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ABSTRACT

This paper explores the complex dynamics of familial relationships experienced by institutionalized older adults, focusing on the interplay between solidarity-conflict and ambivalence. Through qualitative interviews with twenty respondents residing in an old age home in Lucknow, Uttar Pradesh, the study delves into the emotional and social ties that older adults maintain with their families post-institutionalization. The findings reveal that these relationships are marked by ambivalence, where feelings of care and attachment coexist with conflict and estrangement. Many respondents expressed a sense of solidarity with their families, emphasizing the emotional and financial support they received prior to moving into the institution. However, this solidarity was often coupled with feelings of abandonment, disappointment, or conflict, primarily due to unmet expectations of caregiving or perceived neglect from their children and relatives. The study highlights how institutionalization reshapes familial bonds, leading to emotional ambivalence. For some, the institutional setting provides an escape from family conflicts, while for others, it exacerbates feelings of isolation. By analyzing narratives from the respondents, this paper contributes to the broader discourse on older adult, family relations, and institutional care, offering insights into the emotional complexities faced by older adults in institutional settings.

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Classification: LCC Code: HQ1061

Language: English



Great Britain
Journals Press

LJP Copyright ID: 573346

Print ISSN: 2515-5784

Online ISSN: 2515-5792

London Journal of Research in Humanities & Social Science

Volume 25 | Issue 5 | Compilation 1.0



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I. INTRODUCTION

The world is undergoing a significant demographic transition, characterized by a growing proportion of older adults in both developed and developing countries. According to the United Nations (2019), by 2050, the global population aged 60 and over will more than double, reaching 2.1 billion, and approximate 16% of the world's population will be over the age of 65. This demographic shift has profound implications for societies, especially in terms of healthcare, social services, and the overall well-being of older adults. In many parts of the world, increasing life expectancy, declining fertility rates, and advancements in medical care have contributed to this rise in the older adult population, making older adult one of the most pressing social issues of our time (Bloom, Canning, & Lubet, 2015).

II. OLDER ADULT IN THE INDIAN SCENARIO

India, the world's largest populous country, is witnessing a profound demographic transformation with the rapid older adult of its population. As of 2023, individuals aged 60 years and above constitute nearly 10.1% of the total population, accounting for over 140 million people (Ministry of Statistics and Programme Implementation, 2023). The decadal growth rate of the older adult population (aged 60 and above) is nearly double that of the general population. This transition is largely a result of increased life expectancy, declining fertility rates, and improvements in healthcare. The life expectancy in India has risen from 63 years in the early 2000s to approximately 70 years in 2023 (World Health Organization, 2023). According to the *World Population Prospects 2022* by the United Nations, India's population aged 60 years and

above is expected to reach 19.5% by 2050, an increase from the current estimate of 10.1% in 2022. As per *The Longitudinal Older adult Study in India* (LASI) 2020, India had over 138 million older adult individuals, making it home to one of the largest populations of older adults globally. By 2050, this number is projected to rise to over 320 million, placing immense pressure on healthcare systems, pension schemes, and caregiving structures (International Institute for Population Sciences, 2020). As the number of older adults grows, it presents new socio-economic challenges and opportunities for the country. In the Indian context, older adult is closely intertwined with cultural, social, and economic factors that define the experience of growing older. India's demographic transition is marked by regional variation, with southern states such as Kerala, Tamil Nadu, and Karnataka older adults more rapidly than northern states like Uttar Pradesh and Bihar. This is primarily due to differences in fertility rates, healthcare access, and literacy levels. Kerala, for instance, already has over 16% of its population aged 60 and above, compared to around 7% in Uttar Pradesh (National Statistical Office, 2021).

Older adult, however, is not merely a biological process; it is also shaped by social, economic, and cultural factors. How individuals experience older adults depends on their socio-economic background, health status, social networks, and access to resources (Bengston, Gans, Putney, & Silverstein, 2016). While some older adults experience healthy and active older adults, others may face social isolation, dependency, and health challenges that hinder their quality of life. This dichotomy in the older adult experience underscores the need for a nuanced understanding of the social aspects of older adults, particularly within institutional settings.

