excited - planning her trip to her daughters house weeks in advance even though the house was also in Prague and the bus ride would take something around 30 minutes. Luan was lucky. A lot of seniors in

Rainbow did not even have such a close relationship with their family. And that is her seeing them about once in three weeks, which was still one of the more intense relationships with descendants in Rainbow.

4.3 Flat identity:

Social rivalry did not only take place on the individual level in the form of income, descendants or productive life achievements, but also on one more level. As I mentioned before, Rainbow had two residential buildings, a newer one and an older one. While there was no noticeable difference in terms of quality between either building, clients would often identify with their building and associate more with seniors who were from the same building as themselves. In other words, where your flat was assigned in the carehome would affect who you associated with. Something that was nicely visible during a barbeque event in the carehome garden.

Samantha: *"They are having a barbeque on Sunday."*

Me: "*Oh I know. You won't be coming?*

Samantha: *"We aren't invited."*

Me: "*Oh..."*

Becky*: "It's not that you aren't invited but we organized it all...you guys can make your own barbeque too..."*

A conversation between Samantha (85), Becky (90) and myself during English class. Samantha and Becky were very close friends, it's just that Becky lived in the older building while Samantha lived in the newer one. Still them being friends points towards the interpretation that while which building your flat was in did affect the way you would interact with others, it was not the sole defining point of social networks amongst seniors. The barbeque was fully

organized by carehome clients, the staff did not interfere or help them out. For example two clients would provide beverages, another client would get plastic cutlery etc. The roles were nicely divided. All the clients participating in the organization of the barbeque were people from the older building. Perhaps due to the fact that the main organizer, who was from the older building had only contacted his neighbours and they contacted theirs.

These stories, while being quite amusing, also helps illustrate the complexity of relationships and status amongst carehome clients. Through these stories, I am trying to show how vibrant and diverse the clients in the carehome actually were, as opposed to the stereotype of passive, near-identical oldies as one might imagine.

4.4 Gender identity:

"*The nurse came and brought me my insulin. And she was like...do you want me to inject it for you, or will you do it yourself. And I was so scared, like you have to grab your belly like this and then put the needle all the way in...I never actually did anything like that. But I didn't want to seem like a wuss in front of her, so I did it. And that's how I learned how to do it myself. But boy is it unpleasant*." Karl, 82 years old.

You will probably notice, that the majority of the clients in Rainbow were women. And with the exception of me and an external gardener, who was occasionally hired to maintain the park, the staff were all women as well. I think the fact that most of the clients were women and widows is due to women tending to have a longer lifespean than men and so are more likely to end up in a situation where their partner dies and the carehome provides an opportunity to be under some form of supervision, rather than home alone. Gender identity in Rainbow was a lot more subtle than the previous forms of identity which I have discussed in the previous subchapters and didn't generally manifest itself. When I say it didn't manifest itself, I mean that when I came to Rainbow and started my research, I had a pre-imagined idea of how gender identity could manifest itself, for instance women being expected to have cleaner flats or take better care of the way they look than men by their peers in the carehome, but none of these stereotypes seemed to show and gender was seldom reflected in interviews as well.

The only level on which I found gender relevant in Rainbow was in relation to clients - men and their masculinity and self presentation. It was quite common that clients - men would flirt with nurses or with women carehome clients , with phrases like "well I don't want to take these pills, but since they are given to me by a beautiful woman, what can I do." For the clients - men in Rainbow, it was indeed important to present their masculinity and show that they are still a man, rather than just a senior. This is important, because a common stereotype is conceptualizing seniors without any form of sexuality, effectively presenting them as asexual. I am aware that there is a whole field that concerns itself with senior sexuality, but being a 24 year old guy (at that time), I didn't have any data concerning sexual relationships or courting between seniors. I'd say it isn't unsurprising that clients did not want to discuss their sex life with someone whom they viewed as a child, and I didn't really ask since it isn't the topic of this thesis.

4.5 Bourdieu's distinction:

One of the concepts that comes to mind is Bourdieu's theory of distinction. Can this theory be used as a framework to explain the diversity of clients in Rainbow? Well yes and no - let me explain my thoughts on the subject. But before I begin, I will explain which aspects of Bourdieu's class system and stratification I find similar to the senior diversity I have been discussing. For Bourdieu, one of the key concepts is class. However, instead of defining it as a specific position in the structure of society, Bourdieu defines it through something he calls capital. We can consider capital as a sort of power or providence over a specific field. These specific fields are - economic capital, as in the ownership of assets and wealth, social capital, which reflects the strength of the social networks of a given class, cultural capital which consists of education and assumed knowledge within a society (Bourdieu, 1979). Ultimately the amount of specific forms of capital accumulated is what constitutes a specific class. Let's take the example of Sarah who worked as a Czech university professor. Let us assume that she made something between twenty to thirty thousand crowns per month, her wage and current pension is relatively low. That means that she has not accumulated a large amount of economic capital. On the other side, being highly educated compared to many others in the carehome, her cultural capital is comparatively high. Now her social capital was quite high as well, mainly because she was a prominent figure in the carehomes signing club. The point is, that as a university professor,

using Bourdieu's chart of power relations, we can say that Sarah had a lower economic status than Tina, but she had a higher cultural status. In a way, these classes are tied to the professions and backgrounds that individual persons have created, with accent being placed on their productive life (since that is when you mostly accumulate wealth and gain an education). It would simplify the concept too much to say that class equals profession, but I think we can say that at least the field of profession is quite similar to the concept of a class.

So to answer the question of whether or not Bourdieu provides an adequate theory for me to analyze client status and relationships within Rainbow, it definitely does provide an explanation to certain forms of interaction. Namely it explains why clients who shared the same or similar classes tended to have similar interests and would interact with each other more than with clients with whom they did not share the same class. It explains why clients with academic titles placed emphasis on these titles and considered it rude or degrading if said titles were ignored. It also helps us explain the relevance of economic capital, as in how clients reflected on which of them had more economic capital than others and how it affected said person's status. But there are two aspects where Bourdieu's theory is not fully applicable in relation to status derived from external factors:

1) The relationship of the client and their family. Even though the theory focuses on an individual as a point in a chart of individual capital disposition and how capital is reproduced through habitae (habitae are tendencies of a class to perform certain activities, for instance Czech academics often play tennis), does not differ between social capital overall and ones relationship with their family, which even though we can view as a segment of social capital is really not the same thing. Clients often judged each other based on how good their relationship with their own family was - the preconceived relations with one's family being what affected how other clients viewed them, the actual relationship being irrelevant.

2)The theory does not reflect on status derived from one's descendants - who very often were not members of the same class as their parents/grandparents were. For instance if the granddaughter of one of the clients was an important politician, said client would derive part of her status from what her granddaughter had achieved, rather than her own productive life achievements.

5. Client and staff interaction:

"Hilda (the secretary) was helping Hilbert with the new phone that he had received as a gift for Christmas from his son. The phone was an Alligator phone - one of those custom made for seniors, with large buttons, a simple user interface with a limited amount of functions and voice notification when a button was pressed.

Hilda's tone was quite friendly - she had never used a phone like that herself, so her approach could be described as "well I don't know, but we can find out together". When she would discover how a specific function of the phone works, she would then repeat it slowly to Hilbert in a style of "okay, so if you want to send someone a text, you first...". After about fifteen minutes of explaining to Hilbert, how to write text messages, how to change the sound settings and how to check how much money is left on the pre-paid phone card, they got to the point of adding new contacts. Hilda added a contact for Hilbert, to show him how the process works, however Hilbert kept demanding that she put all the contacts he had in his notebook into the phone. And for about two minutes, Hilda was trying to explain that she didn't have the time for it, even though Hilbert kept assuring her that it wouldn't take any time at all.

"Oh look, Vítek is here. He can help you with it." she proclaimed when she noticed me watching them. And so I spent the next two hours copying Hilbert's contacts into his phone..." Field notes.

I am a bit reluctant to have this chapter so early on in the thesis, since I feel that it is one of the more interesting parts (it won't get more interesting than this, sadly), and from a stylistic point of view I find it more logical to present the best part towards the end and begin with more obvious forms of care, such as medical assistance. Unfortunately, since senior care strategies go hand in hand with client and staff interactions, the contexts that I describe in this chapter had multiple impacts on the way in which senior care was constructed and reflected.
Later on in the thesis, you might wonder why clients do not express themselves when they are not satisfied with a specific form of care or aspect of the carehome or why they complain about certain issues to me but not to the staff, and this chapter partially answers the why in that question. It also helps explain the relevance of using Foucault's concepts of power to explain certain trends within Rainbow. You might argue that every form of care is in fact client - staff

interaction, and as such it seems irrational to create different chapters concerning say leisure events and specific platforms of care and client staff interaction. And you would be correct, however this chapter mainly focuses on verbal interaction with the purpose of changing or receiving feedback to strategies of care in Rainbow. So I'll start off by showing you two forms of power relationship that were in a way omnipresent in every client - staff interaction and from there I will move on to one of the more extreme examples of how these contexts could affect a specific client and from there I will explain how the carehome would gather feedback on the efficiency and client friendliness of their strategies and policies.

5.1 Conditional reciprocity:

I guess the best way to start this chapter is to explain what I mean by conditional reciprocity and how it affected the interaction between carehome staff and the clients. Rainbow is a carehome that is owned by a large international company. This company sets a more or less universal codex of rules concerning what is and what is not allowed within the confines of the carehome. For example guests and visitors are allowed to visit between certain times and so on. Sure, this isn't really anything you probably didn't expect, most carehomes have visiting hours and other rules - but these rules, which the staff is entitled to enforce are the key to understanding why a form of interaction that I call conditional reciprocity exists in Rainbow. While these rules are presumably given to Rainbow from the company headquarters, their interpretation and enactment is in many cases up to the carehome staff. Again, nothing really surprising and I imagine you are now thinking that this is in fact beneficial to the quality of life in the carehome. After all no one likes an overzealous nurse throwing a tantrum because a senior's family stayed 5 minutes longer than the official visitor hours, right? Well, yes but at the same time it also creates a context which makes senior - staff interactions and even senior - senior interactions considerably more complicated and this context is what I define with the term conditional reciprocity.

