

WHO AM I NOW? THE REIFICATION OF SELF IN A NURSING HOME

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ABSTRACT

Threats to the self and its constituent reifications are examined in the context of the phenomenology of Alfred Schütz. It is argued that self-reifications serve to limit the world openness of the human condition and that nursing home placement threatens these reifications and therefore the ability of residents to "think as usual." Thirty-eight case studies from nursing homes in both Kansas and Oregon are examined and are used to illustrate how reminiscence serves as a means to re-reify the self in a manner in which taken-for-grantedness can be regained.

INTRODUCTION

In this analysis I argue that the social changes inherent with nursing home placement present enormous challenges to the ability of residents to "think as usual," that is, to take the world for granted. Because of the fundamental importance of taken-for-grantedness as a mechanism to provide order and sense to their worlds, residents must find ways to adjust to the dramatic and stigmatizing changes of nursing home placement. To this end, residents often use reminiscence as a tool to reassert past conceptions of self (recollected self-reifications) and to reject current nursing home experience as unimportant (experience negation). I draw from two theoretical and philosophical traditions: symbolic interaction and phenomenology (for a similar synthesis see March 2000). From symbolic interaction I proceed with the understanding that the self is a discursive social product that is created, maintained, and changed in response to social conditions (Copp 2001; Gubrium & Holstein 2000; Mead 1964). From a phenomenological perspective, I argue that taken-for-grantedness and the reification of self are fundamental necessities that are profoundly threatened by the social changes brought by life in the nursing home (Moore 1995; Thomason 1982).

Data are examined from 38 interviews with nursing home residents from Manhattan, Kansas and La Grande, Oregon. The interactionist and phenomenological traditions serve as explanatory frameworks for the self-management strategies used by these residents with particular emphasis upon self-reification. Self-reification refers to the process by which social actors make the social process of self "thing like" (Thomason 1982, 1994). The importance of self-reification is frequently under appreciated. However, this analysis suggests that self-reifications serve

as nomic or order making constructs, and therefore are necessary and important parts of human experience. Without these self-reifications social life would be impossible. Faced with dramatic social change, residents in a nursing home face unimaginable threats to self-conception. The nursing home setting, therefore, provides a unique opportunity to study self reifications and the manner by which these reifications are maintained, defended, and abandoned.

Perhaps no other event in an individual's life is as life-changing and stigmatizing as placement in a nursing home (Goffman 1963). To be a nursing home resident is to abandon or diminish all other identities. Combined with the stigmatizing potential of illness and infirmity, nursing home placement is a significant threat to self (for an analysis of illness and self see Charmaz 1991). In addition, in many ways nursing homes resemble "total institutions" (Goffman 1961). In these settings, residents can no longer self-determine many of their own activities and often abandon most aspects of their earlier lives as they become part of the institutional setting (Schmitt 2000). Loss of independence is a common theme in the nursing home. Two residents from Kansas discuss this fact in the following way.

I just bought a new lawnmower before they put me in this place - brand new! Can't use it here, I just want to go home and mow my lawn...do the things I always did. (Earl, Kansas)

You can't eat here. It's not worth eating. I was a good cook...gotta to be when you have kids...They feed you right on time here; it doesn't matter when you are hungry. (Rebecca, Kansas)

In their simplicity these narratives provide

poignant insight into the loss of self-determination experienced by these residents.

Life in a nursing home is not something easily grasped by those not intimately part of one. Diamond (1992) writes about nursing homes from the perspective of staff, stressing the industrial and institutional nature of life there as juxtaposed to the actual needs of residents and employees. Gubrium (1993) provides a detailed ethnography of nursing home residents covering issues such as self, home, family, and death suggesting that nursing homes must be understood in term of the "horizons of meaning" to be found there. While important, accounts of nursing home life (including this one) cannot truly capture the subjective nuances of resident life. However, one thing is certain life inside the nursing home is different from life outside the nursing home. Of no matter what a resident's life consisted before the nursing home, and no matter what problems they faced, life before the nursing home constitutes a dramatic and stigmatizing transition. This is not to say that nursing home life is always worse. Nancy from Oregon points out

they feed you three times a day here, I have a bed, and it is safe...I never had that before.

Nevertheless, nursing home placement causes significant changes for residents. To fully understand the impact of these changes, however, we must first understand the unproblematic nature of everyday existence outside the nursing home, a facet of reality described by phenomenologists as the "life-world."

