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An ethnographic study of abandoned and destitute older people living in a specialized centre in city of Gaziantep, Turkey[1]

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Abstract

The increasing numbers of residential settings for older and retired people in industrial societies offer anthropologists a remarkable opportunity to observe the aging in process. Aging is a natural process, and it points to a different meaning in each culture and societies. This study was able to identify a number of important factors relating to aging including a) how God is important for elder people, b) how their social relation to each other is, c) what kind of factors affect their social relations, and d) why the effects of social change is a key concern for old people. I found three important key themes. The first key theme supported some researchers' opinions that religion plays a more important role in old age. This second theme is also stated by other researchers, old people think that the social networks and relations were much better in the olden days. The last theme is the social relations in old age. Some researchers said that elder people are friendly and they like to spend time together. However, at Gaziantep Destitute Centre, most of the participants reported that they did not like spending time together with the other residents.

Key words: *Aging, residential care, social relations in old age*

Introduction

Background to the study

Although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. The common use of a calendar age to mark the threshold of old age assumes equivalence with biological age, yet at the same time, it is generally accepted that these two are not necessarily synonymous (WHO, 2014).

Life conditions are related with the countries' welfare administration. Public policy certainly plays a fundamental role here. The classic European combination of an

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ageing population and boundless early retirement (Kohli, 1991), for instance, puts harsh tension on our social security systems' ability to continue today's typical standards of living for forthcoming generations of older population. To handle these and other objections, like the increasing long term care needs (Batljan and Lagergren, 2005), it is crucial to accomplish an exceptional understanding of the complicated connections between health, economic, and social aspects that regulate the condition of life of the older population. These connections appear at the personal level in the initial place; they are influential as ageing is a development, not an occurrence in time, and elder people have to be connected to a country's welfare administration, i.e., its labour market establishment, social security and health care system, etc. (Supan et al., 2005).

It is partly obvious to understand how age factor and society are related. However, in particular, old peoples' problems are not adequately taken into account in contemporary world; instead old people are considered as an issue for the society. The holistic view frequently taken by ethnographers will also help correct tendencies to study elder people as an isolated category. As it is similar to every social border, old age has dual sides, so the lines and continuum of aging can merely be interpreted as the part of a vast social organization (Keith, 1979).

Anthropologists have a significant chance to observe social boundary description as a continuum as a result of the rising number of accommodation settings for elder and retired people in industrial communities. Elder people have constituted societies and cultural areas for themselves such as retirement villages, public housing for the elderly, mobile home parks, leisure towns and worlds. The theoretical temptation of these natural experiments is not only the building up a community by elder people rather than other people, but the point is also that elder people do this constantly, and in a various types of settings for the researchers of anthropology (Keith, 1979).

In conclusion, my argument in this work is that the elder people those live residing in the Gaziantep Destitute Centre feel that they are isolated from the society? Also, I try to find how their social relation is, and what they value the most for the rest of their lives.

The study of old age and aging has reportedly been marginalized in anthropological studies. In addition, there is little published data regarding the quality of care and the quality of life of old people despite the fact the population of this important age group is gradually growing. With social change and globalization, the socio-cultural means of caring for this important age group is greatly changing worldwide, with more and more societies turning towards residential care as opposed to the earlier 'family' care that was initially accorded to the old. As the number of residencies and centres are rising, this brings new settings for elder people. As a result, elder people start to live in different places with different kinds of people. Therefore, I would like to observe and find out how old people make sense of the situation they find themselves in at these residences. It is therefore important to investigate the experiences and views of old people regarding these formal residential places.

Anthropological studies of aging and the aged has only recently been a focus of inquiry following the recent increase in the number of senior citizens. This study aims at exploring the dynamics in the life of the elderly people who are cared for in a formal residential setting. Also, it attempts to observe how elder people find and see themselves in this centre. This study, as a result, focuses on examining the following key issues: socio-cultural and economic life of the aged, the status of old people, the problems and old people's views on social change. In so doing, the findings of this study will hopefully contribute to aging studies from an anthropological approach.

This study was conducted only in one residential home, these couples with the fact

that old people are not a homogeneous group since each of them has a different socio-economic background. Therefore, it means that the findings of this study are not representative of the entire population of old people in Turkey. The findings, hence, cannot be generalized. A second limitation is that the views of the non-aged Turkish population towards old age and residential care for the old age are not adequately covered in this study.

