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ASISTED LIVING INSTITUTIONS
AS THE BASIS OF ORDER
AND A FORM OF BEHAVIOUR CONTROL
FROM THE PERSPECTIVE OF
ERVING GOFFMAN'S SYSTEMS THEORY

Assisted living institutions such as nursing homes were established to answer a vital social need. Such services are needed by the elderly, disabled, and chronically ill. The social demand for these institutions is growing due to a deficit of care functions in families, among other factors. Undoubtedly, assisted living institutions play a vital role by providing help and assistance to less-independent individuals, and for many, they are a chance for survival or a dignified life because they offer food and shelter. However, nursing homes as assisted living institutions are not limited to satisfying the needs of their residents. There is something surprising and worrying about their functioning. To use R.K. Merton's terminology, they operate according to latent functions that maintain social order and social control. To better understand the problem, it is worth looking at Erving Goffman's popular theory of total institutions and Niklas Luhmann's social systems theory.

Keywords: assisted living institutions, nursing homes, total institutions, social control, social order, social needs, social care system, assistance, help

Institutions form an integral part of social reality. It is hard to imagine contemporary societies without them. The importance of institutions arises from the functions they serve to satisfy the collective needs of a society. Accordingly, asocial structure is saturated with numerous institutions, from public, cultural, educational, economic, social or religious macro-institutions to micro-institutions, the family being the most important of the latter. Institutional analysis applies numerous theories (the most popular being functionalism) in order to justify their social participation. However, not all analyses are successful because of the functions that institutions serve, which may be either manifest or latent (as per R.K. Merton). The latent functions, as they are surrounded by an air of secrecy, privacy, invisibility and inaccessibility, inspire a quest to reveal the unseen side of institutions.

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The characteristic feature of assisted living institutions is that they provide for care and nursing needs. Such institutions include nursing homes, skilled nursing facilities, and long-term care facilities. Assisted living institutions are needed when families cannot provide assistance to elderly, disabled or chronically ill family members. In Poland, the demand for care services is great and their main provider is the state. The most common type of assisted living institutions are nursing homes, and from a sociological perspective, they are institutions of the social policy of the state and formal organisations providing care services. The specific features that distinguish nursing homes from other institutions are formal organisation, social sponsoring and responsibility, profit not being the main goal of activity, functional generalisation – an integrated approach to human needs, and providing for the consumer needs of individuals (Kaźmierczak and Łuczyńska, 1996, pp. 65–68).

In Poland, in 2019 there were 1,831 such homes with 113,068 residents (GUS, 2019, p. 393). The number of nursing homes and of their residents is growing every year. In 2010, there were 1,138 nursing homes with 82,224 residents (GUS, 2010, p. 427). An Act of 2004 identified the following types of nursing homes, based on the target groups of residents: (1) for the elderly, (2) for patients with chronic somatic diseases, (3) for patients with chronic mental disorders, (4) for adults with intellectual disabilities, (5) for children and youth with intellectual disabilities, and (6) for persons with physical disabilities (Dz.U. 2004, no. 64, item 593).

Although it is generally known how nursing homes work, it is worth taking a closer look at their functions. One interesting question is: What are the foundations of those institutions in light of sociological theories? Is providing for the needs defined in the Act their only function, or is there something more? In what way do assisted living institutions contribute to maintaining social order? Do they perform control functions? What are the limits of the freedom of their residents? Do assisted living institutions constrain their residents? It is significant that despite the promotion of deinstitutionalization in the modern world in the countries of Central and Eastern European (CEE), social welfare homes persist as "old institutions" as pointed out, among others, by Mladenov and Petri (2019). Do neo-institutional theories provide us with the answer as to why this is so? Is Piotr Sztompka right when he states that: "There is theoretical pluralism, a break with the dogmatism of one exclusive theory and Merton's 'disciplined eclecticism'" (Merton, 1976, p. 169; Sztompka, 2011, p. 45)? Forecasts to 2030 indicate a need for nursing homes, while stating that seniors "are reluctant to leave their own environment even when severely disabled" (Szweda-Lewandowska, 2007, p. 10). Why then, given the reluctance of seniors towards nursing homes, despite efforts towards deinstitutionalisation, is so little being done in local communities to strengthen care services that support the family? What is the hidden function of nursing homes in Poland? Is it perhaps about "regulation of bodies" in the social space, excluding people whose bodies do not meet the current ideals of beauty, reminding them of the inevitable aging process (see: Jakubowska, 2009, pp. 240–241). Or is it about "isolating the unwanted"? Answers (at least partial) to these questions may be found in Erving Goffman's in-depth analysis of total institutions, Niklas Luhmann's systems theory, and concepts about the legitimacy of maintaining institutions despite the tendency towards deinstitutionalisation.

The content of the article is based on the analysis of existing data. The leading source is the theory of total institution developed by E. Goffman in his book: *Total institutions* (original title: *Asylums. Essays on the Social Situation of Mental Patients and Other Inmates*) (1961). The second leading source is the book by N. Luhmann, *Social Systems. Outline of a General Theory* (2007). The reasons behind the persistence of the system of old institutions with deinstitutionalisation tendencies, especially in CEE countries, are taken up by Mladenov and Petriin their article *Critique of deinstitutionalisation in postsocialist Central and Eastern Europe* (2019). Other source data provided the basis for numerous studies conducted in nursing homes by T. Zbyrad, culminating in the article, "Total care institutions as a form of enslavement and control over a person in need of help. On the example of nursing homes" (2012) and the book, *From total institution to democratic. Nursing homes in Poland* (2014). Legal acts that normalize the functioning of social welfare homes in Poland provide an additional source for analysis.