2.1 Changing Family Structures and Elder Care

In Indian society, the family has traditionally played a pivotal role in the care of the older adult. The multi-generational household model, which historically provided a robust support system for older adults, is deeply rooted in Indian cultural and religious values. The joint family system

allowed for seamless integration of elder care within the family unit, often placing the responsibility on adult children, particularly sons, to care for their older adult parents (Srinivas, 1969). The family has long been regarded as the primary institution responsible for providing emotional, financial, and social support to its older adult members (Arokiasamy, 2016). However, with increasing urbanization, migration, and the rise of nuclear families, this traditional caregiving model is under strain.

A study by *HelpAge India* (2021) indicates that 56% of older adults in India live with their children, but the percentage of older adults living alone or with only their spouse is steadily increasing. This shift is particularly noticeable in urban areas, where economic pressures and migration for employment have weakened the intergenerational support system (Rajan, 2019). The breakdown of the joint family system has also given rise to the phenomenon of elder abandonment, particularly in rural regions, where older adults are left without adequate financial or emotional support.

2.2 Contextualizing Older Adult and Institutional Care

This demographic shift has led to a growing interest in understanding the social, psychological, and economic implications of older adults. One area of significant concern is the experience of older adults living in institutional settings such as OAHs and care facilities. Institutions, including nursing homes and assisted living facilities, play a pivotal role in the lives of many older adults. These settings provide care and support for individuals who can no longer live independently due to health or social reasons. However, institutional care also comes with its own set of challenges, particularly in terms of social relationships and autonomy (Hyde et. al., 2013). The rise of institutional care in India is a direct response to the weakening of the traditional family-based elder care system. OAHs, both private and government-run, have become more common, particularly in urban areas. According to *HelpAge India* (2021), there are over 1,000 OAHs in India, with a significant

concentration in states like Kerala, Maharashtra, and Tamil Nadu. For many older adult individuals, transitioning from independent living to institutional care presents not only physical challenges but also significant emotional and social adjustments (Hyde et al., 2013).

Older adults often grapple with feelings of isolation, loss of autonomy, and disrupted social networks, which further complicate their ability to form meaningful relationships in these environments (Bailey & James, 2011). The institutional setting, designed primarily for care, introduces new social structures and expectations, impacting how older adult residents interact with one another and the staff. This paper explores the complex interplay of solidarity-conflict and ambivalence in the relationships of institutionalized older adults, with a particular focus on the dynamics that emerge within these communities.

The experience of institutionalization, however, is often marked by ambivalence. While OAHs provide necessary care for older adults, they also represent a departure from the traditional caregiving model, which can lead to feelings of abandonment and loneliness among residents (Bharati, 2020). Research on institutionalized older adults in India has highlighted the challenges of social isolation, mental health issues, and the loss of autonomy (Bailey et al., 2017).

III. THEORETICAL FRAMEWORK

The Solidarity-Conflict and Ambivalence model emerged to account for the intricacies of interpersonal dynamics, where relationships can simultaneously encompass both positive and negative aspects, resulting in ambivalent feelings. Within the context of institutional older adults, it is crucial to explore how solidarity-conflict and ambivalence coexist, shape their social bonds, and impact their well-being.

Solidarity refers to the emotional closeness, support exchanges, and cohesion between family members, emphasizing mutual affection and responsibility. It highlights how strong family ties can persist despite physical separation due to

institutionalization, fostering emotional well-being among older adult residents. As a central tenet of family and social networks, solidarity plays a pivotal role in shaping the experiences of older adults. Bengtson and Roberts (1991) proposed the concept of *intergenerational solidarity* to describe the positive emotional and functional exchanges between different generations. Their model identified six dimensions of solidarity:

- Affective Solidarity: Emotional closeness and warmth among individuals.
- Associational Solidarity: Frequency and types of interactions within a network.
- Functional Solidarity: The extent of support, including financial and caregiving.
- Consensual Solidarity: Agreement on beliefs, values, and orientations.
- Normative Solidarity: Expectations of duty and responsibility in relationships.
- Structural Solidarity: Geographic proximity and living arrangements.

