



The Deteriorating Mental States of Women Living in Old Age Homes: A Narrative Inquiry

Shanze Khan*, Zara Haroon**

* Student, BS Hons in Applied Psychology, Kinnaird College for Women, Lahore. shanze.khanam@gmail.com

** Lecturer, Department of Applied Psychology, Kinnaird College for Women, Lahore. zara.haroon@kinnaird.edu.pk

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ABSTRACT

Old home living has become prevalent in Pakistan, but it differs significantly from living at home. This narrative inquiry uses in-depth interviews to explore the psychological impact on women residing in old age homes. Using an interpretivist paradigm, five women aged 60-75 from two Lahore old age homes were interviewed. The recurrent themes were "Health-related concerns," "Adverse life events," "Challenges," and "Coping mechanisms." The women, facing financial insecurity and emotional instability, had chosen to live in these homes. Many experienced troubled marriages, neglect from children, and family rejection, leading to depression, anxiety, and medical issues like high blood pressure and diabetes. Their coping mechanisms varied, with some leading to negative outcomes like denial and self-blaming. Isolation and abandonment resulted in hopelessness, bitterness, and negativity. This research highlights the need for mental health awareness and support for female residents in Pakistani old age homes.



Introduction

Old age homes, once viewed as a Western concept, are now increasingly prevalent in Pakistan and other Asian countries. Despite this growing trend, the notion of placing elderly parents in these homes remains controversial in Pakistani culture, which traditionally emphasizes familial togetherness and respect for the elderly. However, many elderly individuals are now residing in these homes due to a variety of reasons, including familial conflict, abusive families, financial difficulties, the death of immediate caregivers, or the absence of family in the country (Vertejee et al., 2020).

A significant observation is the predominance of women in these old age homes in countries like India, Pakistan, Italy, and the US. This could suggest that women tend to live longer than men or are more likely to be financially dependent on their families, leaving them without support and shelter when needed. This situation is particularly concerning in Pakistan, where women often serve as primary caregivers, sacrificing much for their families (Brahmbhatt & Shah, 2019).

The psychological impact on women in these homes is severe. Studies have shown that female residents often suffer from depression, loneliness, and hopelessness. These conditions are exacerbated by a lack of social interaction and inadequate care from the staff, making these women feel like burdens on their families and society. Previous research has highlighted the poor mental and physical health of old age home residents, the quality of services provided, and the various reasons behind their placement in such facilities (Panwar et al., 2019).

This current study specifically focuses on the female population in old age homes, aiming to shed light on their mental health and personal histories. Unlike previous research, which primarily analyzed physical conditions and general reasons for elderly residency, this study seeks to explore the individual narratives and psychological conditions of female residents. Such a gender-specific, narrative inquiry is crucial, especially

in Pakistan, where old age homes are becoming more common, yet studies on this topic remain scarce.

Visiting these old age homes revealed that many residents feel neglected, forgotten, and ignored by both society and their loved ones. These homes, often run by NGOs and welfare organizations, have become vital due to the increasing number of elderly individuals left without care. Many residents are there because their children cannot support them or because they have no children at all. The mental health issues faced by these residents are compounded by the cultural shock of moving to an old age home, a concept still relatively new and stigmatized in Pakistan.

International research mirrors these findings. For example, a study in India found high levels of depression among elderly residents of old age homes compared to those living with families. The lack of social interaction and poor quality of care in these homes were significant contributors to their mental health issues (Panwar et al., 2019).

In Pakistan, similar studies have shown that residents of old age homes face numerous challenges, including lack of medical facilities, inadequate caregiver training, and emotional and psychological issues. These findings underscore the need for better support systems, trained caregivers, and societal recognition of the importance of old age homes (Akbar, 2021).

Overall, while old age homes are becoming a necessary part of Pakistani society, there is a pressing need for more research, better care standards, and greater societal acceptance to ensure the well-being of the elderly, particularly women, in these facilities.

Previous Research on Elderly Care in Old Age Homes

In this section, previous research related to the elderly and specifically women living in old age homes along with their mental states will be presented to provide sufficient evidence to support these views.

A 2021 study by the Departments of Psychiatric Social Work and Psychiatry at the National Institute of Mental Health and Neurosciences in Bengaluru, India, researched the "Views of the elderly living in old-age homes on psychosocial care needs." Semi-structured interviews were conducted with 20 residents, aged 60-90, using purposeful sampling. The themes that emerged were "health-care needs," "concerns regarding the behavior of the staff," and "mental health needs." The study concluded that residents faced medical problems, staff-related issues, and mental health challenges like inadequate family support, helplessness, and loneliness. These issues could be mitigated with proper staff training and increased funding for these institutions (Shivarudraiah et al., 2021).