Based on the collected source material, I put forward a thesis that care institutions are indispensable and, apart from their overt functions, they perform covert functions. In every society there is a certain category of people who because of age or disability cannot count on help from their families or even with proper support cannot remain in their own living environment. For such people, institutions are indispensable and do not raise any doubts. However, what does raise doubts is how their numbers are remaining stable, or increasing. It is therefore necessary to look for what is hidden. That is, in addition to the overt functions defined by law, such as meeting the needs of the residents, these institutions also perform covert functions. In other words, they are useful to society. To this second category of functions I include a kind of social control system and maintenance of social order. The concepts of Goffman and Luhmann fit this logic. Societies used to have enclaves of poverty, covering whole housing estates or city districts. Nowadays, a kind of "ghetto" has been created for people similar in age, such as seniors, or in terms of health conditions, such as for the intellectually disabled. Housing estates for the elderly, nursing homes, and sheltered housing, with the best intentions of the legislator, are part of the logic of order and control. Former Eastern Bloc countries especially bear the stigma of isolation and exclusion of certain categories of people. Is this simply a coincidence, or is it perhaps a deliberate and planned action of the main actors of social life? The report and analysis of Mladenov and Petri leave no doubts as to the intentions behind strengthening old institutions from the perspective of deinstitutionalisation.

ASSISTED LIVING INSTITUTIONS
AS AMEANS TO PROVIDE FOR SOCIAL NEEDS

Originally, hospitals, asylums andsecure establishments (identified with total institutions) were transformed into assisted living homes, and then into nursing homes. Nursing homes and their residents have not always enjoyed a good reputation. In the past they were called "death houses" and their residents were treated as second-class citizens, having been "evicted" from family life. Over the years – Iwona Sieprowska notes – the quality and range

of services as well as the professional preparedness of personnel have significantly improved. The fact that institutions have diversified to provide for the nursing needs of respective groups of beneficiaries is a good thing. Contemporary nursing homes not only satisfy basic living needs, but they also work to care for the spiritual needs of their residents, such as by offering entertainment activities or establishing resident councils (Sierpowska, 2006, p. 122; Dz.U. 2004, no. 64, item 593; Dz.U. 2012, no. 0, item 964).

According to the existing legal regulations, nursing homes are administrative facilities. The features of a facility include access to permanently allocated equipment and personnel entrusted to the management of specific persons in order to ensure continuous and permanent performance of statutory functions of the state, the provision of specialist services, relative independence guaranteed by law, implementation of social and cultural tasks, and state ownership. Nursing homes are administrative facilities in the field of social care, and one of the main features of a facility is the nature of its services. These particular institutions offer services of great social significance, most of them intangible (Sierpowska, 2006, p. 122–123).

The main reason behind establishing assisted living institutions is the need to provide care to persons who rely on the assistance of others, are unable to function independently in social life, and do not receive support from their families. The operation of nursing homes is governed by numerous acts of law and legal regulations. Pursuant to Article 20.1 of the Polish Social Assistance Act of 29 November 1990: "A nursing home ensures round-the-clock care and provides for the necessary living, educational, social and religious needs according to relevant standards" (Dz.U. 1990, no. 87, item 506). The standards of services provided in nursing homes, the operation of respective types of homes, the method of referring and accepting applicants, and the types of required documents and license applications to run a nursing home are governed by the Regulation of the Polish Minister of Labour and Social Policy of 19 October 2005 (Dz.U., no. 217, item 1837).

According to this regulation, nursing homes (regardless of their type) provide the following services: (1) regarding *living needs*, ensuring a place to live, food, clothes and shoes, and hygiene; (2) *care services*, involving assistance in basic activities of daily living, nursing, and necessary assistance in attending to personal matters (3) *assistance*, involving (a) participation in group therapy, (b) enabling and empowering the residents of the home, (c) providing for cultural and religious needs, (d) ensuring conditions for the development of self-governance of residents, (e) helping establish and maintain contacts with the family and local community, (f) increasing the independence of residents to the greatest extent possible, (g) helping more independent residents start work, especially therapeutic work, (h) ensuring secure storage of money and valuables, (i) paying for necessary personal items for those residents who do not have their own income, (j) ensuring respect for the rights of residents and access to information on resident rights, and (k) efficient processing and review of complaints and requests made by residents. Care and assistance services also include doing social work, ensuring residents' access to library and newspapers, organising holiday and special day celebrations, maintaining contacts with clergy, regular contacts with the director of the nursing home, and organising funerals according to the religious denomination of residents (Dz.U. 2005, no. 217, item 1837).

Assisted living institutions such as nursing homes perform specific functions that satisfy important social needs. Accordingly, they may be analysed from the perspective of

functionalism. Bronisław Malinowski identifies the following important elements of an institution: personnel, rules and regulations, facilities, and operation and functioning (after: Turner, 2004, p. 19). None of these elements should be omitted from analysis. According to Robert K. Merton's perspective of functionalism, an institution may be either functional or dysfunctional. He suggests that institutions may perform "manifest functions" as well as "latent functions". Manifest functions contribute to the adjustment or adaptation of the system and are intended and recognised by participants in the system, whereas latent functions are neither intended nor recognised (Merton, 2002, p. 122). Functionalism (especially according to Merton) warns of the danger of a one-sided view of reality (in this case, by such institutions as nursing homes). It broadens the research horizon, urging a search for what is functional versus what is dysfunctional, the stimulation of integration versus disintegration, and a focus on discovering manifest and latent functions. It attempts to understand the degree of integration and reasons behind disruption of the social order. In the case of nursing homes, the question is: do they only satisfy the needs of their residents (performing manifest functions) or do they also serve other implicit goals (performing latent functions)?

