

# The meaning of stigma: identity construction in two old-age institutions

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## **ABSTRACT**

People in advanced old age with frailties and those who are resident in old-age institutions manage their identities within the constraints of stigmatised settings. This paper compares the processes of identity construction in an old-age home and in a sheltered housing project for older people in Israel. Applying a symbolic-interactionist perspective that sees old-age institutions as social arenas for the reconstruction of identity, the paper first distinguishes the residents' constructions of *stigma* and *deviance*. While the old-age home residents collectively turned their stigma into a source of positive labelling, the sheltered housing residents drew advantages from their previous roles and statuses. Gossip is shown to play a critical role in reproducing stigma, particularly in the old-age home. These findings are used to demonstrate the variability and potential for adaptation among the residents – who are often stereotyped as homogeneous and passive. The paper concludes with a discussion of the literal and metaphorical languages used by older people, and of stigma as a positive instrument that can introduce content into the definition of the self.

**KEY WORDS** – stigma, old-age home, sheltered housing, gossip, identity, Israel.

*It should be seen, then, that stigma management is a general feature of society, a process occurring wherever there are identity norms* (Erving Goffman 1963: 130).

## **Introduction**

Residents of old-age institutions are often seen stereotypically as a constrained, passive and homogeneous group (Turner 1960; Mahoney 1994), and the loss of a person's own home in old age is usually considered a crisis (Adams 1992; Haight 1995). In line with these socially-shared perceptions, many newly-institutionalised older people tend to view their institutionalisation as an undesirable step only taken because impelled

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by declining physical capabilities, isolation or loneliness (Golander 1989; Gubrium 1975; Hochschild 1973). Against this bleak picture, there exists an important stream of research from a symbolic-interactionist perspective that views old-age institutions as social arenas. Following G. H. Mead's (1934) 'symbolic interactionism', this perspective focuses on inter-subjective meanings constructed through social relationships (Denzin 1997), and demonstrates that old-age institutions can become settings for the reconstruction of new and alternative identities and forms of social interaction (Gubrium 1993; Hazan 1980, 1984, 1987; Reed and Payton 1996; Unruh 1983). By comparing these processes in two settings, an old-age home and a sheltered housing project for older people, this article examines the impact of institutional constraints on older people's relationships, management of identity and quality of life.

The paper has three parts; the first attempts to distinguish *stigma* and *deviance* and elaborates the argument that the residents of old-age institutions may actually use stigmatic discourse in constructive ways. The second reports an ethnographic comparison of the old-age home and the sheltered housing project, and the third continues the discussion of stigma as a positive instrument that can introduce content into the definition of the self.

### **Old-age institutions as social worlds**

Different forms of housing and institutionalisation can produce significantly different experiences for the residents, and have considerable social consequences, including both positive and negative features of self-esteem, identity management, social relationships and community life (Percival 2001; Reed and Payton 1996). The radical impact of old age and institutionalisation on identity can be better grasped by comparing it with the 'normal' (*i.e.* middle-age) conception of identity. Giddens (1991: 75) identified three aspects of the modern conception of identity: (1) the self is a reflexive project, for which the individual is responsible; (2) the self forms a trajectory of development from the past to the anticipated future; and (3) the reflexivity of the self is continuous and all-pervasive. Activating these components may be problematic for people in advanced old age with frailties or who are residents of old-age institutions. In their case, individual responsibility can be undermined by physical constraints and the social authority of professional carers, and personal development is generally seen as no longer possible. As a result, such residents are often expected by 'middle-age society' to 'disengage' and 'withdraw', and allowed to be active only within segregated communities that are given euphemistic names such as 'homes', 'villages' or 'sun cities'.