Aging in Turkey

Turkey is among the most cramped 20 countries and its population is equal to 1% of the world population. Correspondent to the information, the population of Turkey is approximately 78 million. Similar to other OECD countries, Turkey's population pyramid suggests that elderly population is rising both in statistics and in ratio (Çilingiroğlu, 1995). If the ratio of the population aged over 65 is greater than 7% in a country, that particular country is known to be older populated. From this angle, this value differs between 12% and 18% in advanced countries. In Turkey, this number is approximately as 8% (TUIK, 2014), however it was 5% in Akdemir's study (1997). As Duyar and Özener (2001) said the ratio of old people in Turkey is behind the ratio of Europe countries (EC).

However, the data I provided above were given in Akdemir's (1997) study and there has been a change in these data until 2014, so I want to briefly show how much these rates changed. Also, data clearly shows that the number of the elder people had risen between 1997 and 2013. According to recent national population data (TUIK, 2014) in Turkey, exact population has hit to 77.695.704 people. The aged population (65 years of age and older) in figures is 6.192.962 people, equivalent to 8% of the entire population in the country. When the correlation to the earlier years is concerned, the rising trend can be obviously seen. Duyar and Özener (2001) added there is a significant waving on census of old people in time. The population format has twisted to "aged" population by 2009 (TUIK, 2013) as it seems the rate of elder people in Turkey rose from 5% to 8% between 1997 and 2014.

In this part, I would like to make a comparison between Turkey and Europe by providing some data to better understand the aged population not only in Turkey but also in Europe. In this way, I would support my arguments with Europe's aged population data. As a result of a lack of studies regarding aging in Turkey, it would be much better to use some resources that relate with Europe. When correlated to the Europe wide World Health Organization statistics, Turkey is still trailing. The capacity of the aged people in the area has been 14% since 2010, which is expected to rise to 25% by 2050 (Aslan, 2013). The European area is largely seen as the internationally "oldest" continent (Kinsella and Phillips, 2005). The European Union is aging promptly. As of now, there are 48 million individuals aged 65 and above in the EC, 20 million of whom are aged 75 and above (Walker, 1996).

One sign used to determine aging is life expectancy (LE) at birth. LE at birth has risen internationally since the last few decades. Sadly, in the African continent, the people could not reach the age 65 by 2009. The American and the European Regions appear to have the largest LE values (Aslan, 2013). Given by the Turkish Statistics Institute statistics, LE has come to 74.6 for the years between 2010 and 2015 in Turkey (TUIK, 2013).

Finally, by these data we can conclude that LE of the old age population will continue to increase, not only in Turkey but also in Europe.

Care / residential homes

The world's population aged 60 and above will have tripled from 600 million to 2 billion in between the years 2000 to 2050. Most of this rise is and will be occurring in limited advanced countries where the figures of individuals older than 60 will have increased from 400 million in the year 2000 to 1.7 billion by the year 2050 (WHO, 2014*a*).

Care or residential homes are important settings in a country's welfare system. Residential care for the older population is a serious effort in all modern industrial communities and, given current demographic trends, it will develop to do so. The legislative influences of residential adaptation for the elderly have been seen after the World War Two (Judge, 1986).

Residential adaptations in care homes are run by different ministries, municipalities, non-profit charity organizations, private districts, and ethnic communities (SHCEK, 1999). These homes are just for those elder, who are above 60, and those who do not have any significant and contagious diseases, and those who are not addicted to alcohol and drugs are hosted in these houses (SHCEK, 1999). Given by to the result of an analysis of the older individuals appealing to these residential houses, the older individuals who do not have any salary are accepted for free, while those who have enough salary to meet the fees of these residential homes are allowed to stay provided that they pay the fee (Akdemir, 1997).

In Turkey, these homes arrange their account according to those older individuals perceiving loneliness and the need to make their declining relations firm (Akdemir, 1997). The beneficiaries of these homes are those who are living in their houses by themselves, or who do not have any family and a home. These homes provide the older individuals with a convenient residence to be with each other and to engage in social and daily activities (SHCEK, 1999).

There are some ethnographic researches to get better idea on aging. Kendal and Heider (1979) observed in their ethnographic study that elder people like to spend time together and they do not prefer to sit alone in the garden or in their rooms. As Kendal and Heider state in their study that no one sits on the benches or uses the shuffle board courts. There is a spurious sense of human abandonment. But deeper investigation discloses that out of the public eye, nearly all residents are socially involved. No one is technically considered 'disengaged.' Only 11 can be categorised as 'non-mixers.