Beginning with the assumptions of Merton's theory, it is worth taking a closer look at assisted living institutions. As with every formal institution, legal regulations determine the principles of their operation. There are specific limits to the standards of services provided by nursing homes. For example, they provide for the living needs of residents, but they are not medical facilities and do not provide medical services or skilled nursing care. A resident of a nursing home who needs medical assistance has the right to receive the same skilled nursing care as a person living in a family home (*Opieka długoterminowa...*, 2010, p. 103). On the other hand, we notice a certain discrepancy when analysing the function of nursing homes, because even though they do not provide medical services, they employ medical staff – doctors and nurses– and, as a standard, they are equipped to provide basic medical aid (see Dz.U., no. 217, item 1837; Dz.U. 2012, no. 0, item 964). This reveals a discrepancy between theory and practice, between norm and function. The question is whether this is an isolated case or perhaps there are more discrepancies of this kind to be found in nursing homes.

In light of functional theories, it seems reasonable to investigate whether assisted living institutions perform only manifest functions, or perhaps also latent functions. Is their primary function to satisfy the individual needs of residents (according to the standards of services), or do they also provide for some latent social needs that are not defined in legal regulations? Finally, is the ultimate goal to help the individual (the individual dimension) or to help the state (the social dimension)? We will try to answer the above questions from a broader perspective by showing the role of nursing homes as assisted living institutions in maintaining social order and in controlling behaviour.

THE ROLE OF INSTITUTIONS IN MAINTAINING SOCIAL ORDER

Judging by their functions, assisted living institutions appear to not only satisfy individual needs but, more importantly, to perform important roles in the macrostructural dimension. One of those roles is to maintain social order. This function may be analysed from the perspective

of Niklas Luhmann's systems theory. Luhmann understood the social system more broadly than the functionalists, as a dynamic system that reacts to external conditions and evolves in line with the needs of a society and of the state.

He developed the structural-functional theory of social systems, with the concept of the system central to it. His basic definitional terms were the system, its constitutive elements, and its functions. In the collective term of a system, he included machines, organisms, social systems and psychic systems. Social systems consist of interactions, organisation and societies (Luhmann, 2007, p. 10). Luhmann's system is defined as radical constructivism, according to which,

> systems are not some kind of substantial beings, objects in the reality that may be recognised from the perspective of an uncommitted subject or that exist independently of it. Their existence may only be ascertained by an observer, moreover they are a structure formed by the observer rather that the subject of his recognition [...]. Thus, a system is not something that exists in certain surroundings but rather something that may be distinguished from it. In this sense, a system is deprived of an independent identity – it only exists 'in reference to' its surroundings and the surroundings – in reference to the system (Skąpska, 2007, p. XI).

Thus – Jerzy Szacki claims – Luhmann's social system has nothing to do with a specific society as an assembly of people; it is merely an analytical category that helps recognise the universal principles underlying all societies (Szacki, 2002, p. 939).

Intrigued by the question of social order, Luhmann sought a theory that would "break through the illusion of normality, disregard experience and habit, and, in this sense (here, not intended as that of transcendental theory), effect a phenomenological reduction. The methodological recipe for this is to search for theories that can succeed in explaining the normal as improbable" (Luhmann, 2007, p. 111). He divided sociological theories into two groups: "neat and helpful theories", and "theories fascinated by the probability of the improbable." These provide answers to the question, *How is social order possible?* Theories of the first group are dominated by tradition, which sees the problem of social order as "the avoidance or subjugation of offensive behaviour; of inimical, disturbing, and destructive activities that prevent others from enjoying their rights, satisfying their needs, and feeling safe in social relations". This was not enough for Luhmann, who wondered whether "the basic problem in the constitution of social systems really lies in eliminating what is harmful or cannot adapt [...]. Is it enough to conceive social order as a boycotting of boycotting, or must one not know from the beginning how it is generally possible and sufficiently probable?" Accordingly, the author reaches for another concept, somewhat abstract, which presents a positive answer as improbable. What is surprising about this concept is that the doubling of improbability leads to probability, and "along with the improbability of social order, this concept explains its normality" (Luhmann, 2007, pp. 112–113).

In the light of Luhmann's systems theory, assisted living institutions appear as social systems established "as it were" in order to maintain social order. This is linked with the role of institutions (here, nursing homes) whose residents are not only persons who may be dangerous to others (e.g. mentally ill patients) but also those whose very presence may disturb the sense of safety (e.g. persons with disabilities or visible dysfunctions, persons with

intellectual disabilities, or even elderly persons). The need to maintain social order (from the perspective of this analysis of assisted living institutions) implicates the question: Do the residents of nursing homes pose a threat to social order, and is this why they are isolated? Or perhaps (to use Luhmann's abstract theory), maintaining social order is improbable (even through isolation) and the most probable feature is abnormality. In other words, what societies consider to be abnormal – and eliminate from social space allegedly to ensure social order – is perfectly normal, and what is improbable becomes perfectly probable. Just as medicine has taken over through the medicalization of conditions that were once considered normal, such as pregnancy and old age, making them into diseases, society has begun to isolate those it deems to be deviating from desired standards and cultivated patterns.