The Life-World

Alfred Schutz concludes that the paramount reality, the basis for everyday life, is the life-world. He states, "the life-world is that province of reality that the wide-awake and normal adult simply takes for granted in an attitude of common sense" (Schutz & Luckmann 1973). While not the only province of reality, the world of science, the dream world, the fantasy world, and the worlds of the insane are clearly others, it is by far the most important. The life-world is the reality from which the social cloth is made. All claims to "truth" and "normality," for example, find their base in the life-world. Characterized by action not ideas, pragmatism not science, and

taken for grantedness not reflexivity; the life-world is the "unexamined ground of all human experience" and as such must be the starting point for any science of society. Schutz argues

the sciences that would interpret and explain human action must begin with a description of the foundational structures of what is prescientific, the reality which seems self-evident to men remaining within the natural attitude. This reality is the everyday life-world. (Schutz & Luckmann 1973: 3)

As a largely descriptive endeavor, phenomenology as articulated by Schutz does not squarely address either the origins of the life-world or what purpose if any it might serve. However, Berger and Luckmann (1966) point out that the life-world and its characteristic taken-for-grantedness are an outcome of the social world building process necessitated by "man's relative disposition of world-openness" (Gehlen 1988).

Man occupies a peculiar position in the animal kingdom. Unlike the other higher mammals, he has no species-specific environment, no environment firmly structured by his own instinctual organization. (Berger & Luckmann 1966:45-8)

Humans, then, are thought to possess fewer, less well-organized instincts than are their counterparts in the animal world, they are markedly "unfinished," and "deficient beings" (Gehlen 1988:13). Such a lack of instinctual organization leaves humans particularly vulnerable "they are not biologically wired to conduct themselves in any certain manner" (Berger & Luckmann 1966:45). Without significant instincts, humans are consigned by nature to anomie and insecurity (for a discussion of world openness see Williams 2001). In all respects a world so open and chaotic would be unlivable (Thomason 1994). Social order, then, must be constructed. One important tool in this process is the construction of social institutions.

Social institutions are durable sets of social relationships and as Berger and Luckmann (1966) point out, arise from the ongoing relationships and habitual activities of social actors. Over time the constructedness of these relationships becomes forgotten and

reified – literally “thing-a-fied” (Thomason 1982). It is because of this forgetfulness and taken-for-grantedness that institutions come to limit the world openness of the human condition; that is, to serve as “nomic instrumentalities” (Thomason 1982). For example, institutions such as religion, family, marriage, and government provide order to the inherent lack of order that is characteristic of being human by providing recipes for understanding and by locating the humanly constructed and questionable world in the domain of the “real” and “unquestionable.” In a very similar way Schutz refers to the order making function of culture when he states

thus it is the function of the cultural pattern to eliminate troublesome inquiries by offering ready-made directions for use, to replace truth hard to attain by comfortable truisms, and to substitute the self explanatory for the questionable. (1964:95)

While the nomic functions of social institutions enabled by reification are of fundamental importance, it is important to note that they are not the only order making social phenomena. Additionally, the self must also be seen in this context (Gubrium & Holstein 2000). As the outcome of an ongoing social process, the reified self is also a nomic construct. Self-reifications delimit the insecurity of human existence by providing readymade recipes for identity. They give an objective thing like quality to self thus reducing anomie and insecurity. Another way to say this is that self-reifications allow social actors to take themselves for granted as self-evidently real, to replace the questionable and socially constructed with the certain (Schutz & Luckmann 1973:4).

The study of the nature of self has a long, ongoing, and important history in interactionist thought (see for example Cheung & Lau 2001; Copp 2001; Fontana & Schmidt 2000; Garnett & Buchner 2000; Gubrium & Holstein 2000; Gusfield 2001). At the heart of this discourse is that while each human is one biological organism she nevertheless constitutes a plurality, both subject and object (Mead 1968). William James (1890) states, the self is the “the thought that becomes the thinker.” Importantly, the process by which the self becomes an object is social; the self is constructed through social interaction and in time becomes recognized by the individual

and others as an objective or reified entity (Berger & Luckmann 1966; Mead 1964). What is important, however, is that while the self is an ongoing social process, we nevertheless do not see ourselves in that way. Rather, we think of ourselves as accomplished facts. This forgetful objectification of self is achieved by a process of reification. Berger and Luckmann discuss reification of self in the following manner.