In another Indian study, researchers assessed depression among the elderly living in old age homes and within family setups in Bareilly city. This correlation study involved 200 participants, equally divided into two groups: those in old age homes and those living with families. Using the Geriatric Depression Scale, the study found higher depression rates among females (42% in old age homes and 28% in family setups) compared to males (30% in old age homes and 13% in family setups) (Nandita et al., 2022).

Research on life satisfaction among elderly residents of old age homes in Ahmedabad revealed that most elderly did not receive adequate attention or love from their relatives and felt burdened by the government. Individual interviews with 50 residents indicated that feelings of self-respect were damaged as their health deteriorated and they became unable to work (Khadgi, 2021).

A 2019 study on loneliness, sociability, and depression among elderly in Uttarakhand old age homes involved 100 participants. The findings revealed a significant relationship between loneliness, depression, and sociability. Older women showed a substantial link between sociability and depression, highlighting the gender-specific nature of depression in the elderly. The study concluded that elderly residents in old age homes need timely medical care and measures to improve socialization to prevent psychological issues (Panwar et al., 2019).

Romana et al. (2019) discussed the cognitive and emotional decline in elderly women, noting that women, particularly after the age of 65, are more sensitive to adverse events and health problems. This stage of life often brings loneliness, social isolation, and increased anxiety, contributing to depression.

An article in the Express Tribune shared the story of Tabinda, a woman who ended up in an Edhi old home after fleeing an abusive husband and being cast out by her family. This highlights the societal neglect of elderly women in Pakistan. Social activist Dr. Naveed Malik emphasized the tendency to overlook the poor and underprivileged within the country (Baig, 2021).

A study by Arisha Akbar from the University of Gujrat explored the challenges faced by elderly residents in old age homes. The research indicated that residents faced psychological, physical, and emotional issues due to a lack of medical facilities and socialization opportunities. The study recommended actions by family, society, and the government to address these issues (Akbar, 2021).

A 2020 qualitative study on the perception of service quality in Pakistani old age homes, published in the Journal of the Pakistan Medical Association, used focus group discussions and key informant interviews.

The study found that most caregivers were untrained, and the reasons for elderly residents living in old age homes included family conflicts, economic burden, and poor understanding of aging issues. The study concluded that there is a dire need for trained caregivers and monitoring systems to ensure quality care (Vertejee et al., 2020).

These studies collectively underscore the need for better support systems, trained caregivers, and societal recognition of the importance of old age homes to ensure the well-being of elderly women in these facilities.

Objectives of the study:

- To highlight the current conditions which these women are living in.
- Get in-depth knowledge about their lives now and before.
- To inquire about the mental health of these female individuals.

Research question:

How does living in an old age home impact the psychological health of women?

Methodology

Sample and sampling strategy:

Purposeful sampling methods were used to choose these five participants. In this study two old age homes throughout Lahore were chosen each from a different town and containing residents from different classes. Five women were chosen, each having a different reason to be present in that facility and of a different age.

Inclusion criteria:

1. The participants who had been living in that old age home for over 2 weeks.
2. The female residents were included
3. The participants were between ages of 60-80.
4. The participants who were physically able to give sound interviews.
5. The participants need to have lived in Pakistan most of their lives.

Exclusion criteria:

1. The participants who were suffering from any physical or general medical condition were not included.
2. The participants should not be suffering from amnesia or any other psychological illness that greatly impact their memory.

Procedure:

First the women were selected based on the inclusion and exclusion criteria. It was made sure that they vary in class, age, reason for living there and marital status. Then informed consent was taken from the facility after which the interview took place. Once attained the interview process was started. They were told about confidentiality in case they wanted their identities hidden. They were explained about their rights and responsibilities. After which the interview process was begun. The interview process did go on till sufficient information has been gathered. After which they were transcribed, and the themes were evaluated. The resulting themes were further divided into sub themes and a conclusion was written up.

Results

Table 1. *Demographic characteristics of participants*

Sr. No	Age	Education	Socio economic background	Number of children	Marital status	time in old home
1	55	Matric	Middle class	0	divorced	8 yrs
2	65	BS	Upper class	2	divorced	2 yrs
3	60	none	Lower class	4	widowed	2 months
4	72	BS	Upper middle Class	2	Divorced	7 yrs
5	62	Primary	Lower Middle Class	4	Divorced	3 yrs