Unlike the ethnographic study of Kendal and Heider (1979), I report that most of the participants in the Gaziantep Destitute Centre do not like to talk each other. They prefer to sit alone in their room and even in the garden. I will explain these observations during my fieldwork further in the findings.

Philippa Gibson (1986) claims that one of the greatest losses for most people in residential homes is the loss of their own home and lifestyle. She interviewed with a man in her study and she reported that the man had said it was absolutely the worst time of life, a terrible time. Another old resident had stated that there were no good things about life saying that: I just get fed up and don't care what happens. He had continued the differences between residents' past lives are abundant. Some will have had happy and fulfilled lives; while others have lives filled with tragedies and perceived pettiness. Some have had jobs, clerical or professional and others have been at home looking after their parents, husbands or children.

The greater amount of elderly people may be taken care by family relatives but there is a growing indication that it is not liked by many children or elderly individuals. In fact, many would like professional help, especially when complica-

tions are created from impairment or personal care (McGlone, 1992). A lot of elderly individuals do not have family to care for them (Abrams, 1976). Allen et al. (1992) pointed out that 22 per cent of the elderly individuals in their research who were living among the society and a third of those living in residential houses never had children or had no children that were alive.

Duyar (2008) explains it with another way that western people accept that their life consists of 'childhood,' 'youth,' and 'adulthood,' and 'elder' and assume that these phases have certain distinctions or borders from each other. Therefore, they organize their lives according to this belief. Besides this belief, each phase has some typical characteristics. In this case, agedness is thought and admitted the synonym of loneliness, incapability and helplessness. Living and feeling alone push elder people in some difficult and different problem. Koenig (1993) claims that studies have shown that the majority of older Americans and elders in different countries around the world cope with loneliness, anxiety, tension, hopelessness or depression through prayer and faith in God. They seldom see a medical doctor for these problems and even less frequently see a psychiatrist or mental health professional.

In his later work, Koenig (2006) states that in their 1988 report, they also observed that devotion to religion appeared to increase with increasing age, indicating that people became more religious as they grew older. This finding seems highly plausible as people come closer to death, spiritual factors might become increasingly important. Furthermore, Deaton (2009) remarks that religiosity may also change with age, and in particular, religion may become more important to people as they grow older, and their minds turn to the contemplation of the hereafter. Maria Cattell (2008) asserts that elder people do not have the resources and power they enjoyed in earlier times, many are valued members of their families and indeed, invaluable contributors to their families, as food producers and caregivers (especially women).

Material and methods

Gaziantep, previously and still informally called Antep, is a city in the southeast Turkey and among the oldest continuously inhabited cities in the world. The city of Gaziantep is one of the first settlements in Anatolia. Founded between the Mediterranean territory and Mesopotamia, the region developed with the establishment of many civilizations on site within the course of time.

Since the main aim of the study was to gather data on aging in Gaziantep Destitute Centre, I chose to undertake an exploratory ethnographic study. This involved undertaking participant observation along with key informant interviews. This kind of approach is suitable for studies where the main goal is to gather emic perspectives about the phenomena under investigation (Sandelowski, 2000). The method of observation has a sure procedure; it gathers facts to compare them, and compares them to know them better and good observations requires analysis (Robben, Antonius and Sluka, 2007).

Harry F. Wolcott (1994) claims and defines ethnography as conducting a study which has achieved to be accepted within a wide range amongst social researchers in order to develop into the label of choice for the qualitative/descriptive work. Even though it is not mandatory, it is vital for researchers to actually use concept framework or structure in the stepping stones to social interpretation (Maanen, 1988). According to Maanen there are many aspects which distinguish ethnography as an actual structure of qualitative study; he asserts that because ethnography undergoes the constant buffeting of critical analysis, it can appear not only remarkably adaptable but maddeningly ambiguous, except that in its discipline of origin the underlying

rationale for doing ethnography is understood to be cultural interpretation.

The study used an ethnographic approach (Bernard, 1995) employing multiple methods such as participant and non-participant observation, informal and semi-structured interviewing.

I started my study by meeting with the chair and vice chair of the centre on the first day. The chair the pseudonym for whom is Kamil has been working in the centre since it was founded. He is around 60 years old and a friendly person. When I talked with him the first time then I realised how much he likes to help elder people in the centre. The vice chair the pseudonym for whom is Murat is a helpful and understanding person as well. He has been working in the centre since 2011. They team up well with the rest of the staff.

