ORIGINAL RESEARCH PAPER

Sociology

SOCIAL SPACE, OLDER ADULTS AND THEIR WELLBEING IN THE INSTITUTIONAL CARE HOMES

KEY WORDS: Social Space; Older Adults; Wellbeing; Institutional Care Homes

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ABSTRACT

This paper explores the critical role of social space in influencing the well-being of older adults within institutional care settings. It examines how spatial arrangements in care homes intersect with cultural perceptions of ageing to shape the lived experiences of elderly residents. This paper argues that thoughtfully planned environments respect cultural values and support personal independence, which can enhance older adults' dignity and quality of life. By highlighting the relationship between space, culture, and ageing, the study contributes to ongoing debates on elder care and advocates for spatial practices that promote inclusion, respect, and agency in later life.

INTRODUCTION

Historically, traditional joint family systems in India provided shared spaces facilitating continuous social engagement, emotional support, and reduced isolation, enhancing elderly individuals' physical and mental health (Shah, 1998). However, modern shifts towards nuclear families and urban living spaces limit social interaction, potentially marginalising older adults within households (Jamuna, 2000). Symbolically meaningful spaces within traditional households reinforce older adults' cultural identity and generational continuity, while their loss through institutionalisation can negatively impact identity and dignity (Patel & Prince, 2001).

The concept of social space profoundly shapes older adults' well-being within family living arrangements, particularly regarding joint or nuclear families. In traditional Indian society, joint family systems have historically provided older adults with ample social interaction, emotional support, and care, positively influencing their physical and mental well-being. In such families, shared spaces like courtyards, kitchens, and prayer rooms often facilitated continuous social engagement, reducing loneliness and fostering elders' sense of belonging and purpose. However, modern socio-economic shifts towards urbanisation, nuclearisation, and migration have significantly altered these spatial dynamics, transforming joint families into smaller nuclear units. This shift has resulted in the reconfiguration of domestic spaces, with more compact housing limiting older adults' access to communal social spaces and intensifying feelings of isolation or marginalisation within the home environment.

Moreover, symbolic aspects of space have considerable implications for older adults' identities. Spaces imbued with tradition or cultural practices, such as ancestral homes or shared ritualistic areas, reinforce older adults' cultural identity and strengthen generational continuity. On the contrary, institutionalisation or relocation to care homes can detach older adults from familiar symbolic spaces, impacting their identity, dignity, and social status. With these dynamics, it is crucial to consciously design domestic and institutional spaces that balance privacy, autonomy, and meaningful social engagement. Creating age-friendly spaces with accessible layouts, communal gathering spots, and personalised living areas can help maintain emotional connectedness and reinforce dignity, ultimately enhancing older adults' quality of life and preserving their valued role within family and broader society.

Modern architectural spaces, characterised by functionality, minimalism, and openness, provide older adults with improved accessibility and independence (Imrie, 2012). Yet, compact, individualistic designs limit social interactions and diminish cultural attachments, potentially exacerbating isolation among elderly residents accustomed to communal living (Peace et al., 2006). Effective modern space design for older adults balances privacy, accessibility, social connectedness, and cultural symbolism, fostering autonomy, safety, and emotional fulfilment (Sixsmith & Sixsmith, 2008).

Modern living spaces refer to contemporary architectural designs emphasising functionality, minimalism, openness, and adaptability to changing lifestyles. Such spaces typically feature open floor plans, smaller but efficient living areas, technological integration, and simplified, clutter-free aesthetics. For older adults, modern spaces offer mixed implications. On the one hand, modern designs such as barrier-free layouts, adequate lighting, and classic furniture can significantly enhance accessibility, independence, and comfort, contributing positively to older adults' autonomy and physical well-being.

