Living arrangements in old age

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The oldest old

  - Young old (65/75)
  - Old-old (75/85)
  - Oldest old (85+)

→ The life expectancy at birth in France has continued to increase by 3 months per year since 1984 = oldest old means 90+
Demographical increase of the oldest old

- Between 1953 and 2009, in France:
  - Centenarians: 200 to 15 000
  - Nonagenarians: 35 000 to 500 000
- Life expectancy at birth in 2009
  - Male: 78 years
  - Female: 85 years
- Projections 2050
  - In 2050: 60 000 centenarians [15 000 – 330 000] (INSEE, 2005)
  - 50% of the girls born in 2000 will become centenarian
Context of the research

- The European Challenge for Healthy Aging (ECHA) Project: 95+ old man – 98+ old women. N = 100
- The Genetics for Healthy Aging (GEHA) project. 90+ sibs. N = 600
- Aim: study of the family (genetic and environmental) factors of longevity
- PRISMA project: old people living complex situation (poly-pathology, isolation, social problems, refusal of help, Alzheimer disease…)}
Frailty, dependence and illness: points of interest in ECHA, GEHA and PRISMA

- Measure of the degradation due to the aging process: the questionnaires used indicators of health and autonomy (ADL, IADL, SMAF) physical and mental tests (hand grip, chair stand, MMSE) and exercises to evaluate the ability to hear and read…

- These 3 projects confirm that old age lead to frailty, loss of autonomy and degradation of physical and mental health.

- “Frailty can be defined as a physiologic state of increased vulnerability to stressors that results from decreased physiologic reserves, and even dysregulation, of multiple physiologic systems”. (Fried, et coll. 2004)

→ In old age, frailty, dependence and illness make everyday life complex.
Aims and Methods

- Thesis: The oldest old: anthropological analysis of an expanding population
  - Aim: to explore the everyday life and the representations of the oldest old

- Qualitative method:
  - About 100 nonagenarians and centenarians met for informal interviews
  - A group of 12 informants followed during 4 years
  - Comprehensive and semi-structured talks
  - Interviews tape recorded and transcribed verbatim = more than 300 pages of narrations
Themes of the semi structured talks

- Representations of old age and (successful) aging
- Types of support and care
- Sociability, family links, friendship, neighbourhood and professional caregivers
- Description of a day of life: the type of activities, rest…
- Living place and physical environment: technical aids...
- End of life and prospect of death
- [PRISMA: how to deal with a complex situation]
A culture of generation

- Informants born between 1905 and 1915: Mr Léon (98y), Mme Berthe (90y), Mme Anna (96y)…
- Most of them lived in rural area but some of them lived in Paris or Lyon
- Many of them were farmers but I include a banker, a white collar, a clerk, a professor.
- A culture characterized by homogeneous values: work, family, local solidarity…
The expression of an unexpected longevity

- They never thought that they would become oldest old.
  - Mr Lucien: “I have never thought that I would live to 95. During the past, people didn't live so old. I remember my father. At 65, he was an old man (vieillard)”

- The feeling of being an anachronism
  - M. Georges: “Those who have my age are all dead. (...) I am the last of the Mohicans”
  - M. Aimé : “My 14 friends are no more in this world”
  - Mme Anna : “Do you understand the gap there is between this society and mine?”
The feeling of frailty

- **Physiological frailty**: weakening, loss of autonomy, tiredness
  - “I have to be careful” of fall, of the weather, of the others (Mme Anna…).

- **Sociological frailty**: processing technological environments, reducing social network, isolation (widowhood)…
  - “Last month, my father wanted to withdraw cash. They had put an automaton. He was very angry and disappointed, he abandoned” (Mr Aimé’s daughter)

- **Cultural frailty**: change in values (individualism, divorce, processing of the leisure value…)
  - “In the past, people stayed together, today everything is rotten” (Mr Léon)

- **Frailty in the identity**
  - “I am a broken hologram” (Levi-Strauss, 90y)
  - “Now I am useless, I could not use my plough” (Mr Aimé, 95y)
Coping with old age through its own cultural references: living at home or/and with the children

The most “natural”/cultural solution?
Living at home with children

- Mr Louis (98y) was a banker. He lives in his apartment in Paris with his daughter (single) since the death of his wife.
  - “I could stay alone but it would be sad” (M. Louis)
  - “He could not stay alone” (his daughter)
  - Social role of the daughter is to replace her mother

- Mme Louise (100y) suffers from Alzheimer disease
  - “We were like friends, she was there when my husband died, now she needs my help. I will be there until the end”
  - From company to accompanying

- Mme Germaine (98y) lives at home with her son and daughter-in-law.
  - « The house is mine… in fact, it is her, but it is the same » (the son)
  - “It is better to be with them I keep my freedom” (Mme Germaine)
  - Familial strategies
Living at their children’s home

- Mr Aimé (95y), grower, lives at his daughter’s home
  - “My father has never imagined that he should leave his home. (…) At first, it was difficult to live together.” (daughter)
  → Finding the way to cohabit

- Mr Léon (98y) lives at home but he has all his meals at his son’s (neighbor). His daughter in law takes care of him for everything.
  - “I have to supervise” (daughter in law)
  → Social role of women

- Mr George (96y), grower, shares his life between his 2 daughters’ homes
  - “I don’t need help, I live with them not to be alone” (Mr George)
  → Accompanying in family
Why choosing the children?

- To escape the nursing home:
  - An expensive place (2 300 €/month) and misfit
  - A place for the old
  - A place where you go to die

- To keep more freedom:
  - We can negotiate with the children, not with the nurses
  - To stay at home (with his/her memories) or surrounded by chosen people

- To be proud of his/her family:
  - My family is really welded
Coping with old age throw “other” solutions
Entering a nursing house

- Mr Pierre (95y) banker and his wife (98y) chose to enter a nursing house
  - Anticipate the dependence and chose the nursing house we like
  - We feel like on vacation, we have nothing to do.
- Mme Emilia (98y) chose the nursing home instead of the family solution
  - I did not want to be a strain to my daughter
Specific arrangements

- Mme Berthe (90y) : an institutionalization by step. She shares the year between an institution in autumn and winter and her home in spring and summer.
  - Between the refusal of nursing home and the impossibility to stay at home.
- Mme Geneviève (92y) staying at home with the help of the concierge.
  - Refusal of professional helpers and refusal of family helpers: the concierge as a solution to deny one’s frailty but to be helped.
Conclusion

- The solutions adopted by the oldest old and their families reveal that they were not prepared for this unexpected longevity.
- The arrangements made show a tension between the traditional model of family care and the feeling that this model no longer corresponds to the current society.
- The arrangements made by the families must be understood as regards to each family life history.
- The children of the oldest old do not seem to be in a better position. They have to find arrangements because they refuse the idea of entering nursing homes while they consider family caregiver as obsolete.
Thank you for your attention