The best example of conditional reciprocity is Annabelle and her cat Garfield (not a very original pseudonym, I know, but it isn't easy inventing nicknames for over fifty seniors, all the staff and a cat). In general pets are not allowed in Rainbow, the reasoning behind this rule is that

for one, it is a breach of hygiene in nearly all cases and two, that other clients may suffer allergies, which could make their stay unpleasant as well as dangerous at some point. For the record, by pets I mainly mean cats and dogs - there are cases of clients having fish and a canary, but both sort of went "under the radar" and were not mentioned as relevant towards the rule by carehome staff. Nonetheless, there are two cats and one dog in Rainbow, all belonging to clients. Getting back to Annabelle and Garfield:

"I'm really grateful that Celine allowed me to keep Garfield here. I mean he likes my summer house more during the summer, but in winter...I don't know where I would put him. But it also means we have to keep a low profile since they are breaking the rules for us." Annabelle, 83 years old.

Annabelle had living relatives, but she seldom got to see them. In fact, they would only invite her for Christmas and would also visit her on her birthday at times. And while her relationship with her family definitely was a lot more complex than just a "poor neglected senior" on one hand and a "wicked neglecting family" on the other, the point is that she was lonely. So when a stray cat took interest in her at her summer house outside of Prague, she immediately adopted it and lived with it for years before deciding to move to Rainbow. The reason I am saying this is so that you, the reader, understand the significance of Garfield for Annabelle as well as her gratitude toward the carehome staff for being allowed to have Garfield with her in her home. He was her companion, and she was willing to make sacrifices to be able to keep him. The carehomes decision to allow her to keep Garfield is very commendable, but Annabelle is now in a situation of reciprocity - she owes Celine, the carehome director a favor. What can a senior in a carehome do for the carehomes director? For Annabelle, her form of repayment was not voicing any discomfort she experienced in the carehome. When her food arrived late and cold, she was quite upset about it - but because she felt like she owed the staff a lot with being able to keep Garfield, she would rather just reheat the food and not comment on the issue further. She simply did not want to be a "problematic" client, because she felt in debt towards the staff. If a nurse had been snappy to her, she would reflect it for instance to me, but would never mention it to anyone from the carehome staff. Often after meetings with staff, Annabelle would talk to other seniors who had raised complaints (such as about the food arriving cold) and assure them that she fully agreed with them, however she could not openly say so. And

this is what I mean by conditional reciprocity - reciprocity that takes form under certain unverbalized conditions. The enormity of conditional reciprocity seemed to increase whenever the seniors would in some way cause, what they perceived as trouble. Taking the example of Garfield:

"*But I can't really complain much. Last week Garfield peed on the mat in the corridor, so I'm not really a popular denizen here right now.*"[3] Annabelle, 83 years old.

And considering that Garfield was quite a mischievous and mean cat (that had scratched me without being provoked several times), you can imagine that Annabelle commonly found herself in a situation where she felt that she no longer had the right to comment on the events in the carehome. To her, her right to have a publicly voiced opinion was dependent on whether or not her cat had caused any problems within the carehome. She felt guilty, as if she had already taken her share of "trouble caused" and was not entitled to cause more for some time. And to seniors, complaining was the equivalent of causing trouble. The example of pets isn't really the most common situation in which clients felt unable to express their negative opinions concerning the carehome because they felt they owed the staff a favor, but it illustrates this situation quite well. A more common situation would be having guests and visitors stay beyond visiting hours, or even sleep over at rare occasions. In fact, this situation is quite comparable to the situation of pets causing a mess. The client would feel guilty for some time, and would refrain from openly commenting on the services of the carehome. With the pets, it was more of a permanent state, however, rather than being connected to a specific "transgression".

Ultimately conditional reciprocity played a significant role in the way seniors communicated amongst themselves and with carehome staff. This thesis is centered around communication and interaction between staff and clients, and while not enacting the carehome rules was definitely an attempt on behalf of the staff to increase the quality and satisfaction of the seniors, it also created a scenario in which the seniors were unable to fully communicate their concerns towards the staff. Which in practice meant, that some things remained unsaid and in extension unsolved. To conclude this chapter, I would just like to emphasize something. If my

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[3] Anabelle is referring to the construction of the new cantina on the carehome grounds. While most seniors were looking forward to the cantina itself, the presence of workmen, machinery, dust and all the other nuisances associated with construction sites were reflected on negatively by the carehome clients.

narration gives the impression of carehome staff using conditional reciprocity as a means of making their job easier or ensuring that the seniors do not voice their complaints, then that is definitely not my intention. All I would like to show with this chapter is, how a benevolent act on behalf of the staff may have consequences that damage the ability of seniors and staff to communicate between each other in showing a theme that was present in most forms of care in Rainbow.

5.2 Crossing the border of client and patient:

"*In a way, we are really like hostages here.*" Jasmine, 85 years old.

I selected a purposely explicit quote for the beginning of this chapter, because Jasmine describes in one sentence the feelings of several seniors when it came to the issue of client status and patient status. This being one of the more problematic chapters, both due to the difficulty of phrasing it and due to its actual content, it might be best to get it out of the way now, since it is one of the controversial aspects of the thesis, and if it were placed at the end would give one a very gloomy idea of Rainbow. I know I have mentioned this before, and likely will again, but it is important to realize that this is a description of the institutional relationships of the clients and the staff, and not a critique of the staff. The entire context of client and patient status is ultimately the result of the form of carehome that Rainbow is, and does entail in any way that the staff was purposely using it as leverage against the clients. It was a power relationship created by the capacity that Rainbow had and quality of care that Rainbow offered. Now let me explain what I mean by client and patient status. The term I use for the seniors in Rainbow – clients - isn't just me trying to remove the age parameters of the group of people, but it is also a status one would have within Rainbow. The carehome was set to accommodate clients, and as it might have occurred to you when I mentioned the small number of staff (one doctor and two nurses, the rest being administrative staff), it did not have the capacity to take care of patients. Because of this, seniors would put in effort to maintain their status of client and avoid a patient. This is however a completely different level to the level of active ageing, as the way in which seniors were reflected as active was related to how self-sufficient they were viewed by the staff. Let me explain what I mean - as I mentioned before, Rainbow was practically a series of senior flats set

in the same buildings. And while it did provide medical care as well as other forms of care that are the subject of this thesis, the clients had their individual flats and were expected to function in these flats to some extent. In other words, to be self-sufficient most of the time. If the carehome staff felt that a client was not self-sufficient, then the client would be encouraged to leave because the carehome did not have the capacity to take care of them in that state.

So in a situation where a senior required more intense care than the carehome was able to provide, then they had three options. One option was to move in with their relatives. This however, A. required their relatives to have the capacity to take care of the client, as in be at home a lot of the time and not leave the client alone for longer periods of time, as well as the finances to support another member of the household, and B. depended on whether the client actually had a family or that their relationship with their relatives was on a level that would make such a situation possible. Two, they could rent a flat and pay for a nurse to attend them there. This though required quite a large amount of income to be able to pay the rent and the nurse. Though several NGOs provide nurses and caregivers for the elderly, it is unlikely that these would be attending a client 24/7. In fact, it isn't very likely that the client would have the resources to pay a nurse to attend them most of the time. While I don't have actual insight into the budget of Rainbow clients, from my participant observation and interviews, I would assume that about two to three clients in the carehome could actually afford private care. Whether or not this option was viable also depended on the health state of the client, since the more demanding in terms of care the client would be, they would require more intense care than a nurse visiting, even if on a daily basis. Something we cannot forget is that clients very often felt the need to leave an inheritance for their children, and as such were reluctant to spend money because they felt they were spending their children's inheritance. So even if this option was available, because it might require the clients to spend nearly all their income and saved money on care and rent, the clients would not decide to take this course of action to ensure that they leave some money for their children. The third and most common option for clients leaving Rainbow was a hospice. This option was considered to be one of the worst things that could happen, and several clients had confided to me that they hoped to die in Rainbow rather than their health deteriorating to the point where they have to be taken to a hospice. Now, the state of Czech hospices isn't the topic of this thesis, and while I have been to about two, I don't really have any data to describe them - but

my description wouldn't be that relevant anyhow. What is relevant is how hospices appeared in the discourse of the clients.

Me: *"How do you imagine a hospice?"*

Kim: "You've never been to a hospice?"

Me: *"I know what it is, but I've only been to like one."*

Kim: *"Well then you saw....you're in a room with like five other people. You just stare at the wall...there is no one to talk to, nothing do to...it's like...waiting for death."*

A discussion I had with Kim (76) on the topic of hospices. Kim's description of how she envisioned a hospice was very similar to the descriptions of other clients - though some added other negative attributes to hospices, such as stories of patient abuse by the staff, food poisoning and other fears. The way in which the clients of Rainbow imagined a hospice was indeed negative, and considered one of the worst places to end up. The practice of relocating clients is also a strategy of care, and as such it is important to focus on the actual means by which this issue would have been approached by the carehome staff. Specifically how it was communicated to the client that they should move to a different facility and how this decision was then practically enforced. What Celine would do is she would either talk to the client or to their relatives about the clients health state and inform them, that it would be good for them to leave the carehome. At first she would do it in a more subtle way, hinting to the client that perhaps Rainbow was not an ideal place for them to be anymore, and later on she would move to a more explicit form, simply telling the seniors and their family that they can no longer be taken care of in Rainbow. This had happened four times during my stay in Rainbow. When I asked Celine how the staff defined or what the criteria were for someone to be able to stay in Rainbow, she told me that the main criteria was that the clients were not a danger to themselves or in danger when being alone, that means that they did not have any conditions that could result in their death if they were unattended for a day. Furthermore, that the clients were mostly able to go to the toilet and perform their personal hygiene on their own as well as eat. I write mostly because the staff was not adamant about the second criteria. It was quite common that a client that had

come back from surgery would be unable to perform many tasks, and the staff in Rainbow would help feed them or assist them with their personal hygiene. However it was expected that the client would eventually recover and that this was not a permanent state.

"*It has already been about half a year. I don't think she will recover.*" Celine, director of Rainbow.

This is a quote where Celine was explaining to me why she called the relatives of a client, and suggested to them that it might be in the clients interest to move them to a different facility. Ultimately, it was up to the carehome staff to decide whether or not a client was self sufficient temporarily or permanently, or what the time milestone, from where it was safe to assume that the client would no longer be able to take care of themselves in the future.
The carehome doctor was not consulted to make these decisions, and they were based off the experience of the carehome staff in Rainbow. This unstandardized means of deciding whether or not a client was fit to remain in the carehome made many clients feel insecure, and the initial quote of this chapter illustrates their insecurity. They felt that there was something that we could describe as a grey zone in terms of staying in Rainbow, that was not defined by their actual medical state, but by their relationship with the staff.