Conflict, on the other hand, arises when family members disagree on caregiving responsibilities, decision-making, and autonomy, often exacerbated by the transition to institutional care. Disputes may emerge over perceived abandonment or the division of caregiving duties, straining relationships. Ambivalence captures the co-existence of positive and negative emotions within the same relationship. In the context of institutional care, family members and older adult residents may simultaneously feel gratitude for the support provided and guilt or resentment about the institutionalization process. This ambivalence is often reflected in conflicting emotions about caregiving roles, institutional policies, and shifting family dynamics (Bengtson et al., 2002). The model offers a nuanced understanding of how solidarity and conflict are not mutually exclusive but can co-occur, creating emotionally complex relationships. By examining how these dimensions interact, the model helps explain the varied emotional experiences of older adult residents and their families, offering insight into how caregiving, institutional structures, and family roles shape the emotional landscape.

3.1 Aim of the study

The aim of the study is to explore the dynamics of solidarity-conflict and ambivalence among institutionalized older adults. Specifically, the study seeks to examine how social bonds are formed and maintained within institutional settings, how conflict arises and is managed among residents, and how ambivalence characterizes relationships with fellow residents, family members, and caregivers. The study aims to provide a nuanced understanding of the social relationships of older adults in institutional care, focusing on the coexistence of positive and negative aspects of these relationships and their impact on the well-being of the older adult.

3.2 Knowledge Gaps

While the Solidarity–Conflict and Ambivalence model has been extensively explored in family dynamics, fewer studies have focused specifically on its application in institutional settings. Much of the research has concentrated on understanding the emotional complexities experienced by families, but there is a growing need for studies that focus on institutional interventions aimed at addressing these emotional challenges. Additionally, cross-cultural research is limited, and there is a need to explore how different cultural attitudes toward family care influence the dynamics of solidarity-conflict and ambivalence in institutional homes.

3.3 Contribution to Knowledge

This study contributes to the existing body of knowledge by expanding the application of the Solidarity–Conflict and Ambivalence model to institutional care settings, which have been relatively underexplored in comparison to home-based caregiving environments. It provides a deeper understanding of the emotional complexities faced by older adult residents and their families, particularly in how institutional policies and caregiving practices influence the balance between solidarity, conflict, and ambivalence. By highlighting the challenges of maintaining emotional closeness and the sources of conflict within institutional homes, this research offers new insights into the emotional

well-being of older adult residents. Additionally, the study emphasizes the importance of institutional interventions and policy reforms aimed at improving family engagement and reducing emotional strain, thus enhancing the overall quality of care and support for older adult individuals in institutional environments. This research will fill a critical gap by offering practical recommendations for optimizing family dynamics and resident care in long-term care facilities.

3.4 Objective of the Study

The objective of this study is to explore the dynamics of solidarity-conflict and ambivalence experienced by older adult residents in institutional care settings. It aims to examine how emotional closeness and support are maintained, identify sources of conflict and investigate the ambivalent emotions that often coexist in their familial relationships.

Specifically, this study aims to:

- Examine the dynamics of solidarity between older adult residents and their family members.
- Identify sources of conflict within intergenerational relationships when older adult individuals enter institutional care, including caregiving responsibilities, decision-making, autonomy, and family involvement in care.
- Investigate the ambivalence in familial relationships within institutional homes, exploring the co-existence of positive and negative emotions experienced.
- To explore the nature of familial relationships among institutionalized older adults through the lens of solidarity, conflict, and ambivalence.
- To examine the frequency and types of interactions between institutionalized older adults and their family members.

IV. RESEARCH METHODOLOGY

4.1 Research Design

This study employs a qualitative research design to explore the dynamics of solidarity-conflict and ambivalence among the older adult residing in the

OAHs of Lucknow. The researcher has chosen a qualitative approach to capture the subjective experiences, emotions, and perceptions of the participants, allowing for an in-depth understanding of the complexities in their relationships. A phenomenological approach is applied to understand how individuals make sense of their experiences in relation to institutional care, focusing on lived experiences and emotional responses.

The researcher uses semi-structured interviews as the primary method of data collection. This format allows for a guided yet flexible discussion, older adult participants to share their perspectives on various aspects of familial relationships. The interviews were conducted in a conversational manner, enabling respondents to express their feelings and thoughts freely, while ensuring that

key themes such as solidarity-conflict and ambivalence are addressed.

