Kowhai Grove

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The community under study is the hospital unit of Kowhai Grove, a small group of 40 people. All of the names of the people and the facility have been changed to protect this community. Using the technique of participant observation, much loved by social anthropologists, I discovered many things of which I was previously unaware. The community is divided into two distinct groups, the staff and the residents, each having their own worldview. The economic structure of the community is quite different to that of people living outside a residential facility. The culture is very medicalised, devoted to illness and labelling. Many residents are on antidepressants due to the stress of moving into the hospital unit. The Dohrenwend Model for inducing psychopathology and Seligman's theory of helplessness, could be applied to explain some of the internal dynamics. This paper looks at the power structure within the community, using general systems theory. Finally, I look at religion in the community and how this affects the residents' feelings towards death.

Heller (1989) proposed three definitions for the term "community". Relational communities are those in which people share similar interests and a sense of belonging. Communities as localities are defined by geographic boundaries, usually the areas and towns in which people live. There are also communities as a collective power. Kowhai Grove is a community because the residents share a very confined locality and because they have much in common. A small divide in the community separates two factions, the caregivers and the residents. The caregivers share a geographic location in the sense that they all live in the greater Manawatu area. The caregivers and residents share many common interests but each group has a different view of these interests. The residents constitute the core of the community, while the caregivers are on the periphery, but are still an essential part of Kowhai Grove. Heller (1989) also talks of the community as a collective power. Kowhai Grove is not a community in this sense of the term because it implies that there is a democratic political structure and from observation, such a structure was not apparent.

Kowhai Grove is a residential care facility in the Manawatu region. The community under study is the hospital unit at Kowhai Grove, consisting of 13 female residents, 7 male residents and 20 female staff members. The hospital unit is located within the greater community of the entire Kowhai Grove complex, which includes another 40 residents and 46 staff in the rest home facility, and in the still greater community of Palmerston North. Most of the residents' contact with the outside world is severely limited though and their world only consists of Kowhai Grove. Residents from the hospital unit almost never go on any sort of outings with either family or the recreational therapist. Only a very small handful have members of the outside community, such as family and friends, come to visit them on a regular basis.

The residents' families and social groups now consist primarily of staff. This is a very unstable social base as there is a high turnover of nursing and care giving staff. The workers change frequently as there are three main shifts a day and only some workers keep regular hours. This can be almost as confusing for those residents with dementia as for those without.

Kowhai Grove is a community within a larger setting of another two rest homes that make up Cherished Care Ltd. This is in name only however, because there is virtually no interaction between Kowhai Grove or any of the other rest homes. None of the residents go to the different homes for different activities and the staff do not move around between the homes either. Interchanging staff would be even more disruptive. Interactions between Kowhai Grove and the wider community of Palmerston North do take place. The Returned Services Association has a member who comes around visiting the old RSA members in the home. Bernard gives these residents chocolate, a copy of RSA newspaper, but more importantly he talks with them. Unfortunately this only benefits two of the male residents who are the only RSA members in the complex. Another group that visit the residents are those from one of the local churches who come in to give sermons and communion, or to entertain with gospel singing. With very little

obvious external pressure, the community has almost an insular feel about it. They are still affected by the laws of the entire country, and also those bylaws of the city, but because half of the community hardly ever steps a foot outside the property of Kowhai Grove, the larger world somehow seems less relevant in day-to-day living.

A very noticeable aspect of hospital unit life was the two very distinct worldviews of the residents and the caregivers. The caregivers are there not only because they want to help people but also because they need a job and money to support themselves and their families. Most have a mortgage or rent commitments, children to raise and relationships to worry about. Residents no longer have these problems. Their houses have been sold to pay for their rooms, their children are raising their own children, and their wives or husbands have long since passed away. For the residents now, their main concerns are the quality of the food, the cleanliness of the home, the time they get up in the morning and other such aspects of day-to-day life. This can upset the staff, as they do not understand why the residents are always complaining about what seem to be inconsequential matters. The staff do not realise that the relative world of the residents has shrunk. The residents put as much weighting on their new worries as they did on their old ones and so these concerns are very real and frustrating to them.

Studying the economic structure of this group was reasonably hard because at first glance there does not appear to be one. The families of residents deal with any monetary concerns and the residents only have to worry about the $20 that is kept locked up in a safe for their use. Money is no longer the measure of wealth in this community; instead there is almost a talcum powder economy. The wealth of a resident can be measured by how many powders and soaps they have. This is also a measure of how often they are visited by family members; the ones visited least often have the barest rooms. The recreational therapist uses sweets as rewards for winning games such as bingo and these can be just as effective as a monetary reward in creating rivalry amongst the residents. There is nothing more serious than a group of residents playing bowls.