A good example that I encountered in Rainbow was clients trying to emphasize how busy they were - to avoid me (and in extension the staff) having the idea of them being "lazy old people, who just sit in their flat all day". One senior for instance showed me her diary to prove how busy she was - and because all the entries were "Kaufland" (Kaufland is a supermarket chain in the Czech Republic) she then began explaining how she is permanently trying to make her budget more effective, by keeping track of sales and saving money in the long run. Using the discourse of active ageing, we can interpret this as an effort to make an activity that otherwise sounds quite mundane, sound like a worthy and admirable thing to spend time on and definitely not something a passive senior would do (Hasmanová Marhánková, 2010).

"*It depends on how they like you.*" Bianca, 84 years old.

So, to summarize this chapter, because it is one of the most important underlying motives of Rainbow senior care and client - staff interaction: The staff in Rainbow differentiate between clients and patients, a client being someone who is more or less self sufficient and a patient being someone who requires more intense care. Due to the nature of the facility, Rainbow did not have the capacity to have multiple patients for longer periods of time, and so clients that became unable to take care of themselves or had higher care requirements than Rainbow was able to provide were encouraged to move to a different facility. This resulted in seniors being afraid, namely of having to move into a hospice. Because of that, there was an increased effort to one, appear as healthy and self sufficient as possible and two to maintain a positive relationship with the carehome staff.

5.3 Hannah's story:

"*I don't know what to do. I always envisioned just staying here. Like there were no other ideas in my head. And now...I don't know. Where will I go?"* Hannah, 73 years.

Hannah was one of my favorite English class attendees. Mainly because she was actually getting better and improving, rather than attending the class as a social event - which was the case of almost all other clients. But Hannah was actually trying to get better at English, though she later explained to me that this was because of peer pressure and not because of the possibility of ever speaking the language with someone. In other words, she didn't want to appear stupid in front of other classmates, so she studied a lot in her free time. Probably the only client who did. Hannah's story was one of the most tragic stories that I had experienced in Rainbow during my stay and it was also a story that was considered one of the main public affairs of the carehome with many clients discussing it actively for weeks. For me and my research this story was important on three levels. One on a personal level, I would like to publicize Hannah's story as a tribute to the hardship that she had faced. Two, this story shows the potential fragility of the relationship the clients had with the carehome and with their family in terms of funding. And three, to show what constituted a taboo in Rainbow - to show something on which I will build upon later, and that is that the Rainbow staff had different ways to the clients of dealing with affairs they considered problematic.

Clients who wanted to attend English were required to pay a fee of around three hundred crowns per semester, which was used to purchase them textbooks. At the end of January, when I was prepared to start having the course again, and when most of the clients had returned from their family and holiday visits, Hannah came to me in private (when I was at the reception desk) and told me, that she will not be attending English this semester. This was for me quite a shock, because as I had mentioned, she was one of the few clients whom I considered to have an interest in the actual content of the course rather than only the social aspect, and furthermore she had several friends at the course, and they always seemed to have a nice time chatting. I asked her if it is because she expected a different level of English - which I didn't assume would be the reason, but I wanted to ask why in a non-intrusive way and she simply replied that no, and that she is sad that she cannot attend but that she expects to be very busy that year and not have time for English. Some clients were indeed very active, and the idea of being somewhere at a given time every week seemed like too much of a commitment to them, even though attendance was not mandatory. Eventually, Hannah confided the reason being money problems to a friend, who later told me. It feels a bit unethical to write about something that someone tried to keep a secret, at least at the start, but since my informants are anonymized (as is the carehome) and the focus of the story is the potential situation that seniors may find themselves in, I hope you will let it slip. Hannah had a son, and she was worried that once she dies and he inherits her property, he would have to pay a large amount of money in inheritance taxes. To avoid this, she signed over all her property and savings onto him.

A quick detour into the Czech legal system - you do not actually pay taxes when you inherit something from your parents. You do pay a fee to the notary, however that does not constitute a particularly large segment of the inheritance. Furthermore you can actually transfer your property and have a paragraph that obliges the child to let the senior for instance use the resources that were transferred. I'm just saying this so that it doesn't come across as if our legal system is completely devoid of any sympathy for these cases. Hannah's situation was more a result of trusting her children to be capable of providing for her than actual legal calculation. You might wonder, why Hannah didn't consult this move with anyone. If you remember some of the key concepts I mentioned in my theory, several of them mentioned social networks as a form of protection for the seniors - something that allowed them to cope with old age (Hooyman,

2011). It is quite possible that Hannah's social network did not have anyone she could consult legal issues with, and not having any information other than how she imagined the taxes and inheritance works, might have done what she did. Another possibility is, that with the importance of senior independence, Hannah did not want to appear uninformed or uneducated and so refrained from consulting whether she should transfer all her assets to her son or not.

As I mentioned before, Rainbow is quite expensive (quite as in the "rent" is about the equivalent of the average pension a senior gets) and so very often clients would have their relatives pay for their rent or at least contribute to it in some way. Hannah was no exception, especially since she signed over her belongings, she was effectively dependent on her son's family to provide her with funding. But sometime after Christmas, he stopped sending her money and Hannah within several months found herself unable to afford being able to live in the carehome. The reasons why her son stopped paying were never apparent to me. Once Hannah's story became a major topic for gossip, many clients spoke about it and described the situation as her son betraying her or neglecting her and used this story as something that underlines the fragile relationship of a senior and their family. But this was just their speculation, and with the topic being very sensitive for Hannah, I never actually asked her why her son did what he did. The relationships of clients and their family are not really the topic of this thesis, so the motives (or context) of the son's actions is not particularly relevant. In the end, Hannah being behind on the rent for several months had to leave. While Celine had made an effort to give Hannah more time to pay, it was becoming more and more clear that she wouldn't be able to neither repay the months she owed or pay for the following ones. Because this was such a well known issue in Rainbow, several clients also complained that someone who was not paying the rent was still allowed to stay. This wasn't due to disliking Hannah, but because they had their own agenda - getting into Rainbow was not easy and several of their friends had been in the queue to receive a flat, so they felt that if Hannah leaves, the might have a neighbor who happens to be someone they had known from before they came to the carehome.

Celine had eventually visited Hannah in her flat, or so I was told by Hannah's closest friend, and told her that the situation is no longer possible to maintain. The staff had been very discreet about this situation, and wouldn't discuss it with anyone, so most of the information that circulated the carehome was due to friends of friends of Hannah telling their friends (and me).

On the night after Celine told her that she has to leave, there was an ambulance in the carehome - I actually learned about the meeting Celine had with Hannah after the affair with the ambulance. Apparently Hannah had swallowed a large amount of antidepressants in an attempt to kill herself. This was an extreme shock to everyone and none of us ever saw Hannah again. Celine had later told me and Hannah's friends that Hannah had survived and stayed in the hospice where she was taken after her suicide attempt. Even though Hannah was gone from Rainbow most of the clients were consumed in discussing her suicide attempt for the next following weeks. Hannah's story identifies several important levels in terms of care in Rainbow. Firstly, it shows how the staff and other clients dealt with extremely stressful situations such as this one. Secondly, it shows us the potential damage a poor relationship with one's family could have, and how that affected everyday life of the clients in Rainbow. It also shows that what we discussed in the chapter on conditional reciprocity - because the staff had a positive relationship with Hannah, they were willing to tolerate several months of the rent not being paid.

For the staff this event became something of a taboo - they were reluctant to talk about it and on the few occasions when they did talk about it, they would try to maintain the discourse that Hannah had attempted suicide due to poor relations with her family, rather than due to poor relations with her family in tandem with the carehome system, resulting in Hannah being forced to change the place where she lived. Perhaps this was because they assumed that if the whole issue was described as more complex, it would seem that Celine had a part to play in that she was unscrupulously upholding carehome rules rather than giving Hannah more time.
For the clients this story became a means to describe their fragile life situation. As seniors, they felt dependent on the carehome staff for care and on their relatives for at least financial support. Several clients had told me that they felt this could really happen to anyone. Upon discussing the situation with seniors that were willing to, most of them viewed the only difference between themselves and Hannah the fact that they have a better relationship with their children (and grandchildren), though this was ascribed to Hannah's son being considered characterless by the other clients. The second point - even though I have described some of the levels of care in Rainbow, there is a whole different context surrounding individual actors that can have a massive impact along the way and that is their relationship with their family. Even though I discussed families on the level of inter-client relationships and status in Rainbow, the other level is that due to the cost of Rainbow, clients were very often dependent on their families and

relatives for financial support and without said financial support, they wouldn't be able to continue living in Rainbow. And lastly it shows something that I have not perhaps mentioned enough in other chapters. Even though I try to analyze specific segments of carehome life, there is a lot of other factors surrounding the clients (and staff), external factors that only appeared vaguely in my data and that could affect their lives significantly. Namely their relationship with their families. Because family visits were a rare occasion and the clients were usually preoccupied when their family actually came to visit, I have very little data as far as participant observation goes on how they interacted with their families. As such, most of my information on how individual clients interacted with their families was from interviews with the clients. After all, if the family did come, they came to talk to their relatives, not to an anthropologist writing his thesis there.

5.4 Weekly meetings, a public platform for communication:

Once every two weeks, there would be a carehome meeting between Celine and all the clients. Well every client interested in attending at any rate. The purpose of these meetings would be to discuss Rainbow-relevant topics such as new events being planned (Christmas celebrations), plans concerning carehome grounds (garden changes, the construction of new facilities), plans concerning care and changes in terms of Rainbow inhabitants (staff being replaced, clients dying and so forth). Basically it was something like those meetings you have with your neighbors once every few months if you happen to live in a residential building. Except perhaps less unpleasant - seniors were actually quite happy to attend these meetings and wouldn't complain for hours about having to see their neighbors prior to the meeting like I always do. Anyhow, the way these meetings were organized is that they were an open platform for clients to express themselves. You could say that they were a way of giving seniors agency - they were no longer just passive clients, but had a say in the way the carehome was being run. I'll explain shortly why this is not however completely true, but first let me describe how these meetings worked. At the start of the meeting, Celine would open up a topic, for instance, the construction of the new cantina on Rainbow grounds and summarize the information from the perspective of administration, what the expected construction times are, how the cantina should look, what the expected finish date is etc. Then there would be an open discussion between her

and the clients in regards to their concerns. This way, the meeting would cover around two to three topics and then Celine would ask if anyone has their own topic that they wish to bring forward, and there would usually be another two topics that the clients would want to discuss.

"*The problem is that you discuss it in such a large group and then you have like two people stalling the conversation with their debate.*" Celine, carehome director.