Although many older people do not live in old-age institutions, are quite independent and do not receive professional services, modern youth-oriented consumer culture is largely ageist and places a stigma on 'being old'. This stigma is particularly blatant in old-age institutions that are regarded as 'the last refuge' and created as age-segregated places from which there is no return (Townsend 1964, 1971). In its original meaning (from Greek), *stigma* (plural *stigmata*) refers to marks on the body that are signs of disgrace, severe censure and social rejection. Whereas positivist approaches dealt with the objective and inherent characteristics of stigma (Mills 1943; Gibbs and Erikson 1975), constructivist and symbolic interactionist theories emphasised the inter-subjective process of labelling (Becker 1963; Kitsuse 1962; Lemert 1974). Despite their great differences, both approaches regard stigma as an *a priori* source of social rejection. As Palmer and Humphrey (1990: 36) put it, 'it is interesting that there is no formal theoretical principle of positive deviance ... this is a field that has been ignored in the analysis of the behaviour of the deviant'. Rogers and Buffalo (1974) argued that the act of applying a label to an individual is not in itself a 'bad' act. They also described the tendency for labelling and categorisation as an essential means for creating existential order and meaning in a complex society. With reference to the self, they refer to *channelling*; that is, that the individual not only agrees to the bestowed label but also channels it into a form of self-expression, self-identity and social effectiveness. In their opinion, this strategy is similar to Freudian 'sublimation', in that it represents an attempt to convert the significance of a gesture or attribute from negative to positive.

In this study we focus on the possible value of stigma and the construction of identity in two old-age institutions. As Goffman (1961) argued, total institutions – despite all their rigidity – are sites of socialisation, resistance and identity construction. In a similar manner, we argue that old-age institutions are social worlds in which the staff and residents engage in symbolic interaction. The elderly residents may concentrate on things that they are still able and permitted to master – daily routines, hobbies and linguistic rituals. Scant attention has been paid in the socio-anthropological literature to behaviour that appears to serve no purpose, but observations of the old and other socially-suspended people reveal that repetitive spatio-temporal activity patterns are often followed devotedly. Such behaviour can be stigmatised as compulsive-obsessive mental aberration, but may more accurately be seen as attempts to limit the existential world to activities over which control is possible. If this is to be shown, we must observe the negotiated order of the old-age institution from the residents' point of view, rather than applying a dismissive (middle-age) definition of the situation (see also Hazan 1980, 1984, 1986, 1987).

## The settings

The number of sheltered housing projects in Israel doubled during the 1990s, from 70 with 6,170 accommodation units in 1990, to 146 with 15,105 units in 1997 (Brodsky, Shnor and Be'er 1999). They are owned and managed variously by the government, private companies and voluntary organisations (Shtrakshel 1987). The private-sector projects offer the highest standards of housing, services and facilities (*e.g.* fitness rooms and swimming pools), as well as a greater variety of cultural activities; such amenities have been the basis for the up-market, leisure-oriented 'elderly communities'. On the other hand, the government and voluntary-based sheltered housing projects provide housing for new immigrants who are single or who lack financial security.

Studies of sheltered housing for older people have tended to measure the level of the tenants' satisfaction with the schemes rather than probe their subjective consciousness and experiences; indeed, little qualitative research has been conducted (Percival 1996, 2000). The fieldwork conducted for this study gathered data in a sheltered housing project and an old-age home, both located in cities in central Israel. The first author carried out the research at the sheltered housing project during nine months of 1997, and at the old-age home over 12 months during 1998–99. There were about three visits of three to four hours each week to the sheltered housing project, and four to five visits of three to seven hours each week to the old-age home. The research involved triangulation of several qualitative approaches, including participant observation, informal discussion and face-to-face interviews. The author was introduced to the residents as an academic researcher.

Several characteristics of the residents in the two housing settings are presented in Table 1 (for further details, see Gamliel 2000). In both settings, most of the residents were of European or North-American extraction and had migrated to Israel before or during the Second World War. The sheltered housing project had about 300 residents at the time of the study, and the majority were women with an average age of 81 years. Many of the residents had already lived in the project for at least 10 years. The resident's monthly fee covers social services, medical care, security, recreation (swimming pool and fitness room), and social activity, but does not include food, personal carers, special activity groups or home upkeep. The project comprises two high-rise buildings on the sea-front of a large city. It is a private venture where the residents (characteristically of relatively high socio-economic status and from the liberal professions) have a private apartment and mailbox that define their private space and which reinforce the feeling of home. With only very minor restrictions, the