Luhmann analysed at great length the consequences of efforts to eliminate what is harmful, working to identify the "*advantages of selection* that probably determine which specific structures are formed and which are not" (Luhmann, 2007, p. 115). He associated the importance of selection with maintaining social order, claiming that "selection has been a basic concept of every theory of order, and one has thereby avoided reverting to a system that explains the existence of order on the grounds of its own overriding power to order" (Luhmann, 2007, p. 38). Selection, however, presupposes the existence of boundaries. On the one hand, Luhmann realised that a system must have definite boundaries, writing, "Boundaries are thus an evolutionary achievement par excellence; the development of systems with internally closed self-reference, presuppose them". On the other hand, he was aware that

> the formation of boundaries interrupts the continuity of processes that connect the system with its environment [...]. System boundaries always separate out an environment, but the requirements for this vary if the system must distinguish other systems (and their environments) within its own environment and adjust its boundaries to this distinction (Luhmann, 2007, pp. 35–36).

The author was wary of both "selection" and "boundaries", yet he tried to explain and understand them in the categories of validity or even as necessary for social systems to function.

The functioning of assisted living institutions is based on boundaries and selection systems. As organisations (institutions) they are separated from the surroundings (environment), but their boundaries are considered to be permeable. Thus, it seems that entering and leaving them should be easy. This is, however, not the case. These institutions recruit their residents (inmates) through the social care system and, because they have limited space, not all "applicants" will gain entrance. Also, the question of leaving an institution raises concerns. In reality, most residents spend the rest of their lives there. Now, residents are allowed to "go out" freely – the institutions are open to the outside world and promote social integration and contacts with the local community. Yet, in the past, assisted living institutions (especially nursing homes) were considered to be "confined" and their residents were isolated from the outside world (see: Zbyrad, 2014, pp. 38–56). Selection is necessary for institutions to function. Currently, there are different types of nursing homes that accept residents with various health problems. The selection is made not only for practical reasons, considering, for example, the scope of care, types of treatment and personnel qualifications, but also to maintain the homogamy of residents so that they form a uniform group in terms of psychophysical ability. Undoubtedly, selection of residents helps to prevent difficult or unexpected situations

and, more importantly, to maintain a relatively stable living and functioning environment for residents. With their selection systems, assisted living institutions protect the order "within" institutions – by establishing terms and conditions and instructions that govern the rights and obligations of residents as well as on the outside, by "clearing" the environment of individuals that do not meet general social models and standards[1]. In this way, those institutions also form part of the social control system that disciplines and "tames" bodies, controlling their presence in public space. In the control system, bodies that defy the existing ideals of youth and beauty, such as sick, old or disabled bodies, are isolated, discriminated against and socially excluded (see: Jakubowska, 2009, pp. 240–241). A person's stay in an institution strips them of their "human" characteristics. There is much rationale behind the claim that institutions have a debilitating effect on the people housed in them; they "produce dehumanized people" and isolate "unwanted people" (Mladenov and Petri, 2019, pp. 1–24). The existence of welfare institutions over the years regardless of the political situation and governments in power leaves us with much to analyse and raises questions about actual reasons and practices. Is it not really about a certain isolation, separation and exclusion of those considered "socially undesirable"?

BEHAVIOUR CONTROL IN ASSISTED LIVING INSTITUTIONS

A behaviour control system is one of the important features of assisted living institutions. Behaviour control is characteristic of total institutions, and according to Goffman, assisted living institutions are total institutions. Heidentified five types of total institutions, the first two of which may be defined as assisted living institutions: "The *first* are institutions established to care for people felt to be both harmless and incapable: orphanages, poor houses and nursing homes. The *other* are places established to care for people felt to be incapable of looking after themselves and a threat to the community, albeit an unintended one: leprosariums, mental hospitals, and tuberculosis sanitariums" (Goffman, 2006, p. 316)[2]. Nursing homes are total institutions for three reasons. First, they care for incapable and harmless persons (e.g. the elderly) and for those incapable of looking after themselves (the disabled or mentally ill). Second, they are isolated from their surroundings, their residents can satisfy their needs in

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[1] Contemporary society – as the sociology of the body (of medicine) claims – has certain models that are required or at least expected to be followed. They include, for example, "the cult of youth", "the cult of slim figure", and "the cult of health". The residents of nursing homes usually do not meet these requirements. They are elderly or disabled and suffer from numerous psychosomatic disorders. Thus, apart from manifest functions, assisted living institutions also perform latent functions. The latter seems to be to remove from the society all those whose very presence negates the desired models or who are "living" proof, denying the achievement of this kind of an ideal society (cf. Jakubowska, 2009, pp. 235–244).

[2] The third group of total institutions comprises concentration camps, P.O.W. camps, penitentiaries, and jails; the fourth is made up of institutions purportedly established to better pursue some worklike tasks: colonial compounds, work camps, boarding schools, ships, army barracks, and large mansions; and the fifth is that of establishments designed as voluntary retreats from the world: convents, abbeys, monasteries, and other cloisters (Goffman, 2006, pp. 316–317).

one place, and they are subjected to collective discipline[3]. Third, the personnel are in a way supervisors whose orders the residents follow.