However, modern living spaces can also pose challenges. The compact design and individualistic orientation common in modern apartments or condominiums often limit opportunities for sustained social interaction, potentially intensifying feelings of loneliness or isolation among older adults accustomed to communal or joint-family arrangements. Also, the focus on minimalism or the absence of culturally meaningful spaces can diminish elderly individuals' emotional connection and attachment to their homes, disrupting their sense of identity, continuity, and belonging. For modern living spaces to effectively enhance older adults' well-being, careful attention must be paid to balancing individual privacy, social connectedness, and cultural identity. Incorporating accessible communal areas, opportunities for personalised expression, and age-friendly design elements helps maintain autonomy, safety, and social engagement. Thus, when thoughtfully designed, modern living spaces can significantly enhance the quality of life, independence, and emotional comfort of older adults.

Indian Literature on Living Spaces in Institutional Care Homes

Indian literature on living spaces in institutional care homes reveals intricate interactions of cultural, social, and personal dynamics affecting older adults. Residents in care homes experience a paradoxical situation marked by induced dependency and passive compliance due to institutional control, yet they engage subtly in resisting these power structures. The transition to institutional care involves significant losses and adjustments as residents progress through different stages from pre-entry to exit, often facing ambivalence and struggles for personal agency (Menezes & Menezes, 2014).

In pilgrimage centres such as Vrindavan and Varanasi, elderly widows often encounter inadequate institutional facilities, despite the availability of basic amenities such as cots and hygiene maintenance. Many women report dissatisfaction with service quality, highlighting an urgent need for improved infrastructure and support systems nationwide (Kumari & Sekher, 2022). Residents frequently struggle with adjustment difficulties and health problems intensified by

declining traditional family support. These findings from previous studies underline the critical need for enhancing care and support structures in institutional settings, reflecting broader social changes and the weakening of family-based elderly support systems in India.

The conditions of living spaces in India vary significantly due to socio-economic factors, cultural norms, and urbanisation trends. Living standards exhibit considerable disparities in rural areas, particularly in the northeast. Although most households own their homes and possess basic kitchens, access to modern amenities such as electricity, internet, vehicles, and proper drainage systems remains limited. Urban areas, however, increasingly emphasise "smart living," which promotes interconnectedness and sustainability through geospatial planning, aiming to improve living conditions in cities like New Delhi (Lata et al., 2020). Additionally, there is growing recognition of the importance of green spaces for ecological balance and public health in rapidly urbanising environments.

The space of living directly influences the individual's well-being. Living within a particular space accompanies memories, attachments, relationships and the space of identity. Living in a particular space does not need to be a space of attachment, but a space of attachment can be a space of living. This can be debated by understanding both views. The space of living is mainly a space of social, psychological and emotional attachments,

Space of Birth and Marriage

Birth and marriage are two significant events that give deep emotional meaning to a space. A home where a child is born often becomes a space of attachment for the family. The baby's room and the courtyard where the child took their first steps all carry personal meaning. Similarly, when a person gets married in their home or starts a new life in their spouse's home, the house becomes emotionally charged with new beginnings and shared memories. In this sense, the home becomes both a space of living and attachment. However, if an older adult is later moved to an institution or care facility, that new living space may not carry the same emotional weight. It becomes a space of living without attachment unless personal connections and new memories are built over time.

Space of Socialisation

Socialisation occurs through daily interactions with family, friends, and community members. The home, especially during childhood, is the first space of social learning. Sitting together at the dining table, praying with grandparents, or playing with siblings, these small daily moments build trust, identity, and belonging. These experiences create emotional attachment to the space, making it more than just a shelter. In contrast, a new living space such as an institution may have social interactions, but if they are structured, limited, or lack emotional warmth, the space may not feel personal or comforting. The individual may live in that space but not feel home.

Space of Death

Death, especially when it occurs at home, marks a space with deep emotional memory. For example, in many Indian households, when an elder passes away, the room they lived in becomes a space of remembrance. Family members may continue to light a lamp or offer prayers in that area, turning the living space into one of emotional and spiritual attachment. If a person dies in an institution, the space may not hold the same meaning for the family unless they were actively involved in the care process. Hence, attachment depends not just on the event, but on the emotional engagement with the space.