4.2 Selection Criteria for Respondents

A total of 20 respondents participated in the study from the institutional care facilities, in Lucknow. Respondents for the study were selected using purposive sampling to ensure a relevant and diverse representation of older adult residents. The selection criteria for older adult residents required living in the institutional care facility for at least six months to ensure they had sufficient experience with the institutional environment, were aged 60 or above and were cognitively able to participate in semi-structured interviews as assessed by care staff. These criteria aimed to ensure the selection of participants who could provide meaningful insights into the research.

Demographic profile of residents in paid OAHs Lucknow

Sl. No.	Respondent Name (Pseudonym)	Age	Gender	Marital Status	Duration of Stay	Reason for Institutionalization	Family Contact (Yes/No)	Frequency of Contact
1.	Ashesh Upadhyay	75	Male	Widowed	3 years	Health issues, no caregiver	Yes	Occasional
2.	Mahendra Pandey	80	Male	Married	5 years	Voluntary, security reasons	Yes	Frequent
3.	Usha Pandey	78	Female	Married	5 years	Voluntary, security reasons	Yes	Frequent
4.	Bhavna Khatri	69	Female	Widowed	4 years	Neglect by children	No	None
5.	Houshila Prasad Dubey	94	Male	Married	16 years	Lack of support	Yes	Rare
6.	Abha Dubey	82	Female	Married	16 years	Lack of support	Yes	Rare
7.	Abhijit Chatterjee	72	Male	Widowed	1.5 years	Voluntary, health reasons	Yes	Occasional
8.	Brijesh Mishra	81	Male	Widowed	6 years	Neglect, financial reasons	Yes	Rare
9.	Awadhesh Shukla	77	Male	Divorced	5 years	Conflict with children	No	None
10.	Girija Shankar Tiwari	70	Male	Widowed	2.5 years	Voluntary, no children	No	None
11.	Pallavi Das	76	Female	Widowed	4 years	Family conflict, health issues	Yes	Occasional
12.	Aashim Khan	79	Male	Divorced	3 years	Neglect by family	Yes	Rare

13.	Abhay Kumar Choudhary	85	Male	Widowed	7 years	Voluntary	Yes	Occasional
14.	Anita	68	Female	Single	1 year	No caregiver	No	None
15.	Moushimi Chakrabarti	74	Female	Widowed	4.5 years	Conflict with children	Yes	Rare
16.	Rani	80	Female	Widowed	5 years	Financial dependency	No	None
17.	Suresh	71	Male	Married	3 years	Health issues	Yes	Frequent
18.	Kalpna	73	Female	Widowed	3 years	Family neglect	Yes	Occasional
19.	Amit	78	Male	Divorced	2.5 years	Conflict with children	No	None
20.	Sarika	83	Female	Widowed	6 years	Abandonment by children	Yes	Rare

4.3 Research Setting

Lucknow is the capital city of Uttar Pradesh. It is known as the 'City of Nawab' or the 'City of Tehzeeb'. Among the various cities of India, the culture and heritage of Lucknow are unique. Lucknow was founded by Nawab Asaf-ud-Daula and is a multi cultural city. Samarpan Varistha Jan Parisar is a paid OAH in Lucknow, Uttar Pradesh. It operates in a building donated by the Municipal Corporation of Lucknow. It is located in Adil Nagar, 20 Km from the centre of Lucknow city. Samarpan Varistha Jan Parisar does not offer nursing facilities, it only admits able-bodied adults. However, if the health of a resident deteriorates after joining the OAH, then the staff offers care to him/her. A physician is also associated with the OAH to regularly monitor the health condition of the residents. Another OAH is Sarvajanik Sikhsonayan Sansthan a free OAH of Lucknow, Uttar Pradesh. It is located in Sarojini Nagar, Lucknow and operates from a three-floor building on a rent basis. There is a small garden where the residents spend time walking or enjoying leisure hours in the evening. The older adults are given yoga classes in the morning and engage in 'aarti' and prayers in the evening. The staff also offers counselling services to the residents. The institution stipulates sixty years of age and good health as the criterion for admission to the OAH.