On our first meeting, I introduced myself and then explained them why I was at the centre and what I was hoping to do there. I expressed my wish to carry out my fieldwork at the centre. I presented them how I planned on carrying out this work. I discussed with them about my methodology. They were very interested in my proposed work mainly because they appreciated the fact that I was willing to work for the elderly, something they really appreciated. I suggested volunteering as part of the social worker team and the management agreed to this.

I decided to start meeting and talking with the elderly people the next day, because I first needed a) to know the centre's layout, b) how it functioned and c) to get to know the staff. I thought volunteering and presenting myself as a social worker would make my entry into the centre easier and also facilitate my interaction with the elderly.

Also, I asked the chair and vice chair whether there were any rules and regulations which I was expected to obey. They both asserted that the priority was providing a safe place for the poor and making sure that they stayed healthy and happy.

The research and qualitative findings were analysed manually. In analysing the data, the review attempts were made carefully and the field notes on and the pictures of the daily routines from participatory observation as well as the in-depth interviews were all meticulously examined.

Simple frequencies were used to draw percentages to present survey findings while information from the qualitative methods was categorized together on the basis of their similarity. In this way it shows that repetition is one of the ways of identifying themes in data. Some of the most obvious themes in a corpus of data are those "topics that occur and reoccur" (Bogdan and Taylor, 1975) or are 'recurring regularities' (Guba, 1978). Finally, triangulation was used to obtain a better, more substantive picture of reality (good information) from different methods to meaningfully respond to the objectives set forward.

For purpose of anonymity I did not give a whole name of participants. I just gave the first letter of their name. Moreover, in case of same names and same first letters, I made a difference between participants' name such as M and M1.

Aging in the centre

The aim of establishing the centre was to help the poor and orphans. According to the centre's manager, it is an important place that provides assistance and care for the needy. He said: we provide a home for these people who might otherwise be left homeless and maybe die as a result of precarious conditions out in the streets. He further explained that the most important function of this centre was that it provided protection to destitute people who require aid.

The centre is mainly funded by Gaziantep Municipality. Other sources of funding

come from donations from the locals themselves who mainly help by providing meals or clothing, or donating money directly. Every time someone makes a donation, the staff at the centre record the amount of the donation in a log file one copy of which is given to the person who makes the donation and the other copy is retained for the records of the centre.

The chair and vice chair are responsible for the centre. They always ensure that the rules and regulations are followed and that the elderly are taken of well. This they do diligently, as evidenced by routine visits that the vice chair makes each day. He inspects the rooms and checks on the residents almost five times a day. In spite of their strict supervision, the administrators communicate well with the employees. They were willing to assist me with my fieldwork as well. To me, they were always friendly and helpful, and they never criticized or tried to undermine my work. They were very keen on hearing my perception as this ethic view they believed could assist them in realizing areas where improvements were needed. I was happy that they attached value to what I was doing and appreciated my work.

As for the sanitation conditions, there are cleaners. Cleaning is done 8 hours a day and the cleaners shift thrice within the eight hours. During each shift, the male cleaner is responsible for cleaning the area occupied by the elderly men whilst the female cleaner cleans the sect of the elderly females. They clean the rooms, kitchen, toilets, bathrooms and corridors every day.

There are care workers and they are responsible for caring for the elderly people. Their working schedule is similar to that of the cleaners. Care workers are responsible with everything about the elderly people. They mainly assist in bathing and feeding the elderly residents. They also accompany the residents walking in the garden and around the centre.

There is a nurse who takes care of the residents' health. Upon admission to the centre, the nurse takes blood and urine samples for regular health examinations. If there is a serious problem, the nurse informs the official at the municipality who then organizes for the person to be transferred for specialized treatment. Hard copies of the health records are filed. On a weekly basis, the nurse checks the residents' health, and dispenses medicines to be given to the residents' by the care workers.

Physical aspects of the centre

In total, there are fourteen rooms and one hall. Each corridor leads to seven rooms. Each room is furnished with a toilet and a bathroom both of which are specially designed in one place for elder people. Toilets are not high and there is a handle bar for the elder people to easily keep their physical balance. The sink is not high as well; it is large and there are two taps for cold and hot water. To take a shower easily, there is a small chair and the bath is covered with a curtain.