This description of hers of the meetings was not inaccurate. Very often the topic would reach a very specific theme, like whether the Arts club will meet on Thursday at 17:00 or on Monday at 16:00 with two clients debating that one has something they need to attend during one time and will not be able to attend on the former date and another has something during another time and will not be able to attend on the latter date. The remainder of people present would not speak and Celine would try to moderate the discussion and reach an agreement as fast as possible. Probably not much of a difference in regards to other meetings that we all experience, however something a lot more significant to the construction of care in Rainbow was, what the clients would and what they wouldn't mention during these meetings and that is what I would like to focus on in this chapter. But first a short Field Note extract:

"*Hillbert described it as an outrage. It was an extremely hot summer, and I was with Hillbert in his apartment, discussing his recent life events. The carehome cantina was being expanded, as it had been since late Winter, with workers there on a daily basis. Sure, most clients looked forward to their modern cantina, Hillbert did too. But the noise was just unbearable. He told me, that it makes him sick, because he is unable to open his window for most of the day, as it would result in dust and more noise in his apartment. Being confined to your room during the summer I would lie if I said I didn't feel uncomfortable in his room as well - though given the intense heatwave, I felt uncomfortable practically anywhere that Summer. I asked him why he doesn't mention this during the weekly meetings - surely other people will concur with him, that the construction is becoming unpleasant. "I don't want to be a troublemaker, he answered.*" Field notes.

It would be silly to consider the meetings some sort of brainstorming, where everyone is free to voice their ideas. No, in fact the meetings were somewhat controlled by behind the scenes

relationships. The most basic of which, was the eagerness of the clients to "not cause trouble" to the carehome staff, something that we have already discussed. Another level are the interpersonal relationships of the clients themselves, as reflected in, for example, flat identity. Clients would be more likely to support the claims of clients with whom they shared the same building and whom they considered neighbors, rather than just residents of the same facility. So many concerns would remain unsaid. Which is not ideal for carehome staff, since they are unaware of what their clients consider important when most of the topics discussed at the meetings were considered petty both by the staff and by the clients. This constellation of strategies concerning when to voice which concern would result in a situation where both parties began viewing the meetings as a waste of time. Both parties would reflect that the meetings were tedious and unproductive and sometime towards the middle of 2015, the meetings were canceled altogether by Celine. Instead a message box was placed in the central halls of both buildings, where seniors could write their concerns and feedback and then place it into the box. At the time of it happening, this change was considered to be the topic of the month by many clients.

"*We didn't want them to complain that they have to walk all the way across the garden*" Sarah, nurse, 46.

Just a quick detour though - if you remember the part about rivalry between the denizens of the two buildings in Rainbow, the staff placing a message box in both buildings rather than just one is definitely a step forward and a means of trying to make clients in both buildings feel equal as well as making them more available to clients with walking difficulty.
Many seniors, however, welcomed the change due to two reasons: privacy and convenience.

"It's better than those meetings...faster and you know...like it's not everyone's business what I think." Fatma, 76 years old.

The privacy aspect of the letter box was definitely a step forward to them. As I wrote above, one of the main downsides of the meetings was having what one said associated with them as a person. Status was a relevant level of everyday interaction in Rainbow. And what other space would be so open to establishing and presenting status as a public meeting, where all the clients of said building are together discussing future plans in the carehome. Returning to the

example of food arriving late: the act of having to remove the food from the tin package (in case you are not particularly kitchen savvy, us being anthropologists after all - this is because you cannot put the tin package into the microwave) onto their own plates, then reheating it, eating it and having to deal with both the tin package and the dirty plates was inconvenient. But despite often mentioning this to me or frequently discussing it between themselves, the topic was never brought up by anyone at the meetings. Why? Well when I asked them, the clients would say that they do not want to appear to cause trouble or to complain about pointless things. Yet to them it was obviously not pointless. The way I interpreted the lack of being vocal in regards to this issue was through the aforementioned emphasis on activity and being active. Because it was important for the seniors how the staff viewed them in relation to whether or not they are capable of staying in Rainbow or whether a hospice or hospital would be more adequate, they were trying to create the image of a self-sufficient person. And complaining about, what the staff would, in the eyes of the clients, consider a trivial task, damaged this image of a self-sufficient person. Of course, it would hardly be criteria to consider someone to be in a health or mental state that Rainbow is no longer capable of taking care of, but as I mentioned before ones state in Rainbow was rarely in regards to one illness or inability, but rather a culmination of factors.

As far as inter-senior interaction (yes, I know it sounds horrible) goes, activity and being viewed as active was one of the pillars of status. If a client would complain about it being a hassle to reheat their own food, rather than having it served on time warm, then there was a chance that other clients would look down on them considering them lazy and passive. This doesn't mean that seniors wouldn't mention the topic amongst themselves, but they would only tell people whom they viewed would have a similar opinion on the issue and would not look down on them. Perhaps I'm stating the obvious here, but the message box was also a lot more convenient to clients in that they no longer needed to reserve a set time to voice their concerns and would be able to plan their time more freely rather than having every second Wednesday taken up by the meeting. Of course, attendance was not mandatory in any way, and indeed some clients would seldom attend the meetings, considering them a waste of time or not having anything they wanted to discuss at the meeting, but at the same time not attending meant it was harder for your voice to be heard. At the same time, it removed yet another milestone to organize time around. These meetings were an event that was reoccurring and reflected on the values and meaning of the carehome. While attendance was not mandatory, most clients considered it

important to participate, if only to be aware of what decisions are being made in the carehome at the moment, to feel informed and to show an interest in the carehome. For me, I would often notice the meeting written down in calendars and diaries - so the meetings were definitely something the clients cared about, didn't want to miss, and would organize their time around. By that I mean that they would try to make sure that they are in the carehome. Of course, the there were more important issues that would take precedence, such as family visits or doctor visits, but otherwise the meetings had a higher priority than say, going shopping. Writing out a complaint letter was also quite time consuming - whenever a client told me they planned to write something into the message box, they would always take hours phrasing what they wanted to write, proofreading, asking their peers whether the letter was not too harsh or too soft. Or thinking whether they want to be identified, since a lot of the time information they would write into the letter could lead to their identification, which the seniors did not want in every situation. For example, when one of the client's dogs peed on a door mat of another client, complaining about it to the staff would lead to their identification. Which isn't saying that is a bad thing, but there like I said before, clients did not want to be associated with their complaints in many cases. In other words, the letters were a lot more eloquent and carefully planned than "OMG food sucks!!! Do something!!!".

"I think all they do is throw out all the letters when the box is full...*laughs*" Karl, 82 years old.

The downside of the mailbox, as Karl mentions, is the lack of transparency in the way the messages were being handled. There was no longer a visible, transparent connection between communicating the issue and the staff either addressing the concern or explaining why they cannot address the concern in the way the client sees fit. In other words, seniors would no longer receive feedback on their opinions concerning Rainbow. This would contribute to a feeling of powerlessness. While the alternative to simply raise their concern in person was still viable, it takes us back to the problem of anonymity and also private conversations no longer have the backing of other clients. One of the advantages of public meetings was that clients and staff would receive feedback from the rest of Rainbow's inhabitants, which would in extension add validity to their claim. As in they would see, whether a certain decision would be a popular one or not. Since this chapter hints several topics as far as the everyday life in Rainbow is concerned, and presenting them in a coherent fashion was not particularly easy, I would like to summarize

the main points of the chapter for the reader, so as to emphasize the main relevant points for the thesis. Basically up until 2015, the carehome clients and staff would have a general meeting to discuss carehome issues. These meetings were viewed as an ineffective platform by both the staff and the clients, because one they were time consuming and two, the topics discussed seemed insignificant to both parties. The reason why they seemed insignificant was, that because of the complex interpersonal relationships between seniors as well as the aspect of conditional reciprocity, clients did not voice their main concerns, but rather side concerns. As such, the meetings were abolished and replaced by a message box. This transformed, partially the way clients and carehome staff would interact, and while it removed for instance the association of concern and character, and so made clients more free to discuss what really bothered them (because it was anonymous), it also made them feel, that they have less of an impact on what goes on in the carehome. Basically the mailbox was an attempt to restore the agency of the seniors without them feeling threatened about saying what is on their mind.

6. Staff strategies and practices:

Admittedly, I have given quite a lot of space to the clients of Rainbow while not giving as much to the carehome staff. Perhaps this is partially due to mainly having data concerning the seniors, but regardless one cannot discuss "good old age" without focusing on the people that ran the carehome on an everyday basis. And while the previous chapter was focused on the way the clients and staff interacted, in the following chapter I would like to focus on three examples of staff strategies and practices. These are examples of the staff aspiring to give the clients more agency and freedom in the way the carehome was organized, of how the staff dealt with stress and of how the staff felt a moral responsibility to protect its clients from external threats.

6.1 Senior clubs and events - a platform for agency:

There were three clubs in Rainbow, the Singing club, the Arts club and the Reading club. These were groups of clients that met on a regular basis and would focus on a specific hobby during these get together. Even though this could be considered more as something on the level of inter-client interaction, I would like to explain to you, why these clubs were in fact a form of care, what function they served and what the relationship of the carehome staff and these leisure activities clubs was.

1) Singing club:

"Today, Anna asked me if I could print thirty copies of a booklet of songs they had prepared for the Christmas party. While I was printing the songs out and stamping them together to make a booklet - a quite dreary task, Anna was asking me whether or not I knew the carols that we would be singing during the party. I felt quite bad when I had to let her down, having never paid much attention to music in school, my knowledge of Christmas carols or any other songs was limited to Silent Night. Anna was quite surprised that I didn't know any of them, so in an attempt to avoid her thinking that I am simply stupid, I told her a made up story about how I would skive music class. As the carols were printed and the booklets made, we delivered them together into everyone's mailbox, making sure that the people on Anna's list had received a copy. I asked her

what about the other people, since the carehome has more than thirty people, to which she responded that it would be a waste of paper to print a hundred copies (and I'm glad I didn't have to staple them all) and that people can share - only the clients that requested a booklet from her will receive one." Field Notes

The Singing club consisted of about ten to twelve members and would meet on a weekly basis in the social room. It would play a major role in birthday and holiday parties as they were the ones in charge of the entertainment. During these events, everyone was expected to partake in the signing, and it came to the Singing club to organize this. First, they would have to select which songs were best fitting for said event - for holiday events, for example Christmas, they would sort through lists of carols, until they created a list that reflected their idea of the atmosphere they were aiming for. Their strategy was to combine different carols that, for instance, represented rural areas of the Czech Republic, as well as carols that had a foreign heritage (for example one English carol, one German carol etc.). What was interesting was that the Singing club reflected on the member demographics in the carehome - if they knew that for instance three clients were originally from Silesia, they would try and pick carols that were from that region as well, in an attempt to find a song that everyone could relate to, and make everyone feel at home during the event. That being said, not all clients were considered during the selection of songs. Perhaps this is one of the downsides of the staff allowing clients to run the clubs - that in a way the approach of the club would reflect the interpersonal relationships of the of the clients, and that some clients would not get their birthdays organized or would not be taken into consideration when selecting songs to please everyone. As you probably noticed from the field note extract, not all clients received a copy of the booklet. If you remember one of the first chapters about senior diversity, it is important for us to realize that relations between clients were reflected in senior clubs as well. If a client was not liked, in this case by the head of the Singing club, Anna, then she would not make a big effort to ensure that they were invited to and provided for at events hosted by the Singing club. When I asked Celine about this, she had told me that the staff did not want to interfere in inter-client relationships and that clients often had petty grudges amongst each other, but that it is best if they solved these themselves, rather than the staff intervening.