The funding for each resident can come from three places. Residents can sell their houses and use their personal money to fund their stay, the family can pay for their room, or money can come from the government. Once the resident has run out of his or her own money the government steps in and pays for the person to stay (Jones, personal communication, 2002). The drying up of personal funds can happen in the space of only a few months as it costs just short of $1, 000 per week to stay in Kowhai Grove. Because of the government funding though, no one is excluded from the community due to a lack of money. Residents do however, have to meet the government's criteria after being assessed at the public hospital before being eligible for funding. During my observation of the community I talked to the other staff members and discovered that no one knew who was government funded and who was privately funded. They do not want to know either, because they do not want this to affect the care that they give to their residents. The staff believes that the level of care for those who are government funded is much lower than the private residents in other rest homes where caregivers know for whom the government pays.

The small community is indoctrinated into the medical culture. According to Henderson (1995) the only reason most elderly residents are subject to this medical model of care in rest homes is because there are insufficient community resources available for them, and not because they need such specialised care-giving. Because the resources for these people are not out there in the community, they are subjected to many dehumanising processes, which are out of their control. This (as will be discussed later) can lead to depression and ultimately ill health. Is this medical model actually making our elderly sick? Time is a very important part of this medicalisation culture. Caregivers have enough time to deal only with the physical necessities of the residents as they are deemed as being the most important under this cultural model; the psychological needs are left to the recreational therapist or those caregivers who understand the importance that these needs are met too. Albee (1980) talks of a similar concept when he talks of the defect model. He believes that most medical professionals are only interested in disease and cure, not prevention. Kowhai Grove does make an attempt at prevention with the inclusion of a recreational therapist to help prevent feelings of depression and loneliness,

however they are more concerned about cures and minimising symptoms.

A part of this medical model has made its way into the style by which residents are restrained when they are harmful to themselves or others. Some residents are given sedatives to restrain them, because they are taking up too much staff time. Akid (2002) reported that one of the main factors that leads to poor care practices, such as the slack use of medications, was the time restraints due to a lack of staff. Fortunately this is not so prevalent at Kowhai Grove because the staffing levels are reasonably high. In past experience at another rest home I observed this phenomenon frequently. Sedatives can be administered at times to stop the caregivers from getting frustrated with residents. There is nothing more dangerous for a resident than an angry and frustrated caregiver (Akid, 2002).

Many residents at Kowhai Grove have been diagnosed with a psychological disorder such as Alzheimer's disease, dementia, or major depression. Labelling theory suggests that so called "abnormal" behaviours happen more often than we think but whether these abnormal behaviours will lead to a diagnosis of psychopathology or not will depend on whether or not they violate social norms (Levine and Perkins, 1997). Usually, a healthy person can violate these norms without any repercussions, but some people can end up being diagnosed with a mental disorder. In labelling theory terms, having a mental disorder is secondary deviance. Now the person has a label, which may well stick for life. Many people believe that such labelling is harmful and leads to the repeating of "abnormal" behaviours and to people attributing behaviours to the illness.

A study conducted by Wadley and Haley (2001) on the impact of labelling people with Alzheimer's disease and major depression found that those who were judging the behaviour of someone with Alzheimer's disease, were more sympathetic, attributed less personal responsibility, had less anger towards the person with Alzheimer's disease and were more willing to help them. The diagnosis of major depression did not elicit as much sympathy or reduce hostility as the diagnosis of Alzheimer's disease did but there was more compassion for those with major depression than there was for those whose behaviours were perceived as abnormal but for which no diagnosis was given. Because there are five residents at Kowhai Grove diagnosed with major depression and four diagnosed with Alzheimer's disease, this study and the labelling theory have important implications for the caregivers in the community. One of these is that the label the resident has affects the caregivers' assessment of distress. At Kowhai Grove there is a resident with Alzheimer's disease, Dora, who constantly calls out for help. Some caregivers ignore her, attributing her behaviour to the disease, others try to ease her distress but usually with little success, and still others admonish her for her behaviour. Wadley and Haley (2001) suggest that diagnoses of Alzheimer's disease and major depression can actually be helpful to the families and caregivers of those diagnosed. They propose that it increases sympathy and willingness to help them while also decreasing anger, stress and depression in those who form the support network for person with the illness. The benefits of labelling in these cases outweigh the stigma that comes from labelling. This is important for Kowhai Grove because Alzheimer's disease and major depression are the two most prevalent disorders within the community.