Finally, identity itself (the total self, if one prefers) may be reified, both one’s own and that of others. There is then a total identification of the individual with his socially assigned typifications. (1966:91)¹

For humans, the reification of self is a common state of affairs. This can be demonstrated through an analysis of a very common sense notion: the process of self-identification. The statement “I am _____” can only be completed with the insertion of reifications of one sort or another. For example, Ralph from Oregon states “I was a butcher. I made sausage, ham, and bacon.” Maude concludes “I was a mother and worked my whole life...I never depended upon a man.” Not only a common reality, self-reification is also a necessary one. Self-reifications provide order and a sense of givenness to the self in the context of the world openness of the human condition. Without self-reification there would be no self as we recognize it. Rather, our self conceptions would be in a continuous state of flux, contingent upon ever changing social circumstances. To use Mead’s (1964) terminology, we would exist in a succession of “mes.” The anomie created by an unreified self would be paralyzing (Moore 1995; Thomason 1994).

While the reification of self is indeed a necessary and ubiquitous facet of social life, it is also important to note that as a social process self reification is socially located. That is, it is dependent upon social, cultural, and historical factors. For example, the Asian experience of self no doubt differs from the European experience, the male experience of self is in many respects different than that of the female experience, and our grandmother’s experience of self is substantially different than our own. In any real sense, to talk about the reification of self requires us to better specify or triangulate this experience in the culture and time it was produced.

This analysis, then, is located in the social fabric of the United States as experienced by cohorts of men and women born between 1910 and 1950.

Self-reifications, then, are necessary because these reifications are a "normalizing" and order producing part of the human experience. It would be missing the point to conclude, however, that self-reifications are easily maintained. As mentioned earlier, nursing home placement causes significant changes in the lives of older persons.² In the nursing home, most self-reifications including such facticities as occupational identification, role in the family, and relationships with friends are either abandoned or significantly modified. The net result of these changes is that residents are potentially exposed to anomie and disorder. This presents an important question, however; in what ways do residents deal with anomie and the radical changes brought by the nursing home?

If residents are to regain the taken-for-grantedness associated with self-reifications that are lost when they experience the problems and discontinuities of the nursing home, they have three theoretical possibilities: 1) they can create new self-reifications to reflect their new and problematic circumstances, 2) they can recall and prioritize old self-reifications, or they can 3) negate problematic experiences as unimportant. Let us examine each possibility in more detail.

New Self-Reifications:

Facing nursing home experience and problematic circumstances residents can hypothetically create and construct new self-reifications – "I am a nursing home resident." In order to do so, however, they must abandon or at least substantially modify prior self-reifications in favor of nursing home reifications of physical decline and loss of independence. This is, of course, unlikely. As we have seen, self-reifications are the "thing like" apprehensions of the social constructs we call selves. To abandon or dramatically change these reifications in the later stages of life is a difficult prospect because new formulations of self will not obtain the same concreteness and taken-for-grantedness found in earlier typifications that were held over the course of a life-time. Further, the new potential reifications open to residents are stigmatizing and simply do not compare favorably with reifications of earlier years out-

side the nursing home.

Recollected Reifications:

Residents can also recall and prioritize prior self-reifications; to do so amounts to self-management, the representation of self in a manner that deals with current problematic circumstances (see for example Goffman 1969; Halbert 2000; Jarvinen 2001; Manning 2000). The recollection of the past as a function of both present circumstances and of the perceived future comes to interactionist thought first through William James (1890), later through Henri Bergson (1913), and most significantly through George Herbert Mead (Mead 1932; Chappell & Orbach 1986; Flaherty & Fine 2001). Reminiscence is one tool used by older people to reconstruct the past. The role of reminiscence behavior is an often visited theme in aging studies. These studies are characterized by two theoretical perspectives: the developmental perspective and the identity maintenance perspective (Coleman 1986, 1991).