V. DATA ANALYSIS

The data were analyzed using thematic analysis, starting with verbatim transcription and thorough reading for familiarization. Initial coding was conducted inductively to identify key phrases and concepts, which were then grouped into broader themes such as emotional closeness and solidarity, Conflict and Disappointment in Family Expectations, Ambivalence and Mixed Feelings Towards Family Relationships, and Institutional Influence on Family Dynamics. These themes were refined based on relevance to the research questions and the theoretical framework of solidarity, conflict, and ambivalence. Finally, the themes were interpreted in relation to existing literature, offering insights into intergenerational relationships and improving family dynamics in institutional care settings.

5.1 Emotional Closeness and Solidarity

Many older adult residents expressed a strong sense of emotional closeness with their family members despite living in an institutional setting. Frequent visits, phone calls, and other forms of communication played a crucial role in maintaining solidarity. Several respondents highlighted that regular interaction with family provided emotional support, reduced feelings of loneliness, and enhanced their overall well-being.

Many respondents emphasized the importance of maintaining emotional bonds through regular

visits and communication. As Mr. Mahendra explained:

“Even though I live here now, my daughter visits me every Sunday. We talk on the phone every other day. It makes me feel connected like I’m still part of the family.”

While most respondents spoke of efforts to maintain solidarity, this closeness was often dependent on institutional policies that facilitated family involvement. Flexible visiting hours and supportive staff were frequently mentioned as factors that helped sustain emotional connections. Conversely, some residents felt isolated due to institutional constraints. Mr. Ashesh Upadhyay shared:

“Sometimes it feels like I’m far away from my family, even though they try to visit. The rules here are strict about visiting times, and that makes it harder.”

Emotional solidarity remains strong between family members and institutionalized older adult residents when communication and visits are regular. However, institutional policies greatly influence the ability to maintain this solidarity. Institutions that encourage family involvement through flexible policies enhance emotional closeness, while restrictive environments may weaken this bond. Mr. Abhijit responded:

“I know they love me because they always ensure I’m okay. They check in, and that means a lot to me. They send me pictures and videos of family events, which keeps me in the loop, even if I’m not there physically. They sent me here, but they came here to spend time with me.”

Despite living apart, older adult individuals feel included through daily phone calls, which maintain emotional solidarity and assure them of their value in their child’s life. Routine visits provide emotional stability, preserving the bond between family members. Intergenerational connections, such as visits from grandchildren, offer comfort and a sense of belonging. Technological communication helps maintain family ties across distances, keeping older adults

updated and emotionally included. Regular check-ins, even minimal, reinforce emotional solidarity, showing care and love, and profoundly impact familial relationships.

5.2 Conflict and Disappointment in Family Expectations

Family members often struggled with feelings of guilt over the decision, while residents expressed frustration over their perceived loss of autonomy. Many older adult participants described feeling powerless or unable to control their daily routines, which led to tension between them and their family members. Family members often expressed guilt and frustration over their perceived failure to provide care at home, while residents felt a loss of autonomy and control over their lives. As Ms. Bhawna opined:

“I didn’t want to come here, but my family insisted. I feel like I’m not in control of my life anymore. I have to follow their schedule, not mine.”

Conflicts often revolved around decision-making, with residents feeling excluded from important choices regarding their care and family members feeling powerless to provide adequate care. In some cases, family members felt that they were letting their loved ones down, and this emotional burden led to strained relationships. As Mr. Awadhesh pointed out:

“I gave them everything when they were young, but now they don’t have time for me. It’s like they’ve repaid me by putting me away. They don’t understand how lonely it gets here. I wish they would come and see what it’s like, but they’re too busy. It’s hard to accept that they don’t want to take care of me. I raised them, but now they leave me in someone else’s hands. They told me they’d visit more often, but they don’t. I feel like they’ve forgotten about me.”

The above quotation reflects the disappointment and emotional conflict that arise when familial expectations are unmet. The older adult feels abandoned, neglected, and betrayed, struggling to comprehend the shift in family dynamics.

Unfulfilled promises, feelings of rejection, and a disconnect between their emotional needs and family awareness lead to resentment, loneliness, and a deep sense of abandonment, as their lifelong caregiving is not reciprocated.