There is a high use of antidepressants in Kowhai Grove as well. Five of the twenty residents are on some type of antidepressant. In the Dohrenwend Model (Levine and Perkins, 1997) a psychosocial stress can induce psychopathology. Being moved from your own home into a rest home would have to be very stressful indeed. The transition between being a highly independent person who raised a family, worked and owned their own home to being in a rest home complex would have been enough to induce depression in some of the residents, accounting for one in four being on antidepressants.The residents also lose their social support networks when they move in (Hudson and Richmond, 1994). The families feel less obliged to come and see them because their parents are now in good hands. One lady, Lenore, has only been visited by her son twice in the past two months even though he lives in Palmerston North. She has been a part of our community for a year and a half now and so she has come to accept the staff as a kind of replacement social network.

The sense of no control that some residents have can affect them in different ways. Rose is very assertive and protective of the control she

has and sometimes she exerts a sense of control over a few caregivers. She has a reputation for being manipulative, even more so since she came out of hospital after a short stay there. Other residents just withdraw into themselves and have resigned themselves to the fact that they have no control and so they just go with flow. The residents that do assert some control do not seem any happier than those who have accepted their level of control but they state that they feel much happier. They appear to be unhappy because they are always demanding something or complaining. When learning one night that tea was going to consist of muffins (one each) Rose went to the kitchen to have a few words with the cook. This behaviour makes Rose seem (in the caregivers view) as though she has an unhappy disposition, when in fact she is just momentarily annoyed about a trivial matter and has a quite pleasant outlook.

Seligman's theory of learned helplessness and depression (cited in Baltes, 1996) suggests that people can learn that their behaviours have no noticeable consequences on their stressful environments. This can lead to passivity or a lack of motivation to try and act on an environment over which they could exert control. The idea that they cannot control their environment can lead to dependency and depression.

Institutions such as Kowhai Grove are often unaware that their practices promote such dependency and depression. Good residents are the ones seen as undemanding and passive, Robert never rings his bell and hardly ever asks for anything, simply goes with the flow of whatever is happening around him and exerts little control over his environment. He always appears despondent and his health is failing rapidly, possibly because he does feel quite helpless and staff are not very responsive to him when he does ask for something. On the other hand, Rose has a very effective mastery over her environment. Some of the caregivers, particularly Julia, are quite scared of her and would never dare defy her wishes. Even though she is one of the more mentally and physically able residents, she takes up the most time getting her ready for the day or ready for bed. She demands a lot of time and effort from the caregivers and makes sure everything is done perfectly. She is not on any antidepressant medication, she says she feels happy and her health recovered very quickly after a short spell in hospital two months ago. A study by Langer and Rodin outlined in Myers (2000) found that when residents of a rest home were encouraged to have control over their lives they appeared to be happier and healthier. The residents who were encouraged to be passive were found to be further disabled several weeks into the study.

Politics, according to Vincent (1999), is about the power that is wielded by people over people. In this sense there are a lot of political issues within the community. The distribution of power is very uneven within the hospital unit community. The residents are right at the bottom of the power hierarchy, they have little control over when and what they eat, when they get up, when they go to bed. These are simple things that we all take for granted and don't even see as an issue of control over our own lives. At the next step up are the caregivers. What makes them more powerful than the residents is that they are the ones who can give and take power from the residents. The caregivers decide the extent to which each resident has autonomy. Another step up from the caregivers are the registered nurses who are the senior members of staff during each shift. They decide how the staff are going to approach the tasks for the shift. The registered nurses and caregivers are all responsible to the care manager. At the hospital unit the care manager is responsible for everyone and the only person above her is the owner of the entire Kowhai Grove complex.

As well as the structured and formal hierarchy at Kowhai Grove, informal power structures can be found within the caregivers and residents. Because understanding where the power lies in the community is such an intricate web, Ludwig von Bertalanffy's general systems theory (1969) proposes a framework for looking into the power structures. General systems theory is a holistic approach and maintains that only looking at the different parts of a system does not paint an accurate picture of the effects that the parts have when combined. Studying only the official power structure ignores the informal hierarchies within the official structure and the effects that they have on the community.

General systems theory works on a pyramidal hierarchy for small communities such as Kowhai Grove. At the top is one person or a select few and for each step down the hierarchy the pyramid branches out to encompass more people. The size of the community means that the people

are not as far removed from the decision makers as those who live in a large community such as a town or country. For the formal structure of Kowhai Grove there are only five levels to the hierarchy. People's values, occupation, abilities, status and education are all factors that influence their position within the hierarchy. In the general population, money is also one such influence but it is less important to the community of Kowhai Grove.