The developmental approach to reminiscence incorporates reminiscence into a much larger human developmental schema where reminiscence is seen as a natural response to finitude, the realization of one's impending death (Bornat 2001; Tornstam 1999). Robert Butler's (1963) "life-review," a process whereby older people attempt to embrace their mortality through an integrative story telling of their autobiographies, is an important example of the developmental approach (Coleman 1991; Haight 1989; Sherman & Peak 1991). For Butler, the life-review is an expected stage in human development that is instigated by an aging person's knowledge of finitude. Following Erickson's developmental model, he suggests that the life-review is a transitional process used when aging people confront the "final developmental task of the human life cycle." This task is one of "achieving ego-integrity over despair" (Sherman 1991:10).

The identity maintenance perspective of reminiscence suggests that aging is characterized by a series of social losses, changes, and physical decrements. These changes typically require older people to adapt and change in order to operate successfully in later life (Brennan & Steinberg 1983; Merriam 1993; Merriam & Cross 1981; Tornstam 1999). From this perspective, reminiscence, then, is thought to be a tool by which an older

person can come to terms with the discontinuities brought on by aging (Chaudhury 1999). Davis (1979) suggests such possibilities when he discusses nostalgia and its implications for self transitions. Reminiscence, then, can serve as a mechanism to manage self, to maintain or recall prior self-reifications.

Experience Negation:

Faced with life in the nursing home residents can also theoretically reject or negate nursing home experience as unimportant to their self-reifications. By rejecting current experience as unimportant, objectionable, or unfair, residents can potentially minimize threats to their self-conceptions. This is especially true when this technique is combined with the recollection of prior reifications – “this is just a place I have to be and I was once someone much different.” Of the potential avenues for dealing with threats to self-conception, then, experience negation and self-management are the most likely avenues for residents to use to deal with the social changes presented by the nursing home.

METHOD

This study stems from a field research project conducted in two nursing homes. The first is located in La Grande, Oregon and the second in Manhattan, Kansas. The median age of Kansas residents is 78 as compared to 86 for Oregon residents. Eighty one percent of Kansas residents were female as compared to 47 percent of the Oregon residents. In addition, Oregon residents were much more physically impaired than their Kansas counterparts. Eighty-eight percent of Oregon residents were non ambulatory as compared to 52 percent of Kansas residents. The reason for these differences stems from the state of Oregon's nursing home policies. Following 1981 policy reforms, Oregon only provides funding for nursing home placement to those individuals who cannot live in a lesser care environment. The law also requires that savings from this restructuring be used for the construction and operation of nursing home alternatives such as assisted living facilities and group settings. The net result of this policy is that Oregon residents come to the nursing home as a last resort and therefore are much more infirm than those residents in Kansas. In addition

to the physical and demographic characteristics of the residents, the geography and culture from which residents came is also substantially different. Residents in Kansas were drawn from a town of approximately 65,000 people where the predominant occupation is farming. Residents in Oregon, however, were drawn from a town of about 12,000 people where the most important industry was logging and lumbering.

The original research project from which this analysis is derived involved the impact of social support upon the self-conceptions of nursing home residents. This analysis, however, focuses upon narrative interview responses given to self-esteem questions drawn from the Rosenberg self-esteem index (Rosenberg 1986; Rosenberg & Kaplan 1982). Respondents were asked to give ordinal responses to items such as the following “I feel I have a number of good qualities.” Surprisingly, while some residents answered directly by selecting the appropriate ordinal response category, others responded with long and often reminisced responses drawn from a lifetime of prior experience that did not exactly fit the question asked. Of the 17 responds from the Oregon nursing home, for example, 12 responded with a reminisced reply to a least one of the ten items. While the Rosenberg self-esteem index was designed to be administered as a survey, this method of administration gives insight into the mechanisms residents use to manage self-concept. A self-administered questionnaire would have entirely missed these reminisced replies. The ordinal data received from the self-esteem index are not addressed here. Rather, the unsolicited narrative responses received in response to the self-esteem questions provided during the interview process form the basis of this analysis.

Data from these responses were collected in handwritten notes and later categorized according to the overall function of the response as relates to threats to self-conception in the nursing home. The unit of analysis is individual responses. Respondents were considered to give more than one response if over the length of the interview they gave distinct and different narrative answers to subsequent self-esteem questions. If these replies were only continuations of prior responses they were counted as one response.