TABLE I. Characteristics of the residents in the two housing settings

Setting	Number	Formal age of admission <sup>1</sup>	Average age (yrs)	Health status	Residents per room	Socio-economic status
Old-age home	230	75–80	85	Independent and frail	1–4	Lower-middle
Sheltered housing	300	65	81	Independent	1–2 <sup>2</sup>	Upper-middle

Notes: 1. The management criterion. 2. In separate residential units.

residents can decorate and arrange the standard apartment as they wish. The residents are expected to make regular payments and to be considerate of the other residents, but are not obliged to participate in communal activities. In addition, the architectural style of the public spaces, such as the lobby and waiting areas, as well as the manner in which services and medical care are offered, avoid negative qualities of alienation or estrangement. The residents' sense of privacy was protected and legitimised even in the public areas.

The old-age home is a downtown high-rise building and at the time of the study had about 230 residents, of whom 66 per cent were women. The average age was about 85 years, and most of the residents had lived there for one or two years. The resident's monthly fee covers all services including three meals every day. Most were of the lower-middle socio-economic status and had been salaried workers in the civil service. They were housed in one- or two-room apartments that lacked basic amenities; most rooms are not equipped for the residents to cook for themselves, and showers, rather than being *ensuite*, are close by. Few decorative changes could be made to the residents' rooms. At mealtimes the staff checked on the residents' medical condition and their movements within and outside the institution, and a nurse circulated with a cart, dispensing medication in full public view.

The staff constantly supervised the movements of the residents in their private apartments (which had a noisy intercom) and in the public areas. Cost-saving was apparent in all aspects of service provision. The residents were encouraged to participate in social activities, which mostly happened around the mealtimes and near the dining room. Group and individual encounters were frequent and unavoidable. Withdrawal into one's private sphere was not approved. Most importantly, the living arrangement, presumed to be the resident's last, and the highly structured and predictable daily routine, forced each individual to confront her or his losses. These features of the old age home resulted in extreme alienation, standardisation, dehumanisation and depersonalisation, all of which contributed to the loss of personal identity. As one of the relatively new

residents of the old-age home told me, ‘Not all people are the same. There is a difference among people, but *here* there is no difference. People here think that a person is just an old person’.

### **Self-presentation and self-identity**

In conversations, both staff and residents painted the sheltered housing project in rosy colours. The following comments about the ambience of the project characterise the tenor of the remarks:

The institution is not the last stop for the residents. Old-age homes are the last stop. This is a nice place to live in. It’s a place for life (Senior carer).

Just a plain old shirt, which gives a sporty, young look. ... The slit on this skirt is flattering, while still respectable. ... Fashion knows no age (Moderator of a fashion show, in which the clothes were modelled by the residents).

Here it’s another league entirely, it’s like an oasis. I always feel like I’m in another country. ... It’s not your standard old-age home; it’s for rich people, hot-shots (Young security guard).

Everyone here was, at some point, in *Who’s Who*, all of them: architects, professors, engineers, all of them. The population here is very, very high class; even the teachers were more than just teachers. These people enjoyed a lot of status at one time, and they continue to enjoy it here (Senior carer).

The lobby of the sheltered housing project symbolises its public image; it is spacious, air-conditioned and well decorated, with low sofas and matching tables. A huge Persian carpet covers most of the marble floor. The walls are decorated with fine-art reproductions, and large tropical plants stand in the corners. There is a refreshment bar and coffee machine in one corner, usually with a display of cream cakes. The lobby opens through a large, glass sliding-door into an arched swimming pool, and another door leads to a convenience store. Soft ambient music can be heard most of the day. This lobby and its building are separated from the nearby nursing ward, which has a separate entrance far from the eyes of the sheltered housing residents and their visitors (see also Gamliel 2000). The lobby is an arena for self-presentation, where the elderly residents display their status symbols such as cellular phones, pets, expensive clothes and sportswear. By bringing such artefacts into the lobby, the residents constructed an ‘ageless’ identity that was symbolically connected to the youthful pursuit of fashion, consumer culture and fitness.

In contrast to the sheltered housing project, the old-age home was perceived by its staff and residents as a place for ‘old people’ facing imminent death. The following expressions, selected from interviews

and observations conducted with different residents, exemplify these views:

That's how it is with us old people; one day we're healthy and the next day we're sick. You never know what would happen from one moment to the other (Female resident on seeing another resident's bandaged hand).