Space of Rituals

Rituals reinforce identity and restore a sense of control and structure vital in depersonalised institutional environments (Chakraborty, 2022). Birth ceremonies, weddings, religious festivals, or death rites are often performed at home. These acts give the space a spiritual and cultural dimension, turning a physical house into a sacred and personal place. The home is more than just a place to stay. It is a space where people build strong emotional, social, and psychological connections. In Hindu culture, the home is a sacred space where many important life events happen. It is where people sleep or eat and where they live with meaning, memories, and relationships. The home is also where social learning and bonding happen. Children learn to respect elders, speak politely, and follow customs through family life. For example, touching the feet of elders for blessings or helping with household work are everyday acts that teach respect and duty. Celebrations like Diwali, Raksha Bandhan, or Holi are often held at home with relatives, neighbours, and friends. These events make the home a lively and social space. A home is not just a building. It is a space of living, learning, loving, and remembering. It holds the emotions of birth, the joy of marriage, the values learned through socialisation, the sorrow of death, and the peace of worship. In Hindu culture, the home becomes a space that carries the family's soul and its traditions across generations.

Thus, it can be stated that in India, religion and space of living creates a different set of living and well-being. This process of rituals and religious practices shapes the life of older adults also who have gone through this process. What about the space for older adults in institutional care homes? Is the space of living their space of attachment? This can be debated. The space of living refers to the physical and social setting where individuals dwell, interact, and perform daily routines. However, this does not automatically equate to the space of attachment, which implies emotional investment, belongingness, shared memories, and personal identity. This conflict of interest is significant for older adults, particularly those transitioning into institutional care homes. Their previous homes may carry deep personal meanings like spaces of birth, marriage, raising children, and shared histories. The institutional space, in contrast, often begins as a space of necessity, not choice.

Institutional Space of Living for Dignity and Self-respect

For many older adults, institutional care homes are not merely places of physical shelter but settings where fundamental human dignity is negotiated. The institutional space can restore dignity when It provides autonomy; Residents are treated with respect and are not infantilised; and Cultural and personal identities are recognised, such as respect for their language, dress, and rituals. However, the loss of control over one's environment and routines may also undermine dignity. Institutional regulations may restrict how one personalises their space, limiting attachment. When older adults are passive recipients of care rather than active agents, self-respect is diminished.

Institutional Space for Formal Care

This space functions within a structured regime of caregiving involving Professional medical care, Assistance with daily activities like eating, bathing, medication and mental health support. The institutional care setting is, therefore, distinct from informal family care. While it ensures reliability, standardisation, and medical accountability, it can be impersonal and task-oriented. In contrast to familial care rooted in affective ties, formal care may feel clinical, affecting emotional attachment to the space. Still, some residents develop a strong bond with caregivers, transforming this formal setting into one of trust and emotional support, thus allowing space for new attachments to form.

Institutional Space for Health and Wellbeing

The institutional spaces are designed to support the physical and mental health of residents: Accessibility facilities like

ramps, handrails, and non-slip floors; Regular medical check-ups and emergency care; Diet and nutrition monitoring; and Recreation and cognitive stimulation activities. The environment may also include green spaces, therapy rooms, and communal lounges, contributing to emotional well-being. When these aspects are sensitively integrated, the space evolves from a mere place of care to a holistic living environment. However, institutional constraints, under-staffing, or neglect can severely compromise well-being. Thus, while such institutions are designed to enhance health, the absence of emotional and cultural sensitivity may hinder the formation of a genuine attachment to the space.

Institutional Space for Survival and Death

Institutional homes increasingly serve as spaces where older adults not only live but also die. This dual role makes them complex emotional spaces: Some residents may enter care homes with an acute awareness of decline and mortality. For others, these homes become the final dwelling, replacing the ancestral home as the site of death. This raises critical questions about the meaning of a "good death": Are rituals respected? Do residents receive end-of-life support that honours their values? Is there dignity in dying, or does the setting feel anonymous? Survival is ensured through formal structures, but attachment may be constrained unless rituals, memory-making, and legacy are incorporated into institutional practices.