2) The Art Club:

"First thing in the morning Celine put a box on my desk and asked me, if I could help Ester with the Easter decorations. I remember that Ester had told me that they were planning on approaching Celine about this year's Easter several weeks ago, though at that point it seemed a bit too early to put up Easter decorations. The box had one life like chicken that would make an unpleasant gurgling sound when pushed, presumably to imitate the sound a rooster makes. It also had green strips of paper to imitate grass, a few blown out painted eggs (some of which were broken) and several tiny yellow chicks. This was only the Easter decoration the carehome had, though - the Arts club would be the main source of decoration." Field notes.

Holiday event and seasonal decoration, was a combination of default items that the carehome owned and whatever the Arts club decided would be appropriate for the occasion. For Easter their main focus would usually be making colored eggs and colorful paper chains which a carehome employee, or since I was around, me, would help them place on the pillars of the carehome. Just as with the entertainment aspect of events that the Singing club would focus on, this was not a simple process and the Arts club would spend time discussing the theme that they would be aiming for that year. And while the form of the decoration would reflect the event that took place, usually the Arts club would focus on creating eggs and twigs, the style or means of creating the decoration was subject to change. For instance, the first year I was in the carehome during Easter, the colored eggs were colored with dye, while the next year they were colored by sticking various kinds of fabric on the egg, enabling them to have all sorts of motifs. Generally it was Ester who was the leadership person in the group, and it was mostly her ideas that she gathered from various magazines that were later implemented in the decoration. To make it easier for you to imagine, I will describe how the Arts club worked: the club would meet on a weekly basis and usually after an event the first few meetings were spent debating on what the plan was for the following event, for example what to replace Easter decoration with once Easter was over. Once it was decided on what the project would be, the meetings turned into a workshop for the rest of that period - using the example of Easter, the seven to nine members of the club would spend their time chatting and making colored eggs. As we can see from this example, the carehome staff contributed their share to helping with the decoration of the

carehome, but ultimately left the majority of decision making up to their clients giving the clients agency. Something that was definitely reflected and appreciated by the seniors in the carehome.

3) The Reading Club

"*It feels awkward sitting in the conference room just me, Celine and Ashley. We are all sat at the edge of the table, Ashley is sitting the corner and me and Celine at her side. The book for this month is Gone with the Wind (how Ashley had managed to read that during one month is beyond me, I didn't even try). Ashley begins with her impression of the book - she had several points about the book, one of which was that she felt that the situation of African Americans had been idealized in the novel. When she had finished, Celine began saying how she agreed that the relationship of the protagonist family and their black nanny seemed a lot more egalitarian than we assume slaves were treated back then...(skipping most of the actual debate, since it isn't that relevant)...The debate shifted from slavery in America, to apartheid...*" Field notes.

Finally, the Reading club came across as the least visited of the clubs. Mostly consisting of Celine and Ashley, it very rarely had any third party (other than me doing my participant observation - though I admittedly always just used Wikipedia to find out the content of the book that was announced to be discussed rather than reading it). Because of that the atmosphere was more informal, and while there was the common topic of the book they decided to read, I often felt like this club was more of an organized chat. Because of the threat of losing the club due to a lack of interest, Celine made an effort to attend it. The club would only meet once a month due to the lower membership base, as well as due to the nature of the club - one wouldn't manage to read a new book on a weekly basis. Well maybe some people would, but that would make the club even more demanding in terms of time. At first I wondered why Celine would spend her time trying to keep the club alive and assumed it was perhaps compassion for Ashley - an attempt to avoid her feeling lonely. However, given the number of clients Rainbow had, Celine would not have the capacity to help every client pursue their interests and hobbies. So I assume her motive was mainly keeping the club functional so as to be able to truthfully make the claim that Rainbow has multiple leisure time associations, not just two.

What is important for us, and why I am even mentioning the tiny reading club is, that it shows us the agenda the carehome staff in Rainbow had towards these clubs. Both the singing and arts club were somewhat autonomous and partook in the everyday life of Rainbow in their own ways, with little staff intervention. Sure, they would negotiate the way in which they participated on the event - as in they would announce their plans to the staff. And presumably if their participation in the organization of the event would have been considered lackluster, the staff would take it upon themselves to organize these events, but this wasn't the case for both the Singing and the Arts clubs, which prided themselves on their eagerness and diligence in organizing public carehome events. The moment a club was unable to function on its own was the moment when carehome staff would attempt to help keep it functioning, but otherwise their agenda was to let the clients run it themselves. This is, in my opinion, mostly seen by the contrast in which the staff treated the Singing and Arts club and the Reading club.

I view these leisure groups as a platform which the carehome instated for their clients, but allowed them free reign over how they are run. The only time the staff would interfere was if the club's existence was somehow at stake, as we could see with the Reading club due to poor attendance. Being independent, or mostly independent, of the carehome staff, these clubs made the clients feel that they have a voice in the layout, decoration, cultivation and content of events and scenery within the carehome. Perhaps even more than a voice - that it was them who actually decided upon most of these issues. And indeed, Celine made an effort to communicate that carehome staff were mostly attendees and bystanders and these events, people who came to see said events rather than people who organized them for the seniors.This strategy would encourage clients to feel less powerless and less at the mercy of external factors such as carehome staff, their family, the doctor and so forth. It made them feel that there is a part of their life over which they have control, irrespective of how trivial, and this was reflected in the diligence and interest in attending the clubs. Perhaps that might actually be one of the reasons why the Reading club was considerably less popular than the Arts and Singing clubs - because unlike the other two it did not affect events in the carehome and was "merely" a leisure activity club.

6. 2 The Nurse Visits:

Irene: *"This new fertilizer I've made according to the guide in the magazines is really good for my orchids...hmm..."*

Sarah: *"I always buy orchids in Bauhaus along with the fertilizer and they usually don't last very long."*

Irene: "It's because they are of bad quality..."

Sarah: *"Mhm..."*

Irene*: "They add some growth enhancers to make them grow quickly for sale but its unnatural for the plant"*

Sarah*: "Oh..."*

Sarah the nurse discussing orchids with Irene during Sarah's weekly visit. Irene prided herself in the little garden she had on her balcony, and it was very often the topic she would discuss both during these visits and when talking to other carehome clients.

Shortly after the cancellation of the regular meetings between staff and clients, the carehome staff implemented a new form of care in Rainbow. Once a week, one of the nurses would visit every client in their flat and have an informal chat with them. Celine identified the main reasons for this agenda an overall policy change in the company that owned Rainbow, which wanted to combat senior loneliness. The company, began focusing on senior loneliness as one of the main negative aspects of old age, and gave the leadership of every carehome under its influence a task of implementing some form of care that would help negate the potential social isolation that seniors face. When I discussed this shift or policy with Celine, as in whether this was her idea or whether she simply received an order to implement the visits, she said that Rainbow was relatively free in how they address the issue, and that the overseeing company only provided tips on what could be done, allowing every individual carehome to select them or modify them depending on the specific situation in said carehome. In Rainbow specifically, with the cancellation of regular meetings, the amount of platforms for clients interacting with other clients or staff had decreased, and so Celine found this new practice a means of compensating for the lack of organized interpersonal interaction for the clients. How did this work in effect? Every client received a sheet in their mailbox which asked them firstly, whether or not they would be interested in these visits (they would either tick "yes" or "no") and then, if they ticked yes they

would then write a series of times that suited them for the visit. These filled in forms were thrown into the mailbox by the clients, and at the end of the week I made an Excel Spreadsheet for the nurses to use. Based on that, a nurse would visit every client in their flat once a week at that given time for ten to twenty minutes.

"Oh *yeah, she comes to bother me once a week. What a stupid idea*." Ingrid, 68 years old.

I deliberately selected a quote which assessed this policy negatively, because the way in which the clients reflected this form of care was quite miscellaneous and complex and many clients complained about it. At least to me. As I mentioned before, clients did have the option to decline the weekly visits completely. This however only happened in four cases, and remaining clients did provide a time during which they would be available, and generally were available at this time. Which raises the question - why did clients complain about this form of care, but complied and made time to be at home for when the nurse came around. The questionnaire that they received at the start did have the option to select "no" in the first question of the questionnaire and Celine made it clear that this would not offend her or the staff in any way. Returning to the theoretical background of this thesis, the concept of "active ageing" provides us with an interpretation as to the reason why the clients in Rainbow didn't openly endorse this new carehome policy, but still complied with it and actively used it. For Hasmanová-Marhánková, the discourse of active ageing contrasts the passive helpless senior on one hand and the active and independent senior on the other. While the passive senior requires assistance and relies on their environment to provide for all their needs, including the need for companionship and interaction, the active senior is fully capable of providing for themselves. And in this discourse, the passive senior is viewed as inferior to the active senior (Hasmanová Marhánková, 2010).What this means for us is, that in the light of a similar discourse being present in Rainbow, it was important not to come across as a passive desperate senior who requires the carehome staff to provide them with company, but rather as someone who is either fully capable of finding friends or people to talk to or who doesn't have the need to do so. Yes, to the clients demeaning the visits amongst themselves was a form of declaring their independence. And at the same time an opportunity to interact and confide to someone.

Another level that we should not forget, even though I personally feel it is not as reflected in the data as the first one is that due to the importance of a positive relationship with the carehome staff as well as present themselves as healthy individuals that are capable of functioning within Rainbow, these visits could have been a form of self-presentation of the clients as well as a way of showing support of carehome policies. If you remember, it was important for the carehome staff to feel that one's health state is adequate for staying in the facility, and the visits could have the function of showing that one is indeed healthy and fully capable of taking care of themselves. While the data and theory suggest the former interpretation of the client behavior to be the more plausible one, I cannot rule out that indeed some clients viewed these visits as a way of maintaining good relationships with the carehome staff or of demonstrating their health status. Or perhaps for some clients, it was a combination of the two interpretations that formulated their approach to the weekly visits.