Of the narrative replies three types of responses were noted: 1) story telling, 2) recollected self-reifications, and 3) experience negating comments. In response to these self-esteem items, story telling was the least common type of response. Further, story telling responses served no purpose other than simply to engage the researcher in conversation. For these reasons story telling responses are not considered in this analysis. Self-management reminiscence refers to reminiscence which served as a mechanism to reassert past reifications of self. For example, in response to the interview item "on the whole I am satisfied with myself" a woman from Oregon replied:

I don't know. I worked outside most of my life. I took care of cattle, kids, and my husband. It was a good life.

Experience negating comments, on the other hand, are responses that discount or reject current nursing home experience as "abnormal" and uncharacteristic of resident self-conceptions. For example, in response to the self-esteem item "In general I feel good about myself" a man from Kansas replied:

This is no place to be. You come here to die mostly, and those women [staff] just act like you are not here.

Other coding schemes were certainly possible, but this one was selected because each dimension was a consistent theme in the reminiscences of these residents.

FINDINGS

Recollected Self-Reifications

Reminiscence was a very common narrative response given to the self-esteem items. An 83 year old man from Kansas is a good example. When I knocked on his door Ralph invited me in enthusiastically. I found him dressed in blue overalls seated in a brown reclining chair. As I began asking the self-esteem items I noticed that Ralph's answers did not precisely responded to the questions. To one of the items he responded with a story of his childhood concerning the loss of his family homestead due to the expansion of a local military base. The nexus of the story involved how under great adversity he and his family were able to overcome this traumatic event.

...we farmed near Keats and when Fort Riley grew they took our place and gave us almost nothing. They did the same thing to those people near the lake. It was hard on us for awhile...my father mostly, but we managed...bought a new place. I farmed all my life.

This response clearly demonstrates that Ralph referred to a past state of being in order to answer a question about what is usually thought of as a current state (self-esteem). That is not to say, as discussed by Coleman (1986) that Ralph lived in the past. On other occasions he clearly expressed his feelings about life in the nursing home ("this place is bad"), as well as his hopes for the future. Rather, his reminiscent reply hinted that Ralph's formulation of self-esteem was drawn not so much from current experience, but from the recollection of prior self-reifications.

James, a male resident from Oregon, provides a particularly good example of self-maintenance reminiscence. At age 74 he is in poor health, and as the result of a stroke is confined to a wheel chair. Judging from the reports of nursing home staff, James is perhaps the most troublesome resident in the facility. He is a vocal member of the resident council and often uses this position to "cause problems for the nursing home" (Gubrium 1975). Just prior to my visit his complaints to the state of Oregon had resulted in an inspection of the nursing home. His clear displeasure with his conditions manifests itself in other ways as well. He is known to be verbally abusive to both staff and other residents, and to often refuse to eat. When I inquired about this to the nursing home staff they told me that he was "depressed" and in need of mental health services, services that he refused. It would be easy to concur with this diagnosis, but this would be missing an important point, that James had lived an extraordinary life full of changes not the least of which is nursing home placement.

As a boy James was raised on a farm in central Kansas. He often reminisced about childhood experiences on the farm including stories of tornadoes, bringing in the hay, and of his parents.

You could see those tornados coming for miles. We hid from them in our "cave" (underground tornado shelter)...lost a barn

once, that was about it. When I left the farm I thought I would go back someday. I never did. These people out here don't know what farming is like...no money in it now you know? (James, Oregon)

What makes James' biography unusual is that James left the farm in his early twenties to pursue an education and career as a nuclear engineer. By his own reports the most important time in his life was when he worked as an engineer on the Manhattan Project during the Second World War to develop the first atomic bomb. He proudly recounted how he had been part of the team that had constructed the reactor used to produce plutonium for the bombs used in Japan.

James' biography is important because it is punctuated by a great deal of change: from life on a Kansas farm to the life of a nuclear engineer on the Columbia River Plateau, and finally to the nursing home. Nursing home placement was one of the biggest threats to self-conception James ever faced. As a result in response to the self-esteem items James frequently referred to his career at the Hanford Reservation.

They are trying to clean up that stuff out there (Hanford). When we had contamination problems we wrapped it up and buried it. It's dangerous work so you gotta know how to deal with it. They always called me because they knew I could take care of it... I gotta a lifetime dose of radiation and had to work at a desk the last few years...They say they can't find that stuff. I know where all of it is.