Within the main power hierarchy there are small, informal structures. At the top of this structure are Rachel, Chrissie and Annah. Even though one of the caregivers (Karen) is in her last year of nursing training, when someone has a question relevant to the field and they cannot find the duty nurse, they will hunt out one of these three, particularly Annah rather than asking Karen even though Annah has no formal qualifications herself. This irritates Karen and so she has removed herself from the social circle that makes up the top two levels of the informal hierarchy. Underneath the top three are those who work together a lot on the morning shifts from Sunday through to Thursday. It is interesting to note however, that in a many ways, Rose and Hilda (two residents) would fit in at this level. Then there are the rest of the caregivers and then underneath them, the residents. Again the residents are at the bottom of the hierarchy. It does not seem to matter whether it is the formal or informal power structure; the residents are always at the bottom, which is unusual because the whole system is supposed to be set up for them.

Closely linked to issues of power are those of respect and dignity. Temporarily reducing a person's dignity can take power from them and give it to the person who is abusing the residents right to be respected. Barber (2001) talked to Judith, a nursing officer in England who said that some health care staff would invade a resident's personal space "as if it were a power thing". She also talks of nurses going to see residents when they were on the bedpan to tell them that their coffee was ready. Some of the staff at Kowhai Grove sometimes do forget to maintain the dignity of residents although in the case of two ladies dignity is sacrificed in the name of safety. Most of the time caregivers are very respectful of resident's rights and dignity. Rhoda, a new caregiver in the community, not only takes power and dignity from the residents but also tries to take power away from the staff as well. This instantly earned her disapproval and dislike from most of the community, demoting her to the bottom of both the formal and informal power structures. Because of the way she treated power within the community, people learned about some of her values, experiences, abilities and her limited awareness of others. All of these factors influence a person's position in the power hierarchy according to general systems theory. Because none matched the values of the other community members, Rhoda is at the bottom of the power structure. The community at Kowhai Grove is quite a collectivist one and individualism is only valued to a certain extent. Beyond that, individualism is seen as unsafe for the community members and also very antisocial. Rhoda paid the price of individualism.

Religion plays a key role in the lives of four of the residents in the community. The church has been a stable structure and form of social support for as long as they can remember. Katherine is a 97-year-old Brethren resident. Every third Tuesday of the month she is taken across to the quiet lounge on the rest home side of the complex with three other residents to participate in the church service. She has no apprehension or anxiety about dying, and is in fact, quite looking forward to it. One night she said "I'll miss you because I am going to go up to heaven soon". She is not planning for her 100th birthday party because she is confident she will have made her way into heaven by then.

According to Binstock and George (2001), elderly people who are religious are in better health mentally and physically than their nonreligious counterparts. One of the reasons proposed for this is the increased social network that a religious setting provides. This trend is reflected in Katherine who is, by far, the oldest resident and the one with the strongest faith. Perhaps this increased health can be explained by Sarbin's theory of social roles. Katherine fulfils the role of being a strong believer in God. Across the four ecologies proposed by Sarbin as a substitute for the all-consuming environment, it is the third and fourth ecologies most relevant to Katherine's health. The third (normative) ecology is about how well people fulfil their chosen role (Levine and Perkins, 1997). In

Katherine's case, the answer is that she fulfils her role very well. She prays and reads her bible every day, and she says "God bless you" whenever appropriate but most importantly, she truly believes. The fourth (transcendental) ecology is about what gives meaning to her life (Levine and Perkins, 1997) and she lives to serve God on earth so that she can serve Him in heaven too. Because religion provides a framework for coping with stressful situations and a solid social base, Katherine has been able to adapt well to stressful or negative situations using her role as a believer in God to help her adapt.

Despite some of the weaknesses within the community (such as the imbalance of power) the two groups work well together to form a cohesive unit. Neither the staff nor the residents are the dominant group in the community because we all need each other and this is what makes us so close. There is always room for improvement within the hospital unit at Kowhai Grove but we all have the feeling that we belong, the most important aspect of community life.

KEY WORDS Rest Home, Relationships. Medical Model. Control. Power. Religion.

ABSTRACT Kowhai Grove is a small rest home facility in the Manawatu New Zealand. This article is based on observations of its relationships with the outside world, its economy, culture, and power structures. We will see how it has become a medicalised community and how labelling theory, the Dohrenwend model, and Seligman's learned helplessness can be applied to possible causes of depression and other psychopathologies in the elderly. General systems theory is applied to the study of the formal and informal power hierarchies, while Sarbin's theory of social roles provides valuable insight into the religious practices within the community.

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