Subjective Area of The Neighbourhood of The Institution

The neighbourhood around an institution plays a very important role in shaping the daily experience and emotional well-being of the people living inside. This is known as the subjective area which includes not just the physical surroundings, but also the social and emotional relationship between the institution and the outside world. For example, if an old age home is located in a quiet, green, and safe area, residents may feel calm, happy, and secure. They may enjoy walks in the neighbourhood, visits to nearby parks, or even short trips to temples, churches, or markets. But if the institution is placed in a crowded or neglected area, with poor roads, noise, or lack of cleanliness, it may create a feeling of isolation or discomfort for the residents. Moreover, how neighbours interact with the institution also matters. In some cases, local communities are welcoming they may organise visits, donate items, or invite residents for festivals. This creates a sense of social inclusion. In other cases, the institution may be treated like an outsider, with little interaction or support from the neighbourhood, which can increase the sense of exclusion for residents. From a policy perspective, it is important to ensure that institutional spaces are located in areas that are: Well, connected to health centres, shops, and public services; Free from pollution, traffic, or potential danger; Surrounded by a community that can engage and support the residents; Policies must also focus on urban planning that integrates care institutions into the fabric of society, rather than pushing them to the margins.

Surveillance within Gated Institutions

Many institutions such as care homes are built as gated spaces for security, privacy, and control. While this ensures safety, it also creates a surveillance space, where residents are constantly watched and monitored. This surveillance includes CCTV cameras in common areas, staff recording meal times, medicine schedules, and sleep patterns, and rules about when residents can go out, who can visit, and what they can do. Such control can protect residents from harm, abuse, or wandering outside, especially in cases of dementia or disability.

However, it can also limit their freedom, privacy, and sense of autonomy. For instance, an elderly person may feel like they are in a hospital or prison instead of a home if they are not allowed to step outside freely, or if every move is being recorded. The emotional impact of such surveillance can lead to stress, helplessness, or withdrawal from social activities. From a welfare and policy point of view, institutions must strike a balance between safety and dignity. Surveillance should not feel like punishment. The subjective environment around the institution and the internal structure of surveillance play a major role in shaping the quality of life for institutional residents. Welfare policies must ensure that care institutions are located in inclusive neighbourhoods and operate in ways that respect human dignity, autonomy, and emotional well-being while providing protection and professional care.

Space Matters for The Wellbeing of Older Adults

Space plays an important role in shaping how older adults live, feel, and experience their everyday life. As people age, their relationship with their surroundings becomes more sensitive and personal. The physical, emotional, and social aspects of space can deeply influence their well-being, independence, and sense of belonging. First, physical space affects mobility and safety. Older adults often face challenges such as reduced strength, poor vision, or balance problems. If the space they live in is not age-friendly like having stairs without handrails, slippery floors, or poor lighting it can lead to accidents or injuries. A well-designed living space with ramps, grab bars, and easy access to essential rooms helps them move around safely and confidently. Second, space matters for emotional comfort and mental health. Older adults often spend more time at home due to retirement or health limitations. They may have strong emotional ties to their homes, filled with memories of family, festivals, or personal milestones. Being forced to leave that space due to health issues or relocation can lead to feelings of loss, grief, or depression. A familiar and peaceful space helps them feel calm, secure, and connected to their past. Third, the social aspect of space is also important. A home that allows interaction with neighbours, friends, or family members keeps older adults socially active and reduces loneliness. If the space is isolating like a care home with no visitors, or a house far from family they may feel cut off from society. On the other hand, a shared living space that encourages conversation, group activities, or spiritual gatherings can make them feel valued and involved.

In care institutions or old age homes, the design and atmosphere of the space matter a lot. A dull or overly controlled environment can make older people feel like patients rather than individuals. But a lively, well-lit, and respectful space with access to gardens, reading rooms, and prayer areas can support both dignity and joy in ageing. therefore, Space is not just a background for living it actively shapes how older adults live their final years. A good living space helps them feel safe, respected, independent, and emotionally supported. Therefore, policies, families, and institutions must all pay attention to the kind of space older people live in because space directly affects their quality of life. Some institutions successfully recreate attachment spaces through cultural symbols, traditional festivals, and even scent or food associated with home environments (Degen & Rose, 2012).