Each room is designed for two people and there are two beds, two wardrobes, two bedside tables and one table. The table is for having tea and for guests. For each person, there is a chair in the room. The beds in the rooms are not high and designed for elder people. The bedside tables are for keeping personal belongings such as radios, books, glasses, and etc. There is a TV in the rooms as well. It is on the corner of the room.

A typical day in the centre

During my observations, I realised that for the elderly, the day starts at 7 am. The staffs begin to wake them up from 06:30 a.m. on. For some, they wish to sleep longer. On one occasion, I was in K.'s room, the care worker woke him up and told him

"Uncle K., let us wake up, it is time for a new day and breakfast will be ready in 15 minutes." In response, K. said: "Oh! It is early morning. I could not sleep well last night because I had nightmares." Then the care worker laughed and told him "Maybe, you relived your youth so you could not sleep well." Laughing K. responded "Yes. Perhaps!" He is blind, but he went to the toilet to wash his hands and face by himself. Due to his sight problem, the staff brought his breakfast plate to his room with a glass of tea. Before he ate, he said "Oh! Thanks God for letting me have breakfast now, and I am happy." In the plate, there were several slices of a cucumber and a tomato as well as some olives and cheese. K. always had his food in his room alone while all the other people had their meals in the hall.

The breakfast menu varied daily; on Monday's, they served cheese, olive, cucumbers and tomatoes; on Tuesdays, they had eggs with tomatoes; on Wednesdays, they had soup; on Thursdays, they had eggs, jam and cheese; on Fridays, they had soup; on Saturdays, they had cheese, eggs, tomatoes and cucumbers and on Sundays, they had the eggs with tomatoes. The staff arranged the seating spaces for everyone, providing plates and food. As they ate, the staff asked if anyone wanted a second serving, those who were still hungry usually asked for more food.

During breakfast people rarely talked. The only time you could hear people talk to each other was when someone was offering his/her food to the next person or someone thanking God for the food. After breakfast, most elderly people went to sit in the hall; a few usually opted for going back to their rooms.

The staffs just prepared the food in plates for the elder people. I noticed that there were no drinking glasses, instead only plastic mugs were available. I was informed by the vice chair that the reason behind this was for safety reasons. He said while using a glass, the elderly may drop the glass which could injure them. All the other utensils were plastic as well.

There were four hours between breakfast and lunch. Residents spent that time generally in the gardens, but only if the weather were okay. If the weather were bad, they usually sat in the lobby; it was only such times that I saw people talk to each other at the centre. Others preferred to go to their rooms instead of staying at the lobby. Whenever there was a storm, the elderly would pray God to protect all people in the world.

I realised that elder people talked to each other only about the food during breakfast and lunch time. It is clear that they did not like to talk during meals. I tried to talk with them when they were having food. Then, I realised they did not pay attention as much as they did when they were not having a meal. They liked to eat food in a short time to go out early, because in summer time people did not like to sit in a closed place.

After lunch time some elder people liked to sleep and I saw H. and K. generally slept between 01:30 p.m. and 03:00 p.m. Some people slept randomly and there was no set sleep time like that of H. and K. had. In a conversation between K. and me, I told him that he liked sleeping after lunch time as he could not sleep during the night. He objected to my comment saying that he could sleep well at night but he liked to sleep after lunch time, as well, because there was nothing that he could do to spend time.

Some people liked to sit on the benches or in the camellia after lunch. Moreover, some people had a small radio and they liked listening to the radio outside. Music was an important thing for some of them and they felt good with it and it helped me to have good connection with elder people. M was a strict person and he did not like to talk with people. I tried to interact with him but he did not care about me. I was thinking of finding a good way to have a friendly chat with him and I realised he was

really sensitive with his radio and he listened to it every day. Particularly, he liked listening to the news on it. One day, while he was sitting alone on the same bench, I sat next to him and asked: "Why are you not listening to your radio today?" He said the battery ran out and he could not listen to neither the news nor some music. An hour later, I got a new battery for his radio and I changed the old battery with the new one. He was happy because he said: "I would be without my radio until tomorrow." We listened to the news together on the radio and I talked with him about the daily life there and his health. He ignored me again, but still he offered to listen to the news together. Everyone in the centre likes talking with the chair and vice chair; however, M did not like to talk even with them.

Regarding dinner, the same routine was repeated. It started at 18.00 pm and except for those two blind people, all people had it in the hall. After having dinner, people went to their rooms to watch TV or to sit in the rooms. If they asked the staffs to prepare a cup of tea or a coffee for them, they needed to wait for a while.