Main themes table

Main Theme	Subtheme	Codes	
Health related concerns	Medical issues	Asthma Heart condition Arythmia Allergies Blood pressure Diabetes	
	Physical Accidents	Broken teeth Broken arm Limps Broken collar bone	
	Psychological Issues	Waiting for life to end Calls life a tragedy Doesn't feel like doing anything Low appetite Inability to sleep Cries all the time Doesn't feel like socializing Anxious Palpitations Hands shaking Random worrying Obsessed with their routine and can't accept change Obsessed with cleanliness Gets angry when people make them change their views or lifestyle.	
	Self-Care	Matted hair Unclean fingernails Torn clothes Unable to bathe regularly	
	Failed Marriages	Got married very young due to pressure from family Age gap with husband Abusive husband Husband had extra marital affairs Communication barrier Husband sent a divorce Lack of financial support	
	Adverse life events	Death of family members	Husband passes away Parents and siblings, all deceased A few siblings and parents deceased Feels alone Daughter deceased Nephew deceased
		Deprived of a home	Left without a home Had to sell home to take care of kids Couldn't afford a rental Couldn't stay alone due to medical concerns No home after husband kicked her out Didn't know where to go when parents didn't accept her back Due to social norms can't live with married daughter Daughter in law doesn't want her living with them Son isn't stable enough to support her
		Unsupportive parents	Parents didn't support divorce Parents kicked her out of the house Parents didn't support education Married her off at a very young age
		Challenges	Familial hardships Divion of dad's assets was not done equally Son in law took all the property Daughter claimed ownership to the house Sister-in-law took all of brother's assets
	Coping Mechanism	Declining medical health	No money for treatment No doctor available for checkup Can't travel alone to the hospital Due to broken arm can't do daily chores properly
Neglectful family		Children don't call Daughter is estranged Sister-in-law doesn't send money Husband remarried and left Son took dads side in the divorce Cut out of the will by sister in-law Daughter stole her house	
Self-distraction		Watch tv Talking to family members all night Listening to songs Gossiping about other residents Cooking Religious practices	

Religious inclination	Constantly grateful to God Reliance on God Reads Quran regularly Fast regularly
denial	Likes to listen to others rather than talk about her own pain obsessive Not in tune with reality Believes it is temporary
Results of unhealthy coping	Think they are a burden on their family Believe themselves to be a failure. Thinks they did something wrong in bringing up their children to deserve this Thinks she is unforgivable Self-pity Lack of self esteem
Victim mentality	Anger towards kids Resentment towards ex husband Bitterness towards other female residents Feels mistreated by sister-in law Thinks she was abandoned by family Feels manipulated Angry at the administration Thinks she was wrong to have kids as they are the reason why she ended up here Blames the society for not allowing her to live with her married daughter Regrets being a doormat for her kids and family Regrets not fulfilling her own wishes Feels betrayed

Results show that these women whether from low socioeconomic backgrounds or financially stable backgrounds had all suffered greatly. Throughout this research four main themes emerged, which were “health related concerns”, “adverse life events”, “challenges” and “coping mechanisms”. Their adversities ranged from abusive husbands, divorces, death of their family members and children who when of age started to abandon them. When asked why they don’t work reasons like medical concerns, lack of education, and lack of institutional support were brought up. These five women were married off while young to men who were greatly older than them, four out of the five women were cheated on by their husbands and filed for separation or were sent divorce papers once their husbands were caught. Their families, albeit supportive in some cases, were still not kind enough to let them live with them. Children having made their own lives or siding with their fathers were in most cases the reason for their bitterness. So, these women made the conscious decision to shift into these old age homes themselves. Even though a planned-out decision it still can’t be called a choice as they’d much rather be in their own houses as brought up again and again. It was said repeatedly about how these institutions aren’t taking proper care of their medical or emotional needs but a tone of acceptance of fate was also noticed.

It was found that these women had an unusual bitterness towards the other female residents living with them and largely kept to themselves and only socialized when extremely necessary to do so. Given everything, they had gone through and were continuing to go through these women would randomly burst into tears during their interviews or would completely avoid any question that would trigger emotions. All five of these women had medical conditions like blood pressure and diabetes, some had severe allergies and asthma whereas a few had been in major accidents that resulted in them losing their teeth or breaking their collarbones. They were also diagnosed with heart conditions and were frequently complaining about the price of their medication and their uncontrolled symptoms like arrhythmia, palpitations, inability to breathe properly, cough, bladder control issues, and shaky hands. A few participants complained about having sleep problems and a lack of appetite as well which causes them to remain lazy and lethargic throughout the day. When questioned about familial visits they answered that they didn’t want their families to see them like this nor do they feel like meeting them often as it disturbs their routines.

Another topic brought up repeatedly was how they felt abandoned, unwanted, and unsupported by their children, and due to feeling like a burden they chose to move here. All were hopeless about their futures, claiming that they have reached the end of life, and nothing can be looked forward to anymore. Two of the women weren’t particular about their medication claiming that it’s useless and their end is near. Their children didn’t reach out to them as much as they should claimed the women. This led to the women resenting their kids.