This is an embarrassment. Birthday parties are for young people (Female resident at a party for several residents).

Children are the ones who are alive; the world belongs to them, not to us. One dies and another is born, that's how life is. There are no living people here (Resident, on seeing children playing in the lobby).

There is no advice you can give to old people. They need an old-age home ... the only advice is how to finish up life altogether (Male resident).

In the morning they [the staff] open the door, and shout, 'Good morning! Just wanted to see if you're still alive' (Female resident).

Many of the old-age home residents turned their common experience into a social world that focused on seclusion and impending death. In such a bounded culture, the residents were forced to seek support from their peer group, which might promote an egalitarian society, since all are equal in the face of death, but, instead, many of the residents re-defined their individuality through the frequent use of judgmental labels to describe the other residents. Whether positive or negative, each resident was pigeon-holed by a single, all-encompassing label, which thus became a metonymy of that person, a sign of their entire personality. Although the person obviously had other features, the chosen label obliterated all other characteristics. No specific incidents or stories accounted for or justified the label. When asked about why a certain resident received a particular label, the usual answer was, 'because that's how they are'. Positive labels employed phrases such as 'that man is intelligent, and very dignified', 'she's the one who's always cursing', and 'he's a good man, always doing favours for everyone'.

Almost every resident in the old-age home participated in this language game of labelling and name-calling. Some group research interviews were undertaken, and when a summarising label was used by one resident, the others usually nodded in agreement. It appeared that the label had become a component of most residents' public presentation of their selves. This was even the case for negative labels. For example, a woman sitting on her own was labelled as a 'sick-bed' (*i.e.* malcontent or depressed). Another resident was categorised with the phrase, 'she's got something to say to everyone. Low-life!' Through these processes of dehumanisation and depersonalisation, the residents lost their individuality. An identity

vacuum was created, and partially filled by labels and stigmatic ascriptions. The labels tended to indicate the *unique* qualities of residents rather than to signify negative deviance, indeed they commonly replaced the residents' given names (which were seldom mentioned) even when discussing a person who was not present.

A personal label normally characterises a deviation from the norms of a given social group (Stafford and Scott 1986). In the old-age home, however, the lack of privacy, hope for the future and role variation created an existential void in which *any* form of perceived individuality, whether positive or negative, was likely to be considered as a form of deviance. The label therefore came to stand for the person, taking no account of and substituting for his or her former roles, status and personality. It was an alternative 'identity' that the collective bestowed on its members. The old-age home residents' self-presentation and identity construction revolved around these labels. At the sheltered housing complex, in contrast, no explicit collective discourse of identity as in the old-age home was apparent, but rather, identity was constructed on the basis of previous as well as new roles and behaviour, such as librarian, cantor, lecturer, teacher and committee member.

This process of identity formation among the residents of the sheltered housing complex was exemplified by M, the resident who served as the Director of Synagogue Affairs. Every Friday, M made sure that the *Shabbat* candles, sacramental wine, and prayer books were in their proper places. He saw himself as responsible (with the Rabbi) for the organisation of the services, and when the *Torah* was read, he called forward the members of the congregation for *aliyot* [honours]. He was the official host when a family celebrated a child's *Bar Mitzvah*. Before Passover, he took a collection from the residents for *Kamcha diPaskha* (traditional alms for the poor). When the wine was blessed on the *Shabbat* (traditionally accompanied by refreshments or a light meal), he stood at the door and greeted everyone who entered. As the residents stood around the festive tables, he explained who was absent and why, and requested donations for various charitable organisations. When he rose from his seat after the final blessings, it was the sign that the gathering had ended. As the organiser of synagogue affairs, M held sway over the minority of the residents who practised the traditional religious observance. He directed the activities of those who came together for worship, whether they were residents, neighbours or visitors. He displayed physical agility and a decisiveness that in the eyes of the residents justified his appointment.