We thank God (Allah)

An attempt is made to highlight the effect of being religious and keeping away from loneliness by God. During my observations, I recognized that most of the conversations are to do with religion, so I have analysed this as a separate theme and asked myself why this may be the case and whether it was because they saw themselves as destitute and focused on religious teachings.

The participants who lived in the centre were all Muslim people and they call God 'Allah'. N (82) is a religious person, she always thanks God. She said: "I trust God, and only God knows everything." and she continued: "I like to pray and when I do that I feel very good. I feel like I am in heaven." She got married at 17 and her husband died 25 years ago, she had four sons. Her sons did not care about her and her sons applied for her stay at the centre. Her daughters-in-law did not accept to look after her, as well. She once stated: "Now, you can see there is no one helping me but God." Although she was illiterate, she told me that "if I were not eligible, I would not read many pray on religion books."

N1 (64) had dementia. When I asked how old she was, she could not tell me her age. She could not even remember when she came to the centre. She had been living at the centre for three months. Before coming to the centre, she was living in a village and her brothers who were caring her. However, they did not want to look after her any more, and they brought her to the centre. "My brothers did not look after me and they left me alone. There is no one else than God for me" she said. N1 prayed and every morning she thanked God. Once, she said "when I eat, I pray God for giving these things to us."

As it seems, belief and religion are getting more important for elder people when they face with loneliness and problems related to old age. Koenig (2006) supports this opinion asserting that;

> "As people grow older, regardless of culture, they face similar challenges related to declines in physical health, changes in social and family networks, and the challenge of finding meaning and purpose at a time in life when earlier sources of meaning and purpose (health and vigor, job, parenting responsibilities, and role in family) may be diminishing. It is during this time that religious, spiritual, and cultural beliefs may be particularly important to older adults as they struggle with these changes particularly those lacking other social, financial, and physical resources."(p. 2).

O (79) is a religious person, as well and he always thanks God. He cannot read and

write. He did not go to school due to economic problems. He came to the centre because there was no one to look after him. At the centre, he woke up at 4:00 a.m. with *ezan* (an Islamic tradition that people are announced to come to the mosque or say prayers at home). He once said "I am here with my God."

Studies clearly show the majority of older Americans and elders in different countries around the world cope with loneliness, anxiety, tension, hopelessness or depression through prayer and faith in God (Koenig, 2006).

In my observation, I recognised the daily activities that elder people do were very important for them, and they thought those things came from God, and they prayed and thanked God for each time they ate. One day, during breakfast, I was in K's room and before he ate, he said "Oh! Thanks you, God! Because of you, I am able to have breakfast now and I am happy." He continued: "We should thank God all the time; there would be nothing to believe if it was not for God. We are older people who are close to death and we should think about the other world life hereafter. I hope God forgives us in the afterlife." When I asked him how religious he was when he was young, he replied he was not as much religious and he did not think about God too much because he had many other things to do in his worldly life. However, he, admittedly, accepted that it was his fault that he was not a religious person. He said: "I hope God forgives me for that. I hope God forgives us all."

Religiosity may also change with age; in particular, religion may become more important for people as they grow older, and their minds turn to contemplation of the hereafter. In his 1988 report, Deaton also observed that religion appeared to be of focal interest with increasing age, indicating that people became more religious as they grew older. This finding seemed highly plausible, since people came closer to death, spiritual factors might become increasingly important (Deaton, 2009).

Social change in different times

When I talked about the life in the past N2 (60) said: "I would like to live in the past, because in the past, everything was much better. For example, people used to care about being good people in the past, however, people are not innocent now and there are many bad things in the world. People were more religious, but now it's not like it was in the past. Also, people had many belongings to have like foods and clothes but now people don't have these like they did in the past'. When N2 was born, she was blind. Although she is blind, she goes to toilet by herself. She uses her hands to find her way by touching to the walls.

Furthermore, S (68) told M1: "The season is summer but there is rain outside, so the world has changed and it is getting worse day by day." T (73) agreed him and continued saying: "Where is the past? Everything was much better in the past. However, there are no good people and relations now like there were in the past. People, now, lie to and do bad things to each other, so I hate today's world." O said to T: "You are absolutely right! The morality is not like the past, nowadays."