5.3 Ambivalence and Mixed Feelings Towards Family Relationships

Many respondents, experienced ambivalence—the coexistence of both positive and negative emotions about their relationship with family members. Older adult residents often felt grateful for the professional care they received, yet also expressed feelings of abandonment or loneliness due to reduced family contact. As Mr. Suresh shared his view in the following words:

“They take care of me here, and I know my children have their own lives. But I miss them... Sometimes I feel like they’ve forgotten about me. I don’t blame them for putting me here, but I still feel hurt that they couldn’t keep me at home”.

This emotional ambivalence sometimes made family interactions uncomfortable, as both parties struggled to reconcile their conflicting feelings. Some residents felt ambivalent about the care they received, appreciating the professional support but missing the personal connection of home care. The older adult understands the practical reasons for being institutionalized, the emotional sting of not being kept at home creates internal conflict, showcasing the ambivalence of their emotions. Ms. Moushimi Shared:

“I know they’re doing their best, but sometimes it feels like I’m just a responsibility they want to get rid of. They tell me it’s for my own good, and I know they’re right. But it still feels like they’re pushing me away. I see how happy they are when they visit, but it makes me wonder—if they’re so happy, why don’t they visit more?”

This quotation reflects the ambivalence of older adults who, while recognizing their family’s efforts, feel unwanted and emotionally distanced. Though they rationally agree with the family’s decisions, they cannot help but feel resentment,

creating a tension between intellectual understanding and emotional reality. They are happy to see their family during visits, but the infrequency of those visits leads to mixed emotions of both contentment and frustration.

Ambivalence is a prominent emotional experience in institutional care settings. Family members and residents alike grapple with mixed emotions, creating tension during visits and interactions. This ambivalence reflects the emotional complexity of institutionalization and highlights the need for emotional support programs to help both residents and families process these conflicting feelings. Mr. Abhay narrated:

“Being here means my children don’t have to worry about me, and that gives me some peace. I’m grateful for everything they’ve done, but I can’t help but feel lonely when they’re not around.”

This highlights the duality of relief and guilt, where the older adult experiences peace knowing they are not burdening their children yet feels guilty for not being a more present part of the family unit.

Gratitude and loneliness coexist in this quote, representing the core of ambivalence. The older adult appreciates the family’s efforts but continues to feel emotionally unfulfilled when the family is absent, struggling to balance these two opposing emotions. Mr. Brijesh reflected:

“I feel safe here, but the guilt never leaves me. I should be with my family, helping out, not just sitting here. I don’t want to be a burden, but sometimes I think I’ve made it too easy for them to forget about me. It’s a relief not to need help with everything, but I miss the little things, like being part of family dinners. It’s hard not to feel guilty about that.”

The older adult feels secure and cared for, but guilt persists due to traditional family roles, where they believe they should still contribute. This creates a tension where relief and guilt coexist. While relieved by their independence in the care home, they miss the intimacy of family life, feeling they may have caused emotional detachment by

being absent from daily routines. Despite the benefits of institutional living, their relief is overshadowed by guilt for not being involved in the family's day-to-day life.

5.4 Institutional Influence on Family Dynamics

Many respondents emphasized that the institution's environment played a critical role in either enhancing or undermining family relationships. Institutions that encouraged open communication and family involvement were seen as more supportive and conducive to maintaining emotional closeness, while more restrictive environments often led to frustration and conflict. In the words of Ms. Rani:

"The staff here really encourages my family to visit. They even helped set up video calls when my son couldn't come. It makes a big difference."

Conversely, residents in facilities with restrictive policies reported higher levels of conflict and dissatisfaction with family relationships. Limited visiting hours or poor communication between staff and family members often contributed to feelings of disconnection and frustration. Ms. Pallavi pointed out:

"It's hard when they only allow visits at certain times. My children have busy lives, and sometimes they can't make it. I feel forgotten on those days."

Institutional policies significantly shape family dynamics in care homes. Supportive environments that promote family involvement can strengthen solidarity and reduce conflict, while restrictive policies often lead to feelings of frustration, isolation, and weakened family bonds.