Other residents of the sheltered housing scheme similarly re-enacted roles from their pasts, such as a former military officer, a lawyer who confided that the bureaucratic procedures of the organisation could be



improved, and a female resident who boasted of her acquaintance with famous professors and physicians. Similarly, the retired academics re-enacted their role through enthusiastic participation in the activities that accompanied guest lectures. Residents who were interested in classical music organised recitals. In these ways, identities were constructed by building symbolic bridges between the residents' past experiences and their current involvement in the collective life.

### **Gossip and the management of identities**

Gossip was an important element in the social world of the old-age home; indeed, by re-affirming people's identity, gossip paradoxically constituted a positive language. It also reinforced the boundaries of the residents' diminishing private spheres. By transgressing privacy, gossip can sharpen the borders and 'fence off' the territory of the private sphere (Ferdinand 1993). By jeopardising what the residents most value, gossip can delineate and sustain an impression of the individual's private sphere within the public domain. The result is a 'labelled identity' which induces both the internalisation of the label and the recognition of an individual by others (Melucci 1996). Judgments of an individual's personality are distilled in the gossip-oriented encounter into a single, consistent and enduring label. For example, a resident who admits in public that he tends to lose his temper is liable to create the 'reputation' of a 'violent person', and similarly, a considerate person might be dubbed 'a saint', while one who complains angrily about the behaviour of the staff might be nicknamed 'sick-bed'. Hochschild (1973) analysed such crystallisation of identity in an old-age home as the formation of a 'solid self-image'.

The residents of the old-age home were aware of their in-group stigmas and of the gossip directed at them by others. As one of the residents told the first author, 'You can't do anything about it: here one has to gossip'. In a similar manner, another resident said, 'I think there's something in gossip. There are lies in it, but also a grain of truth. I cannot shut my ears to gossip'. The majority of the residents participated in this collective language game, which amounted to playful bargaining over their identities. One resident, for example, expressed regret that in his childhood he rebelled against his parents and 'ran wild'. Although he was not religious, he wanted to be recognised as such in the institution. Since his comments could be overheard, he pointed to another resident in the lobby and said loudly, 'He's not my type; I'm a *Hassid*'. Another resident said of his deceased wife that, 'she was somebody here. She taught French and did all sorts of things'. When another female resident was asked if she had

always had a sense of humour, she explained that before entering the institution she had been 'serious', and then said, 'People believed me, and so I didn't need to laugh'. When the first author appeared bewildered by this statement, she explained, 'I needed to be the sort of person that I was without laughing, but here all I do is play-act all the time'.

Indeed, residents could be seen as 'cast members' in a play that they both wrote and directed (Lieberman and Tobin 1983). Some might see this as 'de-stigmatisation', a process by which a resident's supposedly deviant role becomes charismatic (Warren 1980). Whether positive or negative, a label may actually arise through an individual acting for an audience. The label is *the goal* of 'impression management' rather than its source, and identity is constructed through episodes of impression management in public. For example, the first author heard the following story about Alice (fictive name). Following an exchange between Alice and a nurse, another resident started gossiping and called Alice 'crazy'. Alice said that she didn't want to be dragged into gossiping: 'had I put that woman in her place, everyone would call me crazy, because that woman can influence everyone'. Alice, like other residents, therefore settled for her label. Another resident, Rafael (fictive name), related that 'I passed near a resident in the cafeteria who spilt hot tea on me. Then the other residents made fun of me, shouting, "how can you let him mock you like that, do something, hit him!"'. According to Rafael, the residents 'made a sissy out of me', but because he 'did not like to start a quarrel' he refrained from retaliating and thus retained the label. Another resident used to sit alone in the cafeteria because he was labelled a violent man. As he told the first author, 'today I can ask myself why I sit alone. If I ask the manager, she would think about changing the situation and make other people sit near me. I don't want this to happen'. For this resident, the stigma of violence endowed him with a distinctive status that he wished to preserve. As with the other residents, the stigma was accepted for its 'reputation' even though this meant submitting oneself to the collective judgment.