As it is presented in Gibson's (1986) ethnographic work that the differences between residents' past lives are abundant. Some have had happy and fulfilled lives; while others have had lives filled with tragedies and perceived pettiness. Some have had prestigious jobs and others had been at home looking after their parents, husbands or children.

K (68) is a blind old man who has been living at the centre for 17 years. He has been blind since he was 50 years old. He told me that his family did not care about him and he faced with some problems such as financial psychological in the past. These problems affected his eyes, and eventually he went blind. K said that past was

much better than today. In the past, people were friendly, and everything was pure, however, now you can't trust anyone. Everything has changed according to him. O likes the past, as well, because people trusted each other in the past and they were valued but now it is not like the past. H added that past was much better than today. Life was much better, and everything was cheaper. He continued there were not as many economic problems as there are now.

N1 agreed with their opinions and she said that there were many things that people had but now people do not have many things like they had in the past. She continued: "I was with my family, and my family provided me with everything, however, after my mother and father died, I felt I was alone and no one took care of me. The ethnographic work of DHSS (1981) fieldwork indicates: one of the greatest losses for most people in residential homes is the loss of their own home and lifestyle.

Most of the elder people said that past was much better than today, and according to them they had some reasons. These opinions pushed me to ask them whether they were happy to live in the centre. S did not like the centre, however she knew she was sick, and she had to stay there to get better. "To live outside, I need money but I do not have an income to afford it so I have to stay here," she said.

M1 said she was happy 30 years ago because her husband was with her and she did not have any health problems. She came to the centre because of health problems and lack of income. It is clear that most of the elder people think that the centre is the last place where they can continue their life.

N came to the centre a year ago. She does not like to live there, and she wants to live in her home with her sons, however she knows their wives do not want to live with her. Therefore, she says: "I have to stay here even I do not like the centre." N wants to live in the village where she was born, because she thinks there is no place in the centre that belongs to her. "When I was in the village, I was living in our home and we had farms there."

Although, T has relatives, he does not want to live with them. He has a brother and a sister, but he preferred to live alone. T (73) has not got married, actually, he loved someone but his father did not give him the permission to get married with that girl, so he said: "I did not want to get married with anyone else." He has been living in the centre for nearly two years. He said he was not happy. "I have lived enough and after that I do not want to live, I am already 73 years old and it is enough for me", he states. Moreover, he says that there is nothing in life to keep him alive.
In Gibson's ethnographic work, one participant had said: it was 'absolutely the worst time of life', a terrible time. Another said that there were no good things about life any more adding that I just got fed up and do not care what happens next. Based on my study I had same observations with some of my participants.

However, M2 (61) thought differently and he said that he was happy to live in the centre because he said no one would care about him outside. M2 can't walk, so he uses a wheelchair. He said: "I have a mother and a step father however they do not care about me because my step father does not want to be interested in me. There are no alternative ways to continue to live, so I like to live here. Here, the staffs take good care of us, and they are interested in every detail. For example, they shave our beards and hair; help us to take a shower. Even they put me in the bed for sleeping, and when I want to wake up to go to the garden, they help me to sit on the wheelchair and they walk with me to the garden." He frequently said "I am happy here and I want to stay here until I die."

M1 thinks almost the same, she said that living at the centre was good since she felt that people cared and looked after her well there, and she liked to sit in the garden, especially in the summer time.

Social relations in old age

In their ethnographic work, Kendal and Heider (1979) stated that no one sits on the benches or uses the shuffle board courts. There is a spurious sense of human abandonment. But deeper investigation discloses that out of the public eye, nearly all residents are socially involved. No one technically considered 'disengaged.' Only 11 can be categorised as 'non mixers.' However, in my observation and during the interviews, I encountered contradictory findings in opposition to these researchers' claims. When I talked with the residents about their social relations amongst elderly people, most of them explained that they did not like talking with people. H (90) does not like to talk with people. His wife is alive and they have three daughters and two sons. He told me he came to the centre due to economic problems. He does not have enough money to live with his wife and family. Until two years ago, he was able to manage most of his daily life by himself, however, currently he needs help for almost everything including going to the toilet and walking. He wears a diaper which the care workers change thrice a day.

H generally preferred to be alone. He did not like to spend time with the other elderly people especially with the female ones. When I asked him why, he said: "sitting with women is not among good manners". He thinks that when a man sits with women, people think negatively of him. He also thought that in the centre he did not have any close male resident friends that he could talk to. He perceived of the male residents to be boring therefore preferred not to make friends with any of them.