VI. CONCLUSION

The findings of this study on the interplay of solidarity-conflict and ambivalence among institutionalized older adults. The study revealed that older adults often navigate complex emotional and social landscapes, where the coexistence of solidarity and conflict is a common theme, and ambivalence plays a critical role in

shaping their interactions. This observation is consistent with Iecovich and Biderman's (2021) research, which underscored that while the formation of social bonds within institutional homes is crucial for emotional well-being, conflicts often emerge due to resource competition, differences in personal values, and the diversity of resident backgrounds. Their study found that while residents rely on each other for emotional support and companionship, the close quarters of institutional living can exacerbate tensions, particularly around shared resources such as space, caregiver attention, or social privileges.

The presence of both solidarity and conflict reflects the dual nature of relationships within institutions. This duality has been a recurring theme in studies of intergenerational relationships, where older adults and their families experience ambivalence—a simultaneous experience of positive and negative emotions—when making decisions about institutional care (Lüscher & Pillemer, 1998). Similarly, within the institutional environment, relationships between residents and caregivers can be marked by solidarity in the form of care and emotional closeness, yet also by conflict over the perceived quality of care or the constraints imposed by institutional rules. Braun et al. (2020) highlighted that ambivalence often arises in relationships where older adults must rely on caregivers for their daily needs, yet simultaneously feel a loss of autonomy and control, leading to a complex mix of gratitude and frustration. These emotions are particularly pronounced in institutions, where the power dynamics between caregivers and residents can create an atmosphere of dependency, fostering resentment even in relationships marked by genuine care and concern.

Interestingly, more residents in the paid OAH of Lucknow experienced structural solidarity (most residents were from Lucknow or at least belonged to Uttar Pradesh). It was found that technological communication substituted the requirement for maintaining structural solidarity. For instance, most older adult were technologically oriented and regularly had telephonic communication with their families and maintained ties through social

media platforms like Facebook and WhatsApp. Most of the respondents of free OAHs lived in the geographical proximity in their families but their relocation did not entail structural solidarity. In sum, OAHs offer a holistic and acceptable solution to both generations. Additionally, relocation to the institutional home is seen as a measure to avoid adjustment issues, clashes, and emotional turmoil within the family. By the way of staying at OAH, the older adult believes that they can maintain harmony and reinforce inter-generational ties.

Apart from that most residents experienced intergenerational conflict (e.g., physical and verbal abuse, neglect, abandonment, emotional abuse, etc.). Echoing Takacs (2017), it was thus found that family relations were more likely to be disrupted among those living in poverty and hindering intensive contact with members. Also, in some instances, relocation to OAH was a prudent decision and an act of coinsurance for the sake of the economic stability of the family. However, adjustment differences were observed between the newly joined residents and long-term residents. The long-term residents were well-adjusted in OAHs and acquainted with the living conditions. However, as their memories of familial discordance/ill-will have faded away, they develop nostalgia/attachment towards their families and bygone days. They anguish and long to see their family members. Most long-term residents therefore developed a sense of ambivalence towards their family or affectual solidarity to some extent. On the contrary, the newly joined residents were in their transition phase and are yet to develop their social circle in the OAH. Nonetheless, as their memories of familial discordance are fresh in their minds, the newly joined older adult develop a sense of detachment from their families and devote themselves to spirituality. Most newly joined residents had conflictual relationships with their family.

Another key aspect of the study's findings is the role of social capital in shaping solidarity among institutionalized older adults. Social capital, as described by Bourdieu (1986), refers to the networks of relationships that individuals can

draw upon for support, resources, and social integration. In the context of older adults, social capital can be a significant factor in mitigating the negative impacts of institutionalization. The study revealed that older adults who were able to form strong social bonds within the institution—whether with fellow residents, caregivers, or visiting family members—experienced higher levels of emotional well-being and reported feeling more integrated into the institutional community. This finding resonates with recent research by de Donder et al. (2019), which found that social capital within care homes plays a critical role in the quality of life for residents. Their study demonstrated that the ability to cultivate and maintain meaningful social relationships within the institution contributes to a sense of belonging and reduces feelings of isolation, a common issue for older adults in long-term care.