The resilience over time of the stigmatic labels was impressive. Indeed, the old-age home residents appeared to use exactly the same appellations even after a person had died. For example, one deceased woman had, when alive, been described as 'small and mean'. Whenever the residents mentioned her, this tag was used; the impression that she had made on the group had been fixed. Similar preserved terms for other people who had died included: 'the resident who fed the lady with Parkinson's disease', 'the one who would sometimes lecture here and had lots of news', 'the English guy', and 'the mother of the guy that's on television'. The labelling continued – a concise memento recognised by everyone.

As Becker (1973) contended, this amounted to 'symbolic immortality' without a conventional hero-system. While probably appearing irrational and inconsiderate to the external observer, the gossip and in-group stigmas had a constructive role for the residents of the old-age home.

### **The normalisation of deviance**

Gossip, 'chattering', 'back-biting' and 'prattling' are common linguistic activities in many old-age institutions (Percival 2000), but the residents of the old-age home that we studied reacted to and used gossip in a special way. In 'middle-age society', rumour and gossip is generally discredited or condemned as immoral in the social domain (as with racial rumours; see Fine and Turner 2001). Many writers have, for example, addressed the functioning of the 'grapevine' or the rumour/gossip network in organisations (Crampton *et al.* 1998; Mishra 1990). Such networks are resilient and cannot be eliminated, but are usually seen as detrimental to an organisation, by undermining productivity and sapping the employee's morale (Noon and Delbridge 1993). Reality, however, reveals widespread individual interest and participation in rumour and gossip processes (Bergmann 1993).

The old-age home residents regarded gossip as a positive means for identity construction (as they did personal labelling). In other old-age institutions, too, gossip has been seen as having positive consequences, as in confirming important social norms (Percival 2000). Through gossip, the residents provided and gathered personal information, which encouraged familiarisation and support, even when openly criticising a person 'to his or her face'. Such behaviour goes against the grain of accepted conduct, where negative gossip is usually said 'behind people's back', and open criticism in the presence of the person being talked about renders him or her a 'non-person' (Handelman 1973) or an 'outcast' (Goffman 1959). In the old-age home, the effects were opposite: open criticism and stigmatising gossip could establish the resident's identity, role and 'face' in the eyes of others. The fact that there was little if any reaction to, or withdrawal from, gossip confirmed its positive role. The role of gossip, which went hand-in-hand with the positive uses of stigma and labelling, involved an in-group interest in others' identities and 'reputations'.

As Biggs (1997, 1999) has proposed, the meaning and use of stigma and gossip can be seen as a form of masquerade, a tactical manoeuvre to negotiate contradictions between social ageism and personal integration. In Biggs's (2004: 53) explication, 'masquerade protects the mature self from external attack, and becomes a somewhat Machiavellian vehicle for

self-expression in its own right. A necessary inner space is created in which a stable identity can be built. This helps to ground an ageing identity and provides a position from which to assess and connect with the social world. In the face of an uncertain environment, it is argued that key elements of personal experience become interiorised, bringing vitality to the inner world of self<sup>7</sup>.

Aphorisms, folk tales, proverbs, parables and such have also been seen as part of the 'language of the old' and signs of the 'ageless self' (Kaufman 1986; Romberg 1992). Like proverbs and aphorisms, gossip provides a valuable communicative code for the symbolic interaction that is taking place within the highly fragmented and segregated social worlds of the old. These linguistic forms illustrate the ways in which old people re-construct new discursive practices and means of daily negotiation in the face of social marginalisation, 'rolelessness' and decline. These discursive practices, however variable, were the means to a substitute world whose novel order intriguingly resembled that of post-modern life. It is a world in which social interaction no longer relies on intimate personal relationships, where territorial boundaries are meaningless unless charged with symbolic facades, where time is fragmented, and what we call 'the self' is never a 'given' but always a fluid, multiple identity that manifests and is asserted in specific performative contexts.

In his seminal study of stigma, Goffman (1963) raised the (theoretical) possibility that stigma may carry positive value for a labelled person. He argued that in many close-knit groups there are instances of a member who deviates, whether in deed or attributes, and in consequence comes to play a special role, becoming a symbol of the group and a performer of certain functions. Such a deviator, according to Goffman, ceases to play the game of maintaining a 'decent' social distance, and approaches and is approached at will. The examples given by Goffman were however all negative: the village idiot, the small-town drunk, the fraternity fat boy, and the platoon clown. In the old-age home studied, some of the labels used for identifying residents were positive and others were negative, but they were all constructed in the context of the underlying stigma of old age that pervades the milieu of an old-age home.