Here we see that this reminiscence served to reassert prior reifications and typifications of self thus helping James to avoid the anomic possibilities associated with life in the nursing home. This was a very common theme in these narrative responses. Other self-management responses to self-esteem items include:

He was good to me all my life [husband]. We were married when I was eighteen. I had everything I needed...we didn't have much you know, but we had enough...we liked to travel and we went everywhere. (Barbara, Kansas)

I worked as a hand for a guy who owned

the general store. He trusted me with his cattle...had some sheep too. It's tough...all kinds of weather...slept in a shack or on the ground. (Harry, Oregon)

I haven't always been like this. I was in the Aleutians during the war...dug foxholes in the permafrost. They filled up with water as fast as we could dig them. I didn't graduate from high school but I showed those officers some things. They couldn't put together tents for nothing. I had to show them how to do it and they let me supervise after that. (Robert, Oregon)

I lost my legs two years ago in a car wreck... now I am pretty useless. I grew up in Missouri...have you ever hand fished? That's where you take your shoes off and walk in the water along the bank until you find a hole where the cats [catfish] are...then you dive under water with a rope and push it through their gills...then you go for a ride. I caught a sixty-pounder. (Ray, Kansas)

These responses suggest that when residents are confronted with the problems and discontinuities of nursing home life and are further asked to think about self-esteem, many choose to draw from former self-conceptions in order to maintain self-conception and therefore to limit the anomic possibilities of the nursing home. Self-maintenance is only one mechanism by which residents deal with nursing home life however. Additionally, many also expressed dissatisfaction with current experiences thereby discounting these experiences as important to self-conception.

Experience Negation

Responses that serve to negate or diminish the importance of nursing home experience were the most common type of response given by this group of residents. While complaints about nursing home life are one of the most common topics for conversation among residents, I was nevertheless surprised that these complaints arose in response to self-esteem items. That is, when asked an item designed to measure self-esteem many residents responded in a roundabout way with statements such as

This place is the worst place I have ever been. At night those poor people [other resi-

dents] just howl like animals. (Karen, Kansas)

God damn...I hate these people [staff]...all of them...you call for them and they just ignore you. (Reed, Kansas)

I'm just too far from home. Sometimes I just go to bed and cry. I don't want anybody to see me. (Lenice, Oregon)

This is no kind of place to be... they try hard but it's just not home. (Loretta, Oregon)

Each of these statements given in the context of questions about self-esteem provide an insight into one mechanism by which residents deal with the threats to self-conception caused by nursing home placement. By rejecting and discounting current experience residents simply refuse to incorporate nursing home experience into prior self-conceptions. One more example may help to illustrate.

Jim recently moved to the nursing home from a farm in rural Kansas. His transition to life in the nursing home was traumatic, and his dissatisfaction with the nursing home covers nearly all aspects of life including the food, social activities, and his roommate. Experience negating responses helped Jim to set aside new experience in the nursing home. Specifically, Jim's stories contained "disclaimers" such as "this is just a place I have to be," or "before I came to this place I...." In essence, Jim created a new conceptual category: "unimportant nursing home experience" and by doing so left his prior self-reifications intact.

DISCUSSION

Nursing home placement is a dramatic and life-changing event, one that threatens the ability of nursing home residents to "think as usual." Writing about his experience as a new immigrant to the United States in the prewar years, Alfred Schutz (1964) provides an important insight into the threats to self brought on by social change in his important article "The Stranger." In many ways the case of the new immigrant and the nursing home resident are very similar. Each is presented with a new and radically different reality and each must address the resulting threats to self-reification. Schutz puts it this way, "thinking as usual" (taken-for-grantedness) can

only be maintained if among other considerations

life, and especially social life, will continue to be the same as it has been so far, that is to say, that the same problems requiring the same solutions will recur and that, therefore, our former experiences will suffice for mastering future situations...

Without doubt, life in the nursing home makes it quite difficult to meet these criteria, and therefore also difficult to retain a consistent and normalizing sense of self.