The control functions of assisted living institutions may be better understood using a simple structural division into the managers: the staff, and the managed: the residents (inmates). The world of the staff is at the opposite pole of the world of the residents:

> Inmates typically live in the institution and have restricted contact with the world outside the walls. The staff often operates on an eight-hour day and is socially integrated into the outside world. Each grouping tends to conceive of the other in terms of narrow hostile stereotypes. To the staff, inmates often seem bitter, secretive and untrustworthy; to inmates, the staff usually appears as condescending, highhanded and mean. Staff tend to feel superior, and righteous. Inmates tend to feel inferior, weak, unworthy and guilty (Goffman, 2011, p. 17).

It is not without reason that the staff-inmate relationship is claimed to be depersonalising, in that inmates are treated like objects.

Negative and sometimes even reprehensible behaviour of staff towards residents is caused by a number of factors, including the hardships of their job; low salaries; sick, obstinate and mean residents; lack of professional predisposition; and lack of empathy. Apolonia Ptak, who herself is currently a resident at a nursing home, describes and explains staff behaviour in her book *Dom bez korzeni* (A House without Roots).

> Sometimes, I hear staff screaming in the corridor. Who are they screaming at? Why? What is going on? Why do they ask an elderly man: "Where are you going?" and he reacts with fear. I think:
> – It's a hard, stressful and badly paid job
> – They pick up bad professional habits here
> – The sick may be mean, obstinate, and mentally limited
> – Someone needs to be shaken away from numbness, order needs to be restored
> – First of all, you need to have good manners and be sensitive to the suffering of others
> – Empathy
> – Psychical health
> – Resistance.
> Some inmates are simply afraid of the staff. I have been told by some that they react with fear. One way or another, things are hard insome wards and there are not enough staff (Ptak, 2017, pp. 52–53).

The staff take advantage of their superior position, for example in their freedom togo beyond the walls of the home. The inmates are aware not only of belonging to a completely different world than the staff, but also of being in a far inferior position, confined within the home in their helplessness and inability to cope with the demands of their own lives. The awareness of their own position gives the staff an advantage over the residents, while residents, in their inferior position, find it difficult to challenge the instructions of staff.

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[3] The daily activities of residents are tightly scheduled: "the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials. The various enforced activities are brought together into a single rational plan purportedly designed to fulfil the official aims of the institution" (Goffman, 2011, p. 16).

The goal of the staff is to "process people", to mould their inmates to fit specific models. According to E. Goffman, once an inmate crosses the threshold of a total institution, the *degradation process* begins: personal belongings are taken away for storage, contacts with the outer world are limited, and family or professional plans have to be abandoned. Inmates also undergo the process of *personal defacement*, which, in an authority system, is manifested in three different ways: (1) every staff member has the right to punish every inmate, (2) the authorities impose sanctions for offences, and (3) offences in one sphere are punished by sanctions in other spheres. Under these three attributes of the authority, the inmates are enmeshed in a net of coercion, judgment and pressure that is hard to escape. The system violates the principle that every adult person has the freedom of contact with other people. A total institution has a great number of specific and strict laws, with inmates living in constant fear of breaking those laws and suffering the consequences. The desire to "stay out of trouble" puts inmates under pressure, causing them to refrain from social interaction with fellow residents in their efforts to avoid possible conflict. In the process of degradation, an inmate learns of the existence of a system of rewards from official or unofficial sources. Punishments and rewards are used to control life in a total institution. In order to survive, the inmates of total institutions develop adjustment techniques. The most common of them are: (1) *withdrawal* from a situation, (2) *fighting* the system, (3) becoming *colonised*, and (4) *converting* – a convert seems to accept all the views of the institution's managers or staff and tries to play the role of a perfect inmate (Goffman, 2006, pp. 319–327).

Institutional rituals help to control inmate behaviour. Goffman believes those rituals play a vital role in masking the total nature of institutions, and these institutional rituals include open-house days, charity performances, sports events, and religious services. They serve as an "internal informer", demonstrating the advantages of the institution and convincing outsiders that "a total institution is a completely natural place on the inside where natural things go on [...]. Like sports events and charity performances, a religious service is a time when the unity of staff and inmates can be demonstrated vis-a-vis outsiders" (Goffman, 2011, pp. 110–111). Residents eagerly engage in institutional rituals, as they are both a pleasant change from the monotony of their lives and an opportunity to demonstrate their skills before other residents and personnel. Not every inmate is equally willing to engage in such activities, however. There is usually only a handful of persons who, year after year, participate in rituals, and they create the image of the institution. As for outsiders (viewers), these inmates represent all the residents as a whole. This is obviously an illusion, as many residents do not engage in such activities for multiple reasons, sometimes out of lack of interest in any kind of activity, and sometimes for health reasons. Thus, undoubtedly, institutional rituals and the residents who participate in them act as the show case of an institution, but it would be an exaggeration to suggest that they constitute a natural element of institutional life. There are nursing homes whose staff are uninterested in engaging residents in any activities or organising ritual meetings. One resident of a nursing home wrote in her memoir: "No one came to help me into the wheelchair and take me for a walk for the whole summer. When I asked them, they said they were understaffed and nobody had time for me. They bring me my food and leave it. I cannot feed myself with my disabled hands. Usually, I ask my roommate for help. Sometimes, there is no one to feed me and they just take the food away" (Nursing home memoir:

own source in elaboration). Institutional rituals should be treated as an element of control that allows the activity of selected residents (those who may be displayed) to be shown off within certain limits, as repetitive and fixed standard behaviour that is planned in advance and is highly predictable.