Policy Interventions

The insights gained from this study point to several important implications for policy and practice in the realm of elder care, particularly for long-term care homes(LTCH) in India. First Policymakers and care home administrators should strive to make institutional settings more homelike in physical design and atmosphere. This includes providing private or at least semi-private rooms where possible, and enabling residents to personalize their space with their own furniture, decorations, and memorabilia. Research has shown that homelike environments improve residents' comfort and well-being. A recent study by Bae and Kim (2024) also supports that even simple alterations can improve the home-likeness of care units.

Second, regulations should ensure that care homes provide adequate privacy and respect for personal boundaries. For instance, a reasonable staff-to-resident ratio can prevent situations where residents feel herded or neglected. The government could mandate infrastructure like separate visiting rooms to allow private family interactions and sufficient bathrooms to avoid the indignity of waiting. Training should emphasize that staff must knock before entering rooms and address residents respectfully by their names. These measures uphold Article 3 of the Universal Declaration of Human Rights of dignity as highlighted by Shoemark et al. (2022). Dignity in care needs to be a cornerstone of licensing requirements for old-age homes.

Third, Policies should embed autonomy as a key principle. Care homes ought to provide options in daily routines like flexible meal and wake times, activity choices, and the freedom for residents to decide how to spend their day. This person-centred approach can be included in standard operating procedures. The National Policy on Senior Citizens could be updated to emphasize autonomy in institutional care. Even under constraints, creativity is possible: for instance, offering different meal options instead of routine food or allowing residents input in planning menus and activities. Such inclusion not only improves satisfaction but reinforces a sense of control and self-worth among residents.

And last, Group activities like games, arts, religious services, and exercise classes help residents bond. celebrating local festivals, arranging visits to temples/churches or inviting community groups to perform cultural programs. The government could partner with NGOs or local youth organizations to facilitate visits and intergenerational programs in homes. Chapman et al. (2024) stress the need to address barriers to social connection in LTC; policy can mandate at least a minimum level of recreational services in care homes, perhaps as part of their accreditation. Policies should encourage maintaining and improving ties between residents and their families. The Maintenance and Welfare of Parents and Senior Citizens Act (2007) in India already legislates family responsibility; complementarily, care homes could have family days or involve family in care planning. Government can create guidelines for care homes on how to create a family-friendly environment visiting spaces, overnight stay options for family in cases of very ill residents. Recognizing that family is often part of an elder's identity, keeping them engaged can help elders feel the care home is an extension of their social world rather than a separate, isolating last phase of life.

CONCLUSION

To conclude this paper, it can be understood that the space of living and the space of attachment are not always the same. At the same time, a person may live in a particular place, such as a care home, hospital, or institutional setting; It does not mean they feel emotionally connected to it. Living in a space is a physical reality, but attachment to a space is an emotional connection built over time through memories, relationships, and experiences. For older adults, this difference becomes very clear. Many older people live in spaces chosen out of need such as old age homes for safety, health care, or lack of family support. But these spaces may feel unfamiliar, controlled, or emotionally distant. Their real attachment may remain with their old home, where they raised their children, celebrated festivals, prayed daily, or shared moments with loved ones. Attachment comes from freedom, comfort, memories, and identity. If the space of living does not allow personal choices, meaningful social interaction, or emotional warmth, it may never become a true space of attachment. Therefore, it is important to understand that just because someone lives in a space, it does not mean they belong to it emotionally. For policy and welfare planning, this distinction must be kept in mind. If we want institutional living spaces to become meaningful for older adults, we must go beyond physical care and create environments where emotional bonds and personal dignity are respected. To conclude, the "space of living" is functional, often structural, and institutional in design. The "space of attachment" is emotional, cultural, and symbolic. Their overlap can affect an elderly person's well-being. Therefore, there is a need to bridge the gap between space of living and space of attachment in institutional care homes.

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