The current study found that residents frequently expressed ambivalence in their relationships with caregivers, oscillating between appreciation for the care they received and frustration over their perceived lack of autonomy or control over their daily lives. This finding aligns with research by Kemp et al. (2018), which noted that institutionalized older adults often struggle to reconcile their need for care with their desire for independence, leading to ambivalent feelings towards the institution and its staff. This ambivalence extends to relationships with family members, as well. Older adults in the study reported mixed emotions towards their families, particularly in cases where family members were involved in the decision to place them in institutional care. While many residents expressed gratitude for their families' concern and support, others felt abandoned or resentful, perceiving their institutionalization as a form of neglect. These findings mirror those of Pillemer and Luscher (2004), who explored how older adults and their families experience ambivalence in the caregiving context, particularly when institutionalization is involved. Their work showed that while families often make decisions about institutional care with the best intentions, older adults can experience these decisions as

both supportive and distancing, contributing to ambivalent feelings towards their family members.

The emotional landscape of institutionalized older adults is further complicated by the broader social and cultural context in which older adult and institutional care takes place. As noted by Daatland and Lowenstein (2022), societal attitudes towards older adults and care play a significant role in shaping how older adults perceive their own experiences of institutionalization. In cultures where older adults are highly valued and older adults are seen as repositories of wisdom, institutionalization may be viewed more positively, as an opportunity for older adults to continue contributing to society while receiving the care they need. In contrast, in cultures where older adults are seen as a burden, institutional care may be perceived as a last resort, leading to feelings of shame or failure among older adults. The current study found that many residents internalized these broader societal attitudes, which shaped their experiences of solidarity-conflict and ambivalence within the institution. Older adults who perceived their institutionalization as a form of social abandonment were more likely to experience conflict and ambivalence in their relationships, while those who viewed it as a necessary step in their care journey were more likely to form strong social bonds and experience higher levels of solidarity.

Moreover, the findings of this study align with the research by Ayalon (2020), who examined the impact of ageism in institutional care settings. Ayalon's work emphasized that ageist attitudes—both from caregivers and from society at large—can exacerbate feelings of conflict and ambivalence among institutionalized older adults. Ageism can manifest in subtle ways, such as through paternalistic behavior or assumptions about older adults' capabilities, which can undermine their sense of agency and contribute to feelings of frustration or resentment. The current study similarly found that residents often expressed ambivalence towards their caregivers, who they felt both supported and constrained their autonomy. These findings suggest that

addressing ageism in institutional care settings may be key to reducing conflict and ambivalence and fostering stronger bonds of solidarity among residents and caregivers.

The study's findings also resonate with research on *relational autonomy*, a concept that has gained traction in recent gerontological literature. Relational autonomy recognizes that individuals' autonomy is shaped by their relationships and social context, rather than being purely individualistic. As outlined by Mackenzie and Stoljar (2000), relational autonomy is particularly relevant for older adults in institutional care, as their ability to make decisions about their care and daily lives is often mediated by their relationships with caregivers, family members, and fellow residents. The current study found that older adults' experiences of autonomy were deeply intertwined with their social relationships within the institution. Residents who had strong social bonds and supportive relationships with caregivers were more likely to feel a sense of autonomy, even within the constraints of institutional living. In contrast, those who experienced conflict or ambivalence in their relationships were more likely to report feelings of powerlessness or loss of control. This finding underscores the importance of fostering positive social relationships within institutions to support older adults' sense of autonomy and well-being.

In conclusion, the findings of this study contribute to a growing body of research that emphasizes the complexity of social relationships among institutionalized older adults. By examining the interplay of solidarity, conflict, and ambivalence, this study provides a nuanced understanding of how older adults navigate the emotional and social challenges of institutional living. These findings align with recent research on the importance of social capital, ambivalence, and relational autonomy in shaping older adults' experiences in institutional care. As the population of older adults continues to grow, and institutional care becomes an increasingly common option, it is crucial to continue exploring the factors that influence the quality of life for institutionalized older adults. Addressing the challenges of conflict and ambivalence, while

fostering solidarity and social capital, will be key to improving the well-being of older adults in institutional settings.

Conflict of Interest

The Author declare that there is no conflict of interest’.

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