Problems with the institution, like privacy due to fewer rooms available and three women having to share one room were shared. They also weren’t too fond of the communal living which expected them to eat at particular times only, on top of that a few complained about inappropriate behavior from the male

residents as well. The administration in their view should've been female run because according to them only a woman can understand a woman. Even with all these difficulties they continued to live in these homes because they no longer have their homes waiting for them. Some sold their own houses to keep their families afloat after their husbands left or passed away, some were kicked out by their children whereas others had their houses stolen in custody battles.

Now to deal with such adversities these women had developed certain coping mechanisms to continue living and put up a face in front of the world. These coping mechanisms included distraction where they would distract themselves from their reality by cooking, talking to their grandchildren when they're sad, or watching tv in the afternoons. Another very common coping mechanism found was religious inclination, all these women were very rigidly and passionately very practicing. They all constantly kept saying this was Allah's will, they pray more than the five prayers, fasted even though their health doesn't allow it, and read the Quran for hours. In almost every question they were either thanking God or scared of His punishment. Moreover, there was denial present as well as another coping mechanism, a woman refused to believe she had been abandoned by her kids claiming it's impossible to come to visit from Canada which is why her kids don't visit anymore. Another blamed her son's lack of empathy on his psychological disorder, claiming that when their house was stolen, he went through a very traumatic time. On the contrary, some women had developed a very bitter attitude and blamed their situation on their kids and their husband. Some even had very hateful words toward their sisters-in-law or mothers-in-law. All the while praising themselves claiming they did no wrong. While blaming others they developed a very negative and toxic attitude which showed itself while they talked about other female residents as well. Negative feelings along with immense anger were seen through their words and gestures.

These women had led long, tough, and emotionally draining lives all with toxic marriages, the death of entire families, and manipulative kids. All these factors when brought together had led to the development of low self-esteem, declining psychological and physical health and toxic coping mechanisms.

Conclusion

Based on the results presented, the women in the study have gone through a lot of adversity in their lives, which has impacted their physical and mental health as well as their relationships with family and other residents in the aged care home. The study highlights several key themes, including health-related concerns, adverse life events, challenges, and coping mechanisms. The women faced many challenges in their lives, such as abusive relationships, divorce, and the loss of family members. They also presented with medical conditions that were impacting their daily lives.

The coping mechanisms the women developed over the course for their lives ranged from religious beliefs to denial and distraction, and some developed a negative and toxic attitude towards others, including fellow female residents. However, despite these challenges and coping mechanisms, the women have shown resilience by surviving and adapting to their circumstances.

Limitations

This study employed a narrative inquiry approach within an interpretivist paradigm, in which interviews were conducted with five women from two different old age homes. However, there were certain limitations that need to be acknowledged. Due to the limited number of old age homes that permitted the interviews, the sample size for this study was restricted to two old age homes located in Lahore. As a result, the generalizability of the findings may be limited. To improve the generalizability, future studies should involve participants from multiple old age homes. It is important to note that the old age homes we visited for this study were of a higher standard compared to other institutions in Lahore. Therefore, the findings may not be representative of the living conditions in other, lower-quality old age homes. To gain a more in-depth understanding of the experiences of the participants, future studies may benefit from conducting multiple interviews with the same participant. Another limitation of this study was the lack of access to alternative data sources. It would be more authentic to interview the children of the participants as well as the staff of the old age homes to corroborate the participants' accounts and prevent potential exaggeration of the facts due to emotional attachment.

Implications

This research carries immediate implication towards a myriad of realities women in old age homes face daily. One of which is that findings suggest the need for more targeted mental health interventions for women in old age homes, particularly those who are experiencing depression. This could include increased access to counseling services, support groups, and other resources to help them manage their symptoms. Further more addressing the root causes of mental health disorders among women in old age homes should be a priority. For example, improving social support and reducing feelings of loneliness could be effective ways to prevent or alleviate depression in this population. Staff at old age homes should be trained to

recognize the signs of mental health disorders like depression and anxiety and be equipped with the tools to provide appropriate support and referrals for residents who may be struggling with mental health issues.

The findings clearly point towards a need for more research on the psychological health of women in old age homes, including factors that may contribute to its development and effective interventions for this population. Efforts should be made to improve the quality of care provided to older women in old age homes. This can be achieved by providing training for staff members and increasing the number of caregivers. More research is needed to understand the unique needs and experiences of older women in old age homes. This will help to inform policy and practice in this area. Moreover, social support networks should be strengthened to help older women living in old age homes to maintain connections with their families and communities.

Older women in old age homes should be encouraged to participate in activities that promote physical and mental well-being, such as exercise, social activities, and hobbies. Further research is needed to explore the impact of different types of living arrangements, such as co-housing or shared housing, on the well-being of older women. This can inform policy and practice in this area. There needs to be changes made on a national level by making early marriages a punishable offence and keeping a stricter check especially in rural areas

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