Concerning the clients that refused the visits altogether, when they stated to me their reasons for not wanting to be visited, they had two reasons: one, that they viewed it as a violation of their privacy. Most care in Rainbow took place outside of the clients flat, and the clients that refused the visits argued that this would force them to put in extra effort to tidy their flat, prepare some refreshments for whichever nurse would come and so on - as they would during any other visit. Now, this wasn't something that was mandatory, and indeed many clients did not bother cleaning their flat prior to the nurses visit, but to these clients it would be so unpleasant to have a visitor over in what they considered a messy flat, that they preferred not to have the visits altogether. The other reason was, similarly to the weekly meetings, that it was too much of a time commitment for the clients to promise to be in their flat at a given time. In the case of one client, she felt that she has such a busy schedule, it would only complicate matters for her to add another commitment into her diary.

6.3 Inter-staff relationships and venting:

One of the texts that inspired this thesis was Votřel's diploma thesis which focused on the staff in a specific hospice in the Czech Republic. I have chosen Votřel's thesis as the theoretical background for this chapter, because: One, it discusses in detail the strategies and discourse used by hospice staff to cope with their job; and two, the environment is quite similar to that of Rainbow in that the patients of Votřel's thesis are mostly of a similar age group to the clients of Rainbow and the staff in Rainbow is also expected to assist with a wide series of administrative, health, social and hygienic tasks. For Votřel, one of the main forms of coping with the trying and difficult job that nursing assistants had was through venting. What that means is that in terms of discourse, the staff would often resort to either vulgarisms or demeaning the patients behind their backs. To give an example, when talking about a client whom they had been helping a patient with personal hygiene, they would later discuss situation as "Bob shat himself so much today" rather than something more politically correct such as "Bob was quite dirty today". Similarly, in situations when someone died, they would for instance resort to sarcasm and say things such as "great, another one". Now this might seem like an awful thing, bordering on patient abuse, at least should the patient or their relatives overhear it being said. However, it is important to realize that the author's argumentation wasn't to present the staff as some vile abusive caregivers, but rather to pinpoint how an extremely tense and stressful environment forces people within its network to create these venting strategies to be able to cope with and function within it. The author used the method of becoming - he worked in the hospice for ten months, learning the strategies and practices of the staff. This also allowed him to see in practice some of the situations that resulted in the need to vent. The underpaid staff often working hours of overtime (which in and of itself would be enough for me to employ vulgarisms) were confronted with death, dealing with what could often be gruesome patient injuries, and dealing with the personal hygiene of their patients all on a daily basis. Add to that the fact they they had very little time for every client, as the facility was understaffed, and venting seems like a very rational strategy (Votřel, 2011).

Returning to the chapter about nurse visits - it might have come across your mind that visiting and talking to so many clients within such a short amount of time over and over again might be quite a trying experience for even a very sociable person. Assuming that Rainbow had,

say, sixty-one residents at one point, it would mean that the nurse would have to spend twenty hours a week just talking to seniors. The staff in Rainbow had a similar strategy to surviving the stress of their everyday job to the staff of Votřel's Health Care Institution - they would vent, but in a completely different way than Votřel's staff. Instead, they would portray whatever they considered stressful in their interaction with the client as nonsensical and irrational on behalf of the client, comparing it to the demands and behavior of a child.

Now about that remark I had about it being quite trying for the nurse, to have to visit all those seniors during the week and have a small chat with each of them. We can describe this as the staff of Rainbow being required to carry out tasks that are not explicitly in their contract, but are something that cannot be separated with taking care of the elderly. Hochschild argues that certain institutions require, by default, that their staff doesn't only fulfill whatever their assignments are, but also something she calls emotional work. What that means is, the nurse cannot just give the seniors their pills, but she is also expected to interact with them, be polite and so on. In fact these actions are so tied to the task that the staff performs, they are one of the main criteria in terms of judging the quality of the service. Yet these institutions do not seem to reflect on the fact that their staff at human beings under pressure, human beings that are expected to be empathic on top of their own work and only consider them in regards to their function within the institution. What that means is, in a lot of these institutions, Rainbow included, there are no seminars, therapy groups or other institutionalized means of dealing with stress. Hochschild's interpretation of how structurally some institutions encourage the persons within them to develop informal strategies that help survive within the institution, commonly banter and venting(Hochschild, 2011).

Infantilization was a strategy where they would verbally either interact with the client, or afterwards discuss the client, as if they were a child. In terms of interacting with the client, it was mostly noticeable with a soothing, patronizing voice as well as emphasis on really simple concepts. Checking the terrain notes for an example:

"I read that the Reading club was cancelled."

"Mrs. Biggles...Mrs. Biggles...where did you read that?"

"I don't know, it was somewhere..."

Celine puts her arm around Irene's (Mrs. Biggles) shoulder.

"Now Mrs. Biggles, you know you sometimes read things wrong."

In this example, Irene was complaining to Celine that the Reading club had been cancelled (even though Irene never attended it anyway), and while it is impossible for me to mimic in prose how Celine sounded verbally, the interaction was very similar to how one interacts with a child. Neither the tone or what Celine said were hostile or offensive- I never once witnessed the staff being hostile to the clients in any way during my research - yet it gave the staff a feeling of superiority, creating a contrast of wise and intelligent adults compared to foolish and silly children, making it easier to cope with the difficulties of working in Rainbow. Infantilization was a lot more subtle when employed during client - staff interactions, however, when it was only the nurses talking amongst themselves, or Celine and the nurses, it would be a lot more explicit. For instance, something along the lines of "oh god, that woman always complains about something, I wish I had her problems" making the problems of the client seem insignificant compared to the problems of a person who is in the productive phase of their life or straight out saying "you mustn't take them seriously, they are like little children". Venting didn't have to be verbal either, for instance, when sorting through the complaints in the letter box, they would often just read them out loud and then roll their eyes while looking at each other to signify the nonsensicality of the claim made in the letter. Due to the amount of demands and complaints, this also played a vital role in interpreting the quality of carehome service provided by the staff themselves. What I mean by that is that by belittling many of the complaints of their clients, logically there weren't that many complaints that they would consider valid, allowing them to feel as if they were doing their job well. Which is preferable to feeling like everything is going wrong out of being confronted with complaints all the time.

While this system worked well for Celine, the nurses, secretary and cleaning lady in regards to coping with the environment of the carehome, it did not work as well towards external members of staff, or to be more precise, the people who were viewed by Celine's group as

external. These were two people – myself, and the doctor who would reside in their office three times a week should the clients require any checkups or prescriptions. I've already given my positioning quite a lot of space, so I won't go into depth as to why I assume I wasn't incorporated into the staff strategies of venting. However, briefly: my interpretation is that, first of all I, was young and new, so the staff assumed that I did not have the need to vent and would ultimately look down on them considering it as a sign of unprofessionalism; secondly, when it became clear that I was writing my thesis about the carehome there was also the element of me being a critic of the way they interact; and, thirdly, I think it was just hard for them, being middle aged women, to relate to an early-twenties younger guy. Regardless, I have plenty of data on inter-staff interaction and the relationship that the staff, namely Celine, had with the doctor is a lot more complex than the one she had with me. Now Doctor Andrea had her own office outside of the carehome, but she spent roughly half of her work time in Rainbow, paid as a part-time employee. She had been in Rainbow for about four years when I started doing my research there, and left about a year later. Doctor Andrea's departure was once more one of the topics that became a major discussion point for the clients and something of a taboo topic for the staff. Basically about two months before leaving Rainbow, Doctor Andrea began to complain to Celine regularly that she was not satisfied with the standards that Rainbow had in regards to the clients. Her main complaint was that Rainbow was understaffed - two nurses weren't enough to take adequate care of all the clients in the carehome. Her second complaint was that she felt that Sarah, who was appointed by Celine, not Andrea, was not a satisfactory nurse and wanted to replace her with her own nurse. Celine refused to comply with either complaint, rebutting them both as a needless attempt to create drama in the carehome. After some time, Andrea decided to write a letter to Celine's superior, which upset Celine greatly and she spent several hours discussing this with Mila, as you can see in the quote.

"I'm sorry, but this is just a stab in the back. Do you think it's normal?"

"No, it's not"

"I mean, I told her no, and she just won't take no for an answer." Celine complaining to Mila the nurse about Andrea's behavior.

One week later, Celine met with her superior who cancelled Doctor Andrea's contract. Andrea did not depart immediately and still had one week during which she would be in Rainbow to settle her affairs before leaving. During this week she told the clients in person as they came for their medical checkups, prescriptions etc. that they are free to remain as her patients and visit her in her own medical practice outside of Rainbow - basically staying her patients but travelling to her rather than having her within the facility. This put the clients directly between the conflict of Celine and Doctor Andrea, since they were in charge of the decision of whether or not they would remain Andrea's patients or swap to the new doctor that Celine would appoint. Celine was aware of this move on Andrea's behalf, and at the end of the week every client received a letter from the carehome, in which Celine explained that they were not satisfied with Andrea's work and that while all clients are free to decide which doctor they want to go to, it wasn't recommended to continue going to Andrea.

The letter was quite explicit, my paraphrasing of it was not inaccurate. Having discussed the importance of conditional reciprocity before - that in exchange for having access to more benefits the clients were expected to be loyal to the carehome - all of the seniors declined Doctor Andrea's offer, even though many of them had told me in private that they were very satisfied with Andrea and were not looking forward to whoever their new doctor would be.
This example shows us the importance of staff loyalty to themselves; Celine and her group had created a sort of clique which shared a similar discourse and similar approach to senior care and Andrea did not share their approach. That alone was not a problem as far as staff relations went, after all that just meant she could be an outsider as far as the clique was concerned. But the moment the possibility arose for Andrea to create her own clique and want to replace members of Celine's clique, the entire strategy of venting and thus being able to cope with stress was in jeopardy, resulting in a conflict between the staff members.

To conclude this chapter, venting was a typical discursive strategy that the staff in Rainbow used to cope with stress, however, unlike the staff in Votřel's thesis, this was not done through vulgarisms. Instead it was done through perpetuating the idea of "*childish and childlike clients whom require babysitting from the adult and rational staff*". This discourse was hidden from clients and the reason why I am describing it in relation to inter-staff interaction is that it was also exclusive to Celine and her inner circle of staff, and was limited in front of people who

were not considered part of that group. Because Celine's group had an effective way of functioning within the carehome, it was also reluctant to have other people either join the ranks of the staff or replace current members of the staff, as Doctor Andrea had suggested they do. New people might not have initially shared this discourse with them and that would threaten its validity as something unprofessional and demeaning. So Celine strove to maintain the staff setup that was currently in Rainbow and in her eyes functional.