Designated visiting areas provide another example of the far-reaching control over institutional life. These are usually specially designated rooms for visitors, where outsiders can purportedly see what the institution is like on the inside, or day rooms, which have always served as showcases for institutions. They are usually decorated differently than the other rooms, making the visitors less willing to make complaints than if they had met the residents in different surroundings. Division into public and private spheres is typical of assisted living institutions. Outsider visits are controlled – they take place in specifically designated areas and at specific times of the day. Paying too much attention to visiting space and visiting hours suggests how much the lives of residents are controlled.

Other researchers also highlight the problem of control in assisted living institutions. According to Elżbieta Tarkowska, living and functioning in a nursing home is "unusual", different from how life used to be, and in many ways *extreme*: "Living in a total institution – which the nursing home is – means, in the first place, extreme dependence and subordination [...]. The nursing home is one of the most difficult problems of social care in Poland, a remnant of the separatist model of social care, a characteristic heritage of the past" (Tarkowska, 1994, pp. 7–8). It is worth noting that for many years those institutions were left to themselves, and instead of reforming they stopped at a certain point and even began to degrade. The consequences were unrenovated buildings, isolation and inactivity of residents, overcrowding, a lack of nursing homes, unqualified and frequently rotating personnel, and insufficient funding.

The methods of behaviour control used in assisted living institutions are typical of total institutions. Research conducted by Elżbieta Tarkowska in nursing homes identifies the elements of their activity that are characteristic of total institutions and suggests a relatively advanced control system. These elements include: (1) *Objectification of residents* – treating them as objects of nursing, cleaning and care procedures or treating them like children; (2) *Serving, delivering things "ready-made"* – excluding residents from deciding on various (smaller or bigger) matters of daily life and from making preparations for them, which significantly impoverishes their lives and leads to passive, or sometimes demanding, attitudes and behaviours; (3) *Standardisation, uniformity of daily life* – manifested in collective provision for needs, and an inability to make individual choices; (4) *Minimisation of needs rather than development* – a typical feature of institutional life; (5) *Double reduction of needs* – only the basic life needs of residents are satisfied, as their needs are minimised rather than developed. Life needs are reduced to their biological function (e.g. providing the organism with energy), while disregarding the cultural dimension of needs (e.g. the eating of meals); (6) The homes do not attend to the need for *contact with other people*, denying proximity, cordiality, friendship, love, and the continuity of interpersonal relationships (Tarkowska, 1997, p. 136). These characteristics of nursing homes are, unfortunately, not a thing of the past (see: Grabusińska, 2013, p. 5).

Residents do not think highly of their homes, holding negative options regarding residency. They are critical both of the material side of life in a nursing home, such as sharing

a room with other inmates and lack of intimacy, and of the social side, including conflicts with roommates or staff. There are also cases of violence, discrimination and unequal treatment. One of the residents wrote: "I thought I would have peace and quiet here, but instead, the people are mean, mentally ill, insane. It is like prison for me" (Leszczyńska-Rejchert, 2008, p. 275). This all suggests forms of subjugation and, in particular, the predominance of structure over person, under which the institution no longer serves people; it instead serves the rules, regulations and procedures (see: Zbyrad, 2014, p. 262).

Over the past three decades, nursing homes have transformed from total, closed institutions to new, open, facilities of a higher standard. They remain, however, institutions. The changes can be considered a kind of facelift, which at first glance appears to be something completely different than it is. In reality, these institutions are made up of people, the same staff, and the same habits and rituals, under the same mechanisms of operation. If someone carries out a thorough renovation of a house, wrapping it in a beautiful stone finish and planting a wonderful garden, does that make it a different house with different people inside? Or is it just an apparent external change that has not affected anything in the way the family functions? The same people are still there, using the same communication codes, with a formed way of thinking and a developed way of behaving. The modernization of old institutions, including the removal of architectural barriers, does not bring about revolutionary changes. These are still institutions where people live.

THE NEW IMAGE OF ASSISTED LIVING INSTITUTIONS: QUESTIONABLE FREEDOM UNDER THE THUMB OF TOTAL STRUCTURE

The reasons behind establishing assisted living institutions, and the ways they function, raise many doubts. It is plausible to assume that they have manifest, unofficial aspects as well as latent, unofficial aspects, and this assumption is justified by the fact that opinions about these institutions differ. They are, all at the same time, criticised and praised, unprofitable and profitable, cost-efficient and inefficient, modern and antiquated, flexible and fossilised. Opinions differ depending on multiple factors, including: one's familiarity with the internal structure of an institution; the benefits offered by an institution, i.e. job (for the personnel) or a place to live (for the residents); one's position within their structure, i.e. a managerial or controlling position; and an institution's position in the local community. These institutions of course all have their advantages and drawbacks. Some praise their professionalism, while others virtually curse them, despairing over their own fate. The dissonance deepens when we analyse the reasons for establishing and the ways of functioning of assisted living institutions. Thus, the question is: Are contemporary nursing homes (as an exemplification of assisted living institutions) undergoing a renaissance or merely a facelift? Do contemporary assisted living institutions implement a new model of care, or do they only give the illusion of doing so? Do nursing homes offer any real freedom, or is this freedom constrained by the heritage of a total institution?