The strategies of the two elderly communities can also be seen as representing two languages of old age. The two are not mutually exclusive but inter-dependent, although for analytical reasons they will be delineated here as 'ideal types'. One is based on literal meaning and metonymy, the other on non-literality and metaphor. In the old-age home, residents engaged in a language game based on labelling, name-calling, gossiping and the like. Their language brought to mind other forms of elderly discourse, such as telling moral stories and folk-tales or frequent proverbial

references and allusions (Koch 1977; Myerhoff 1978; Blythe 1979; Coupland and Coupland 1991). It is a 'restricted' form of communication in which understanding depends on participation. Its rhetorical forms share a master narrative that is based on literality, metonymy, self-references and mythic qualities (for further discussion of literal meaning, see Searle 1979).

In the sheltered housing scheme, the residents remained outward-oriented and drew on their previous roles and statuses. Theirs was an 'elaborate' code of communication that reproduced the symbolic meaning of past experiences, turning them into symbolic capital that could be understood by members and outsiders. By drawing on midlife resources, such as roles and statuses, the elderly residents constructed a zone in which continuity with the past was symbolically maintained. Such a language aspires for external recognition and social respect. It is an outward-oriented, 'objective' frame of reference, which is capable of metaphorical (*i.e.* non-literal) connections between various life-worlds (*e.g.* professional, religious, familial, consumerist and political).

## Conclusions

The study has described certain effects of older people's housing setting and institutionalisation, as well as of their own characteristics, on the interpersonal management of identity, and its findings have demonstrated the variability and potential for adaptation among the residents – who are often stereotyped as homogeneous and passive. The residents of the sheltered housing scheme were characterised by a *denial* of old age and its *external* stigma. The residents of the old-age home, in contrast, had *adopted* the labelling process characteristic of 'old age'. The residents of the sheltered housing scheme attempted to reconstruct past identities and roles through individual activity. This identity was meant to distinguish its holders from the undesirable labels of 'old age'. The old-age home residents, in contrast, participated in a collective language game in which the participants used *in-group* stigmata as sources of identity. The individual role-taking in the sheltered housing scheme often accentuated and built on the residents' strengths, thereby reproducing a status hierarchy at the expense of solidarity. In contrast, the old-age home residents constructed their interactional roles on an imposed solidarity that recognised that all were equally prone to labelling and group stigmatisation.

Given the small sample and the case-study methodology, it is not possible to gauge whether the two settings studied here represent other old-age institutions. Nonetheless, the themes found in this study arguably

apply more generally to the ways in which the social skills of older people are viewed. In institutional contexts, where the residents have access to resources for the preservation of the self, such as the sheltered housing scheme, individuals could actively manage their self-identity. In the old-age home, however, such resources were lacking, and the quest for self-identity relied mainly on a collective fabrication of 'integrity' through in-group labelling and gossip.

Was it the housing setting *per se*, or the particular characteristics of our two groups of older people, that affected their management of stigma? We argue that these two factors are not mutually exclusive and that their effects interact. The use of discourse and social interaction for the management of identity always takes shape and is realised in particular contexts. It was not a coincidence, however, that the analysis centred on the languages that were employed and their rhetorical devices. The social stigmatisation of 'old age' through negative images usually turns it into an 'over-visible' social category (as with AIDS patients or the mentally sick). This process replicates what Hepworth and Featherstone (1991) called 'the mask of ageing'. The repression of old age is connected to the visible oppression of old people in our society (Woodward 1991). By focusing on the languages used by older people, we give attention to the voices of the old rather than placing them under the 'sociological gaze'. When compared, the two case studies elucidated the dialectics of institutionalisation and agency, constructionism and interaction; and when carefully considered, the residents' expressions demonstrated that elderly communities serve as social worlds in which the (re)construction of self and identity takes place. Additional research, on larger samples and in different housing settings, should be carried out to understand the impact of these settings on older people's relationships, management of identity and quality of life.

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