M1 mentioned she did not talk much to other women mainly because she believed women were rude. For her, talking to men was not an option because of the perceived boundary that should be maintained between men and women so as to avoid a negative image. M1 is 70 years old and two years ago, she suffered a stroke which affected her left leg. She told me it happened suddenly. One day, she woke up and could not feel her leg. Her husband died 3 years ago. She does not have any children. She got pregnant once, but unfortunately she suffered a miscarriage. She told me that the doctors recommended fertility treatment for her husband but he refused since he believed he did not have a fertility problem. She uses a wheelchair and is most of the times assisted by the staff.

Other women mentioned not talking to men since they believed this was inappropriate and doing so would be a source of gossip about them; in return they would feel embarrassed. Some men avoided talking to women because they believed women talked too much. That some men smoked hindered other men from interacting with them. Much of what elderly women and men exchanged was only greeting each other. It seems these stereotypical ideas about relationships very much influences the way residents interacted with one another.

Though many residents share a room, many expressed their wish for not sharing. The main reason for not wanting to share is because they feel they have nothing in common with their roommates or that the roommates are not tidy. Some also find it hard to communicate especially with a roommate who has hearing problems due to their age. Very few did not mind having a roommate they felt it was boring to live alone.

There were some conversations that happened spontaneously. During my observations, I realised O, S, N1 and N were sitting together in the garden. When H (a member of staff) came to change O's clothes, he did not want to change it because O said: "you changed my clothes just yesterday so why are you changing it now". H told him: "Yes. You are right. I changed it yesterday. Now, look at your clothes,

please! You can see it's dirty." O changed his clothes upon H's comments. After an hour, O was talking to himself, and he was unhappy with his shirt because the shirt was short sleeved and he did not like it. He thought elder men should not wear short sleeved shirts as it's not appropriate for people around. Also N agreed with his idea. She said: "People should realise their behaviour and clothes because each age has different features so people should not do inappropriate things."

These interactions indicate that there is a strong code among elder people based on what other people will think about them, and what manner is appropriate when in a community. For that reason, the society's patterns determine most of these elder peoples' opinions and manners. Like in that conversation: N was talking with N1, and she asked her: "Why do you have rings and a wristlet on your hand?" Then, she continued: "We are elder women and it is a shame to have these things because people can gossip. I would strongly recommend you to take them off."

They were talking about religion, and N said: "A person who prays will be fine forever. The key to being a real human is praying God." Then, she started talking about an event that happened a month ago, and she was blaming N1 for that: "Why were you dancing with music, because it's not appropriate. When an elder person dances, it is sinful. Besides, it is not a good behaviour for elder people, particular, for women." S agreed with N and S said: "We are elder people and we should not dance."

I realised instead of socializing, some elder people prefer to watch TV or listen to the radio. M2 likes to watch TV, and he spent one whole evening watching TV. Although N2 is blind, she likes listening to the radio and she has a small radio player. Also, N2 listens to TV. When she wants to listening TV, she just calls her roommate or staff to help her. When I asked about the current news in Turkey, she just told me about the disaster in the coal mines in Soma, Manisa. She was sad when we were talking about that news. The other blind person, K, likes to listen to the radio and TV, particularly; the programs on political issues, news and football. He knows much about current political issues in Turkey.

On the other hand, H does not like watching TV, and does not like to listen to the radio as well. Since last two years, he has neither watched TV nor listened to the radio. O does not like to watch TV, either. Since he came to the centre, he has not watched TV. He said he also had not liked watching TV before coming to the centre.

Conclusions

This study was able to identify a number of important factors relating to aging including a) how God is important for elder people, b) how their social relation to each other is, c) what kind of factors affect their social relations, and d) why the effects of social change is a key concern for old people.

The first key theme supported some researchers' opinions that religion plays a more important role in old age. Most of the participants thought that the help they received from people was because of God.

This second theme of social change is also seen in the narratives of the old people who often complained that time had changed. To them, life in the olden days when they were young was much better than it is today. As it is also stated by other researchers, old people think that the social networks and relations were much better in the olden days. Most of the participants used to live with their family or relatives, and they were happy in the past, but now they feel that their relatives and friends do not care for them and this makes them unhappy.

The last theme is the social relations in old age. At Gaziantep Destitute Centre,

most of the participants reported that they did not like spending time together with the other residents. This is mainly because they felt that there was no one whom they could relate well with.

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