6.4 Protecting seniors from crime:

"In the afternoon Celine called a meeting with all the clients in the social room. This was uncommon, as usually meetings are called around a week in advance and not on the same day. I asked her why and what was going on, and she flatly responded that she had a presentation to make. I was, of course, super curious as to whether the presentation would have anything to do with the recent Town Bank affair, or whether it would be something else, so I joined about thirty clients in the overcrowded room. Despite the late notice, most clients found the time to come. Celine came in shortly after and without saying anything put a DVD into the DVD player and set it to play. The video was a video I had seen before countless times - a documentary on marketing scams that targeted the elderly called "Šmejdi". While not something I wanted to see again, this was currently the main issue in the carehome. It was surprising how silent it was during the presentation - no one discussed anything even after the video finished. Once the video had ended, Celine said that due to recent events she found it necessary to again educate the carehome clients on the many forms of senior scams that can take place. The clients were completely silent. Afterwards, she asked them whether they have any questions, and when no one had any, she said that that was all she wanted to show them and left. The atmosphere was tense, and I couldn't shrug off the impression that the whole message Celine had for the clients was that she was disappointed in them that they had fallen for something so obvious." Field notes.

One of the common issues that came across in the media was the issue of so called "Šmejdi", which was a marketing strategy aimed at senior citizens deployed mainly by specific electronics vendors. Basically this form of marketing had two strategies, which I will briefly explain to you. The more common strategy was pressuring seniors into buying a product. Generally this would be done during product presentations, where the presenter would either

attempt to humiliate persons who were unwilling to purchase the product or would simply repeat a presentation on, for example, a vacuum cleaner for twelve hours, until the seniors eventually gave in - what with being without food or water for half a day while listening to a very dull and monotonous voice talking about vacuum cleaners.The other strategy was incomprehensible contracts, which would have a very simple and inaccurate summary of the service and then a considerably less transparent actual contract, resulting in seniors misinterpreting important information such as the actual price of the service or the extent of it. These cases resulted in a large uproar among the Czech public, and several NGOs and facilities which happened to work with the elderly launched programs to combat the "Šmejdi" marketing and help raise awareness of it among seniors. Anyway, that's just my short summary of a phenomenon that was a widely debated topic at that time and which affected many seniors across the country, including seniors in Rainbow.

Let me show you on a specific example. One day, every senior recieved a letter from a certain bank company. We can call this company Town Bank. The letter contained a credit card with two hundred crowns "for free" on it as well as a letter which was phrased something along the lines of Town Bank rewarding the holder of the card with two hundred crowns which they are allowed to spend as they see fit, and if they are satisfied with the services provided they can charge further money on the card. Now before I go on, I would like to point out that it is quite hard to describe this affair without making it come across as if the seniors are naive. To which I would just like to add, that when the clients were our age, these scams and exploits did not exist in the form they do now. It's simply something new to them that someone would openly want to trick them in such a shady manner. And to be fair, the audacity of some companies when it comes to marketing probably catches all of us off guard from time to time.

On topic: Suddenly the carehome had about 15 seniors who signed up for this debit card and were receiving notices that they owned Town bank money off the card. While they were free to cancel the card and any non-verbal contract created through the use of the card, the bank required a cancelation fee, which was something around one thousand crowns (approximately US $50 or 40 euros). It is kind of subjective whether this is a lot of money or not, since you the reader probably have a different wage than the Czech pension. However suffice to say that for the carehome residents this was quite a large sum, especially if you consider that a lack of

income could also become a factor that would result in one being forced to leave the carehome, as seen in Hannah's case.

As you can imagine, this was not a pleasant situation for the carehome staff. As the seniors that called the Town Bank customer support, in several cases they ended up being persuaded by the charismatic call center workers to buy further Town Bank services of questionable use to them. And so, in many cases, it came down to the carehome workers to call Town Bank, with the client present in the office, and negotiate the cancelation of the card. This was something that I too was tasked with doing, since the staff did not have the capacity to call for every single client. It wasn't something particularly pleasant - the Town Bank call center workers were aware of the dubiousness of their contracts and probably went through this conversation countless times per day, so they were quite reluctant to cancel the contract, and thus kept trying to be able to communicate with the client and furthermore you had to repeat the process for every carehome client that required their contract to be cancelled. After about two weeks, the whole Town Bank drama had ended, as abruptly and unexpectedly as it had started. Nearly all the contracts were cancelled, mostly due to the diligence of the carehome staff, though in two cases the clients cancelled the contracts on their own. I write nearly, because in one case the client got tangled up in additional services and decided to keep them, even though he himself considered them redundant. "It's not that much money" he argued.

Now perhaps I should have clarified this earlier, but the carehome staff ultimately had no interest in how the seniors decided to spend their wealth - whether it be going on holiday, buying a painting or indeed a plethora of Town Bank accounts. So the issue wasn't that the carehome staff considered the "purchase" of the account as a waste of money that led them to quickly encouraging and mediating the cancelation of all the contracts, but the fact that the clients themselves were complaining that they signed up for the use of this card, and once about three clients complained, it became clear that something was going on. This whole issue was quite difficult to discuss with the carehome staff. They were simply very vague about the topic and discussed it briefly and quite pragmatically. It wasn't the same kind of vagueness as when something was a taboo, but the vagueness came from an attempt to be professional and keep this sort of information private. Even though I was privy to it, especially considering how they asked me to also help with the phone calls and contract canceling. Celine simply described it as a

scammer attempt which forced her to intervene. One of the nurses described it perhaps less gently as seniors falling for obvious tricks and the staff having to permanently be on their guard as they if they were with little children. Patronizing the clients is, by the way, something I would like to discuss in a future chapter, so please keep an open mind about it at the moment. Other than that, the issue did not seem like a major discussion topic for anyone from the staff. Like while it was a major discussion topic for the clients, it felt like the staff was either trying to avoid the topic or was disinterested in it. They did admit, when I asked, that this had happened before - so perhaps the disinterest stemmed from the scam not being something new to them, and hence not as exciting of a topic as it was for me. If they had been through these discussions over and over again, which is something of a trait of carehomes - you often go through the same discussion with someone several times a week, month, year, it would explain why they didn't really feel the need to discuss with me.

Another interpretation is that it was something that they considered humiliating for the client. Because though it was quite transparent that there is no such thing as a free credit card mailed to you just because a bank is nice, they felt like discussing the topic further, even with me - or maybe especially with me, since I actually took more value to what they said to me as I am writing a whole thesis about it, as opposed to just telling their friends who might laugh at it and then "let it go" - while belittling the clients and making them appear naive. If I was to describe the behavior of the carehome staff at that point, I would say that they were upset that their clients were targeted by these scams and also felt duty to protect their clients from the scams. While this was never addressed verbally, and as you can see from the Field Note extract, Celine was very abrupt about the matter - she barely discussed it with me, and when I wanted to discuss it with her, it felt as if I can't really ask well, as my questions would either be extremely vague, such as "how do you feel about that?" and would get equally vague replies or would encourage her to reply in a certain way, such as "do you think that it is your obligation to protect your clients from these kinds of scams?" which would perhaps yield more relevant data, but the whole concept of obligation and duty were something that I brought into the conversation, not her. What is important for us from this part of the chapter is that the carehome did intervene when its clients faced problems such as these, even though the problems were outside of their regular agenda and not something one would describe as standard, they did go out of their way to help clients when they saw that they were in trouble. Sometime in August, it was announced that there would be a

seminar/presentation on how to prevent violence against seniors held at the carehome. Like every event, this was announced using the message board in the main hall of both buildings. I was really looking forward to this presentation - I knew that there are NGOs that focus on helping seniors in various ways, but I only ever worked with people who made visits in carehomes and hospices, not people who focused on crime and abuse. So this felt like an opportunity to learn something about a completely new, albeit unpleasant field of social work.

"This time the presentation was in the central hall of the carehome, in the older building. The tables were moved out of the center of the hall and instead the armchairs were placed in a way that they formed a sort of semi-circle. Because there were only eight armchairs, we brought in some more chairs from the social room. Still some clients had to stand up (as did I) - in this case it was all men, the only man that got to sit was Tom, who was one of the oldest clients in the carehome, and it was generally assumed by the other clients that his health status demanded that he sit. There were about thirty of us in the hall. Because the hall also formed the center of the building and there were doors in it that lead to the individual flats of clients, about twice during the presentation you could hear someone opening their door and going to check their storage room or something like that. All of us received flyers with a short summary of what the presentation was about. They also included quotes from abuse victims and pictures of seniors with bruises covering their face - something I found very disturbing. The presenters were both middle aged women, and they both had that NGO person sort of look. As in, they weren't dressed unstylishly, but the shade of their clothes came across as if the clothes had been washed too many times. Or maybe that is just my stereotype of NGO people. " Field notes.

Anyway, instead of playing fashion police, I'll get to what the presentation was actually about. According to the two ladies, one of the key sources of abuse was social isolation. If the senior had no friends or family to confide in, then they were more likely to be abused, because their aggressor would feel that there is no way for anyone to find out. Building social networks worked as a form of prevention, since if one found themselves abused and told someone else, the chances were that the other person would report it. While the seminar focused on seniors who were abused by their relatives, which according to the lecturers was the prevalent form of senior abuse, they also mentioned that one of the possible forms of abuse was the abuse of seniors by carehome staff. Because according to them the staff is in a position of authority towards the

client, it is less likely that the clients are going to report said abuse. As far as my data is concerned, there has never been any mention or indication of clients being abused by the staff in Rainbow, verbally or physically. And indeed, once the seminar was over the clients had no questions for the two ladies. Instead, when the seminar had ended, several of them left as they felt that they had fulfilled their obligation of attending a public event organised in the carehome, while three elderly women remained and talked to each other about a TV soap opera that they were apparently all watching. Celine thanked the NGO for organizing the seminar and then invited the two ladies into her office for some coffee. What we see here are two different situations in which there was potential external harm towards the client, either in the form of a company targeting seniors with misleading marketing or in the form of a rogue nurse abusing their clients. Both situations had a different meaning to the carehome, but in terms of prevention the carehome staff took a very similar stance - it organized a seminar to educate its clients on this form of danger. In both situations emphasis was placed on the victim being the person to make the first step - while the staff would intervene once the damage was done, it was the client who had to either identify that they were being abused or that the contract they signed up for did not benefit their actual needs. Ideally, they would identify the unnecessary service prior to signing a contract in the first place.