As far as the reasons for establishing nursing homes are concerned, nobody questions the fact that they are necessary to meet the deficit of care in families and that they answer

the social need for care and nursing services. What is questionable is why Polish social care system institutions are run mostly by the state rather than, for example, by non-government organisations. Any attempts to restructure or privatise those institutions encounter multiple obstacles (see: Tarkowski, 2000, pp. 243–252). It is very arduous for the non-profit sector to run such institutions and when they do, they are very closely monitored by controlling bodies and their slightest failures are sensationalized, blown up into scandals[4]. For some reason, efforts are being made to keep assisted living institutions in the public sector, although the non-profit sector could run them more cost-effectively and efficiently.

Another question arises: Why maintain an institutional system of assisted living services instead of investing in family care or developing neighbourly help? It is generally known that assisted living institutions have proved to be inefficient in developed countries and they are gradually being replaced by, among others, family care homes (such as in the USA). Meanwhile, in Poland, the public sector receives strong support, while any non-public initiatives are discouraged or even discriminated against. The intentions of legislators in doing so are unclear. Should not there be more rational and efficient solutions to support the development of much more affordable family care homes? Should residents not be allowed to feel like part of a family instead of being objects in a bureaucratic institution? Why are the choices so limited? Looking for answers to these questions, we become convinced that there must be a hidden reason behind the status quo. Perhaps the objective is to maintain order by controlling the weakest, the dependent, and the helpless within structures that have existed for years.

The functioning of nursing homes raises questions as well. On the one hand, there are legal regulations that govern their functioning, while on the other hand there is also an informal structure, one that not only evades the law but is also hidden, concealed and even shameful. This applies to the areas of institutional life that are beyond all control[5] and as such, do not raise any doubts and are not condemned. These are the negative and latent sides of nursing homes, and it is the residents who suffer the consequences. The list of failings is long, including: various shortages, such as a lack of single or double rooms, which deprives residents of privacy and intimacy; a dearth of well-being, manifest in loneliness, passivity, and apathy; improper conduct of fellow inmates, such as conflict, aggressive behaviour, and alcohol abuse; staff treating inmates like objects, ranging from a lack of polite language (thank you, here you are, excuse me, etc.) to abusive treatment both verbal and physical. For nursing homes, the material aspect is more important than the social. Their residents are not the focus of interest for controlling bodies. Control reports do not analyse the quality of life of residents, but only the quality of services provided to them: Residents are not interviewed, are not asked about their relations with the staff, no interest is shown in their well-being or in the quality of life in institutions, and no one is interested in what changes the residents

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[4] Non-public nursing homes are subject to particular scrutiny by controlling bodies. Any detected irregularities are exposed to harsh criticism and media attention. Illegal homes are especially brought to public attention. Meanwhile, according to the Supreme Audit Office (NIK), nursing homes run by public bodies (local authorities) much more frequently fall short of standards that those run by non-public (non-profit or commercial) organisations, and yet, the latter are particularly strongly criticised by the media (see: Jurek, 2011, pp. 25–26).

[5] Nursing home control is only supposed to verify compliance with legal regulations, e.g. the house standard, equipment, finances, personnel or implementation of the institution's goals, whereas the entire life of the institution is not subject to any laws and remains beyond control.

might suggest or in how they evaluate the institutions. Thus, the institution is more important to the surveys than the residents for whom they were established and whom they purport to serve. It seems strange that the formal requirements of an institution should be put before the interests of its residents.

From the outside (the manifest side), assisted living institutions appear as modern organisations with flexible structures, extremely benevolent and open to the outside world, organisations that no longer keep their inmates "on a leash" but let them integrate with their surroundings. The positive image of those institutions is promoted by various rituals, such as inviting representatives of local authorities for performances or exhibitions of showpieces made by residents (embroidery, paintings, handicraft), organising trips, outings to cinemas, theatres, and museums, or the participation of residents and personnel in local events. These activities suggest that nursing homes are open to the outside world and represent a new quality of assisted living institutions that are keeping up with social, cultural and political changes.

Meanwhile, the external positive image of those institutions does not always reflect the quality of life of residents on the inside (the latent side). It should be noted that not all inmates actively engage in ritual activities for many reasons: Some do not want to, while others cannot (because of health problems). However, there are no data in the control reports on the number of residents who engage in activities[6] in a given nursing home (as if this does not matter); there is only information on whether such activities are offered. Surveys on the activity of residents refute the claims that all residents are engaged. According to surveys, no more than 10% of residents engage in all kinds of activities offered by nursing homes (this group is the most active residents who engage in all kinds of activities). Half of nursing home residents do not live an active lifestyle and two-thirds prefer to spend their time in a passive way, such as listening to radio or watching TV. Inquisitive and concerned researchers notice that the daily cultural activity of nursing homes residents drifts towards passive consumption of mass media (see: Chabior, 2008, pp. 32–33; Leszczyńska-Rejchert, 2008, p. 260; Mielczarek, 1999, p. 144).

On the inside, assisted living institutions have preserved the total structure of the old nursing homes. The characteristic features of a total institution were the passivity of its inmates, multiple-bed rooms, lack of intimacy and privacy, and feelings of loneliness, sadness, apathy, etc. Not only are they latent, but they also do not attract the interest of either managers or controlling bodies. Thus, the new image of nursing homes gives a false impression of their new alleged quality. Meanwhile the changes they show off should be regarded as superficial, and not as a thorough transformation of the institution, its structure, or way of operation, or as bringing about improvements to the quality and style of life of its residents.