Unlike immigrants, however, nursing home residents are faced with other more significant threats to self-reifications and taken-for-grantedness. Not only are their circumstances changed but they are also faced with the prospect of never again returning to the life they once lived. For immigrants life in their new surroundings is unfamiliar but they nevertheless know that under the right circumstances they could return and refashion their old way of life. Schutz suggests that this idealization – "I can do that again" helps to enable a sense of taken-for-grantedness. Most nursing home residents, however, do not have this same possibility. In many cases the home that once stood as the physical locus of their taken-for-granted world was sold or relinquished after their nursing home placement. Additionally, most residents can not manage on their own and have little prospect of ever doing so in the future. The idealization "I can do that again" is, however, extraordinarily powerful. In the nursing home its persistence is often manifest in quite unrealistic anticipations of physical improvement. James, for example, believed very strongly that he would recover from his stroke and once again resume the life he had once lived even though his doctor believed otherwise.

Schutz (1962) also provides one additional and final tool with which to understand the experience of self in the nursing home. Schutz suggests that our understanding of the world is composed of "interpretational horizons," or as Gubrium (1993) suggests "horizons of meaning." These horizons are of two sorts: external and internal. External interpretational horizons refer to individual systems of explanations and meaning complexes located in respect to the social and institutional coordinates of social life, institutions such as religion, politics, and family. On the other hand,

inner interpretational horizons refer to systems of self-explanation (self-reifications).

Social life, then, is a map of meanings with external coordinates and horizons, coordinates that allow us to triangulate and make sense of our specific location in life, but perhaps more importantly this social map also provides us with internal horizons of meaning. By virtue of our external place on the social map we internalize its coordinates and the resulting self-reifications become the locating coordinates of self-identity (Berger 1963). In a very real sense we become what we do. That which we "do" in the external world becomes reified as "who we are" in the inner dimension. We come then to thing-a-fy the social construct that is the self.

Nursing home placement threatens self because it first threatens the resident's external interpretational horizons and as a result also inner interpretational horizons. By erasing or altering most external coordinates of a resident's life such as home, social support, occupation, and hobbies, life in the nursing home provides a map with few reference points and as a result produces an unanchored self threatened by anomie. As we have seen, residents attempt to reanchor the self by both recalling past reifications and by rejecting or negating current nursing home experience. In the terms offered by Schutz in "The Stranger," residents attempt to reconnect inner interpretational horizons to the coordinates of their preexisting "external interpretational horizons."

CONCLUSION

Nursing home placement inevitably results in many changes for residents including the loss of friends, home, and familiar routines (Coleman 1986:8). Additionally, nursing home placement presents a very real threat to the self-reifications once used by older people to bring taken-for-grantedness and order to their lives. As mentioned earlier, the need for such order is endemic to the human condition and is based in what we have called world openness, a condition punctuated by anomie. Anomie and insecurity are, however, states in which residents cannot reside for any period of time. Rather, nursing home residents must, within the limited range of possibilities open for them, come to terms with this insecurity and the threats to self that come with their dramatically different circumstances. As noted ear-

lier, residents often resort to reminiscence or simply reject nursing home experience as unimportant. Both mechanisms, then, serve as a means of adjustment to nursing home life. With the use of reminiscence residents recall prior habits, preferences, and reifications of the self that help to maintain an attitude of taken-for-grantedness. When these recollections are paired with the creation of a new conceptual category that allowed current experience to be discounted and set aside as unimportant for residents biographical construction they become very powerful adjustment mechanisms.

Reification remains an under examined aspect of the human condition. So central is reification to everyday life that its study under ordinary circumstances is a difficult task. Ubiquitous and relentless, reification underlies all social institutions and finds a place even in our experience of self. In the very makeup of our selves reification realizes perhaps its most subtle expression. The extraordinary concreteness with which we experience the social process of self is evidence of this. Because of this profound "givenness," life in the nursing home offers an occasion to study those instances when self-reifications become tenuous. This analysis is only one effort toward understanding the way in which people deal with the threats to self caused by dramatic life changes such as placement in a nursing home. Other analyses are certainly required, not only in nursing home populations but also in any situation where life changes threaten self-reifications.

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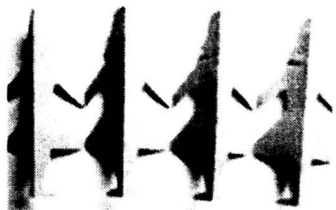
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ENDNOTES

¹ The identification, naming, and typifying of all social constructs including the self amounts to reification (Thomason 1982). Linguistically and conceptually such activities presuppose the thing like givenness of their referent. They are, therefore, reifications.

² For an excellent discussion of self management and change see Gubrium & Holstein 2001.



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