Both events, despite having a similar nature, as in an organized presentation with the intention of educating clients on something that can cause potential harm to them, were taken completely differently. The latter presentation seemed more like a social event, even though senior abuse is something I would consider multiple times more unpleasant topic than scams, while the former was taken more seriously and with a lot more shame - the atmosphere reminded me of a school teacher scolding their students for something they had done.
I would ascribe this to the level of relevance the issue had in Rainbow. In the situation with Town Bank, the issue was something that affected many clients in the carehome and hence was take seriously by both the clients and the staff. Senior abuse on the other hand was not something that had happened in Rainbow and as such it was seen as a negative topic, but nonetheless a topic that does not really concern the clients. These situations help us realize that one of the strategies of taking care of elderly clients in Rainbow was making an effort in preventing any damage, even if it happened to be unrelated to the actual carehome and its clients. The staff felt a sort of duty or moral obligation if you like to intervene when they felt that their

clients were being exploited by Town Bank. They also felt a duty to transparently fight against senior abuse - even though there was no recorded case of senior abuse happening in Rainbow; the staff had the clients lectured on how to proceed in case something like this did happen.

7. Conclusion - The two worlds of the fish pond:

"It's hard you know...it's not just being in a carehome. The carehome is one thing...it's having so many pills, and everything hurts. Like I was used to playing tennis and going jogging when I was young. Now I can barely go shopping. So of course if everything feels exhausting and unpleasant for you then you are negative about everything. That's why people here complain a lot. You need to take what they say with a grain of salt." Moira, 83 years old.

I am not using Moira's quote to try to belittle or refute the data constructed with the carehome clients. To me, this quote illustrates something that I find is important to realize in the thesis. If we return to the key questions of how "good old age" constructed is, reflected and what strategies do the clients and staff in Rainbow utilize to construct "good old age", I would say that the entire context of Rainbow is an answer to this question. It isn't a finite list of strategies and practices that helps us define "good old age", but instead it is multiple levels of context that range from the background of the client to their health state to the institutional structure of the carehome and the enactment of its policies by the staff. In this thesis I have tried to show that constructing "good old age" goes beyond simple senior and carehome staff interactions. It is a complex bundle of relationships, and in the conclusion I would like to show how this bundle of relationships problematizes "good old age".

First off, we need to realize, that good old age isn't the result of just the interaction between the carehome staff and the seniors, but also the result of the interaction and relations of the seniors amongst themselves. If you recall chapter four about senior diversity and chapter six where senior clubs and events were discussed amongst other things, then you remember that the relationships between carehome clients were quite diverse and complicated. Seniors were not a homogeneous group, they were individuals with different backgrounds who placed strong emphasis on their social status in the carehome. This social status was derived from their economic status, how well off other clients assumed they were based on their hobbies and what furniture their apartment was furnished with, their education and profession - as in how prestigious the job they had in the productive period of their life was - their relationship with their family, as well as the education, wealth and profession that their descendants had. Clients would often discuss the success of their children and grandchildren and would reflect on that

when considering someone's social status. It was also derived from in which building in the carehome they lived - whether they were in the newer building or the older one – as clients tended to form social networks on the level of individual buildings more than across them. Indeed, most conflicts between clients were clashes in regards to social status, where one client would feel offended that a specific mode of interaction on behalf of another client did not seem to acknowledge that their social status was superior to that of the other. If we use Bourdieu's concept of capital, we can say that different seniors had accumulated different kinds of capital, and reflected on this to the point where they mainly wanted to associate with persons who had a similar distribution of capital and considered their capital to be superior - by which I mean, if they for instance accumulated a large amount of cultural capital in their productive life period (in other words, they were educated), then they would view cultural capital as superior to, for instance, economic capital (Bourdieu, 1979). These interpersonal relationships then reflected the make-up of seniors clubs . Several clients were not part of these clubs because of interpersonal conflicts with clients who were high ranking members of said clubs. So on one hand, the presence of these clubs gave clients agency by giving seniors near full control of how specific aspects of the carehome, such as decoration or the organization of events, which if we return to Setterstain with the concept of redefining goals into something achievable to avoid feelings of hopelessness or failure, is something that would seem desirable in terms of enhancing the quality of life in the carehome (Setterstain, 2009). On the other hand, these clubs lead to the mirroring of the interpersonal relationships of the seniors, and were very much drawn into the everyday reflections of status and social networks that the seniors had amongst themselves. In other words, while the ability to decide how to organise events and how to decorate the carehome was definitely a way of giving the clients agency, a voice and a form of shaping the carehome, rather than just passively accepting whatever the staff came up with, it also enforced already existing forms of ostracization and marginalization of some clients within the carehome.

Another context which is important to us is the context of Rainbow as an institution. This is relevant on two levels: one for the staff, which I have described in the chapter about venting and two for the clients, which I have discussed in the chapter about crossing the border between a patient and a client. In regards to how Rainbow as an institution affected the social relations of the staff: these institutions as structures do not incorporate for the fact that the work done within them is emotional work. Something that not only requires certain procedures, such as to give the

clients their pills, clean their flats etc., but also emotional work on the level of being empathetic, interacting with the clients in a pleasant manner, listening to the client's needs etc. Yet this is somehow not factored into the structure of the institution. Rainbow had no counseling, no psychologist - it simply didn't seem relevant to the structure of the carehome that the staff are people too (Hochschild, 1979). With the lack of any institutionalized means of dealing with the pressure of emotional work, the staff in Rainbow developed a strategy of venting and infantilizing the clients. This strategy not only allowed them to cope with the everyday stress in Rainbow, but also resulted in becoming a key factor in defining them as a group. In other words, similar interpretations in how it is adequate to vent, what is appropriate to make fun of and what isn't, formed a certain staff clique, which identified itself as the "insiders" in the carehome, as opposed to external staff, such as the doctor or myself. For the clients this meant that Rainbow had a very specific position somewhere between a flat for rent and a care facility. It was not structured in a way that would enable it to take care of patients who required more intense attention and assistance. A larger amount of these would simply prevent the understaffed Rainbow from performing their services in relation to all the other clients. As such, if the staff believed that someone had crossed the border between a client and a patient - by which I mean that they were no longer self-sufficient enough to perform their personal hygiene or to eat and drink, they would move said client to a different facility, usually a hospital or a hospice. Their criteria being a mix of personal experience, education and their relationship with the client. The latter being perhaps the least relevant deciding factor to them, but something strongly reflected on by the clients themselves.

Fear of being moved to a hospice was one of the key motivators of conditional reciprocity. In other words, clients wanted to have a good relationship with the staff, because they believed it affected whether they would be allowed to stay in Rainbow or not in the case of increased health problems. Furthermore, they wanted to create an image of themselves as someone independent, healthy and self-sufficient. Here we can see Hasmanová Marhánková's discourse of active ageing in practice. This discourse is set around defining a series of activities as signs of an active senior, whom the discourse sets above the passive senior, who does not engage in these activities. For instance, attending the seniors clubs would be a sign of being active whereas just going shopping was something associated with the passive client. That being said, there were strategies in which clients would try to justify that their activities were also signs of being active, even if the

discourse would classify them as passive. This discourse effectively forces seniors into activities they might not be interested in simply for the self presentation that they bring and also instills feelings of failure and incompetence in seniors who fit more into the category of a passive senior (Hasmanová Marhánková, 2010). As the clients in Rainbow modify their claims or select them in an effort to not offend the staff or in an effort to present themselves as someone who is self-sufficient, independent and ultimately unhindered by whatever actually upsets them, it becomes increasingly difficult for the carehome staff to receive any form of feedback regarding the carehome policies, the staff approach and everyday life- in Rainbow. We could see from the chapter about weekly meetings that the staff is not oblivious to the fact that the complexity of interpersonal relationships between the staff and the clients affected the way seniors communicate with them. Celine was aware that for the clients, openly stating that they were discontent with something was very difficult, since it made them feel that they were dependent on other people. After all, a healthy and self-sufficient person wouldn't complain about some of the issues that the clients considered to make their life more difficult. What I'm trying to say is that the discourse of active ageing made it quite difficult for the seniors to communicate with the staff and amongst themselves. Because there was such a large emphasis on maintaining a self image that is in concurrence with the discourse of active ageing, seniors found it difficult to express themselves and would modify their feedback to the carehome staff.

So how come the staff did not seem fully aware of the problematic position that the clients in Rainbow were in, due to being afraid of ending up being sent to a hospice? And how come the clients did not seem to reflect upon the effort the staff was making to eliminate what they say as damaging factors in the client - staff relationship? Haškovcová's concept of two different generations in need of mutual understanding is something that can help us explain this. For Haškovcová, the key to a harmonious co-existence of generations in a facility, specifically facilities focusing on care of the elderly, is that it is extremely important for both parties to reflect upon the situation, background and the everyday life of the other party. This "amateur anthropology" would help the individual persons understand why the other generation behaves as it does, why it makes those specific demands and why it reacts and interacts in a specific manner. These empathy trainings, if you could call them that, would avoid simple and often faulty conclusions such as that seniors like to complain, or that the staff has a tendency to be lazy and indifferent (Haškovcová, 2012).

This idea of two different generations - or as I would like to call them, two different worlds that are interacting with each other – being prone to misunderstandings, because they do not conceptualize the meanings and point of view of the other party, is key to this thesis. With this in mind, I would like to take you back to the fish pond I mentioned at the beginning of the thesis. I feel that the fish pond illustrates the situation in Rainbow very accurately. It is an attempt on behalf of the staff to create a pleasant environment for the clients in Rainbow. Turning what would otherwise be a lawn with a few benches into a little park, the construction of the fish pond no doubt cost quite a lot of resources, both in terms of time finances. The carehome regularly pays a maintenance worker to take care of the pond. Yet it is barely noticed, barely reflected on. The clients simply do not appreciate it. Not because it is something mundane, or because the clients have been used to having fish ponds in their houses before becoming residents of Rainbow, but because to the seniors in Rainbow, the fish pond simply isn't important. It's there, sure they are aware of that, but it doesn't affect them at all. It is something complementary, something that has very little relevance to how they reflect on their experience of old age in Rainbow. And this is a typical situation in which the staff is genuinely employing a strategy that they feel will enhance the life standard of clients within Rainbow, and make their perception of the carehome environment more pleasant, but because they are without feedback or because feedback in Rainbow is obscured by the power relations which are inherently tied to the structure of Rainbow, the strategy does not affect the actual way clients in Rainbow experience old age. Could the resources spent to establish the fish pond be diverted elsewhere? From the perspective of the carehome clients, definitely. There were many topics that they outlined as urgent or necessary to improve, such as more accurate time schedules when it came to delivering food or more intervention in carehome events.

In the end, the only person who truly appreciated the fish pond was me, the anthropologist.

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