The remnants of the total structure are so deeply rooted in nursing homes that it is hard to imagine contemporary institutions being different from those which were once the disgrace of the social care system. The truth is that the institutions have modernised (adjusted to new standards), many of them have new buildings, they have adapted to the needs of the elderly

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[6] Engagement is a broad term and it covers the different forms of activity offered by nursing homes, from gymnastics through group therapy to active participation in trips or cultural events organised inside or outside the homes.

and disabled, they have new equipment and interior design, and they even employ professionals. All this does not, however, result in higher resident satisfaction[7]. Their voices remain unheard, their needs are not provided for, their suggestions are not taken into consideration, their protests are not reviewed, and nobody is interested in their plans or dreams.

Many residents of assisted living institutions feel their freedom is constrained by the strict day and night routines and procedures that prohibit anything that is not standard. One resident describes freedom in a nursing home: "Apparently, we are free here, but it is not like home. At home, I can go to sleep whenever I want to but here, it is impossible, because my roommates make so much noise in the evening" (Szarota, 2010, p. 350). Many nursing homes residents dream of the peace and quiet which they cannot experience in an institution. One resident said, "This home should be called a home of restlessness for old people" (Leszczyńska-Rejchert, 2008, p. 183). Some extreme responses illustrate the extent to which the freedom of residents is limited: "It would be best for me to die, because then, I would be free" (Leszczyńska-Rejchert, 2008, p. 185).

Living in a nursing home puts the extent of human freedom into question. The dilemma is whether assisted living institutions protect the freedom of their residents and what gives them the right to limit that freedom. Are the residents of nursing homes doomed to live in institutions that constrain their liberty? What are the priorities in an assisted living institution: the interests of the residents or the interests of the institution? Is the freedom of residents limited for the sake of controlling and maintaining social order? Do new nursing homes really ensure the freedom and better quality of life of residents, as they want to be perceived by society, or is this mere illusion? Are assisted living institutions still total institutions, and if so then to what extent? In order to answer these questions, a thorough analysis of these institutions, supported by empirical material, is needed.

SUMMARY

Neither the establishment nor the functioning of assisted living institutions are transparent. They definitely have their manifest and latent aspects. It is impossible to rule out that they use various forms of control in an attempt to preserve social order. Erving Goffman's and Niklas Luhmann's theories justify the thesis that assisted living institutions control their residents in order to protect the foundations of social order. Luhman's observations are relevant to nursing homes: "All reproduction and structure formation thus presuppose a combination of order and disorder: a system's own structured and an incomprehensible foreign complexity, a regulated and a free complexity" (Luhmann, 2007, p. 201). Goffman writes of the "secret life of institutions" and the phenomenon of the survival of formal institutions: "Every formal instrumental organisation survives thanks to its ability to use the activity of its members;

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[7] The residents of nursing homes positively evaluate the standard of material care, e.g. the level of assistance or nursing or medical services, but their assessment of their own stay in those homes is negative. One of the residents said: "This home is good, it is even very good. But it would be much better if I was not here" (Parlak, 2000, p. 24).

means must be employed and goals must be achieved as planned" (Goffman, 2011, p. 171). This explanation makes it easier for us to understand the functioning of institutions and the position of their residents.

Organisations, especially those founded by public institutions, have always appeared as insensitive (not only because of the bureaucratic system), dehumanised, and focused on the implementation of standard activities. Assisted living institutions run by the state are not free from the syndromes typical of other public institutions. One of them is limited freedom to act: As Luhmann puts it, "the more state, the less freedom" (Luhmann, 1994, p. 40), and this helps us understand the functioning of nursing homes, not only from the perspective of incomprehensible regulations (e.g. blocking the privatisation and restructuring of nursing homes) but also from the perspective of residents, whose freedom is limited.

In recent years, the slogans of deinstitutionalization have been getting louder and louder. Should we harbour a great deal of hope for change? A detailed analysis of barriers to the implementation of deinstitutionalisation in CEE countries was carried out by Teodor Mladenov and Gabor Petri. The authors found that the move towards deinstitutionalisation has resulted in a phenomenon of re-institutionalisation: the emergence of smaller institutions that recreate key features of institutional life such as routines, depersonalisation and a lack of individual attention. In CEE countries, the main barrier to deinstitutionalisation has stemmed from the historical background, with the legacy of state socialism and the effects of post-socialist neo-liberalisation. Earmarked funds from the EU, not properly used towards deinstitutionalization, have greatly facilitated the modernization of existing institutions. It has been estimated that during the EU's 2007–2013 programming period, at least 150 million euros were spent for maintaining or expanding institutional care for disabled people in CEE countries. Re-institutionalisation has occurred as a result. Small centers often reproduce institutional ills regarding supervision, rigid routines, denial of treatment, objectification of service users, social isolation, and stigma. Over-reliance on small group homes, family homes, and sheltered housing is misplaced. The creation of family homes and sheltered housing will likely lead to further segregation of people with disabilities. Renovated or smaller residential facilities are seen as the default alternative to traditional institutional care. Support should be person-centred and follow the individual rather than being tied to a specific place of residence (Mladenov and Petri, 2019, pp. 1–24). The above analysis reinforces our belief that we are still dealing with supporting institutional life rather than supporting the person. A change must take place in our mentality towards building awareness that the needs of the person are more important than the needs of the institution.

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