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“We are not only here to die” – living in a spiritual old age home in Varanasi (India)

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Abstract: The current living situation of elderly people in Varanasi, Uttar Pradesh is discussed in this paper based on ethnographic research, which is part of my PhD thesis to be published. Fieldwork over a period of six years in several old age homes in urban North India was conducted around the topics of aging and dying with respect to the ideal of the *ashrama* concept as well as the importance of Varanasi as a holy place for Hindus in this last stage of life. The changing family patterns and living situations in urban India will be presented below as well as the rise of old age homes (OAHs) and similar institutions as an alternative living arrangement. The emphasis of this paper is on the presentation of one home for the aged to give an account of who the residents are, why they have chosen, and how they deal with, their new living situation. The establishment of new roles in an unknown, often called 'non-Indian' environment with a focus on social interaction and the creation of networks in an almost total institution will be discussed. Data was collected through various research methods, mainly participant observation and one to one, group and 'expert' semi-structured interviews as well as through the distribution of questionnaires. The results show, that Varanasi is a quite unique case when it comes to old age homes, because here they are not so much a safe haven for the aged urban middle class but more an idealized or 'modernized', adapted and mixed version of the life in the *vanaprastha* (the third life stage as a hermit) and *samnyasa* (the final stage as a renunciant).

Keywords: old age homes, homes of aged, ageing, norms and age, modernization and old age, vanaprastha, samnyasa, geroanthropology, individual and ageing, urban old age, caste and old age, joint family, Hindus and old age.

I

The never-ending need for interdisciplinary – geroanthropology is just not enough

Since this paper is written with the background of studies from anthropology, (social) gerontology, sociology and psychology, I would like to address the urgent need for even more interdisciplinary research as well as exchange and teamwork when it comes to the topic of 'age(ing)'. Since it is getting more and more popular over the last years, a lot is already happening, but it is not enough to balance out the huge neglect of this topic especially regarding 'my own' scientific community, anthropology. We still tend to isolate aging theoretically and as a "close domain of inquiry, isolated from broader questions about how sociocultural worlds are constituted more generally" (Lamb 2000:8). But this separation is an impossible one to make since the aging of an individual is influenced by various factors and therefore we do need the whole picture, the embodied character of the individual's lived experience as "habitus" (Bourdieu 1977:78). Gerontology, which is multidisciplinary "in nature" (Chattopadhyay 2006), can only profit from the emic view and extent of diversity an anthropologist can deliver to refute various stereotypes about the aged in society. The often-overlooked contradiction between ideal and real culture (Climo 1992) will be confronted here and the anthropologist can help the gerontologist by understanding the existing "shared webs of significance" (Geertz 1973:5), in which the meaning(s) of old age are created and how membership of a certain age group influences and is influenced by that. So many studies in the past were devoted to age, but not to "aging or the aged" (Fry 1980:1). Maybe because of "gerontophobia" (Clark 1967:56), of avoiding a topic too close to one's own mortality (Myerhoff 1978:19), or just of little interest - elderly people were mostly used only as "guides into traditional cultures" (Sokolovsky 1995a:4). Leo Simmons (1945) can be seen as the cross-cultural pioneer who studied the treatment and status of elderly in 71 societies and got help from the first social sciences theory of aging by Cumming and Henry (1961) with their now widely rejected disengagement theory, since it claimed universality. He got help as well from Cowgill & Holmes (1972), who generally assumed that "the status of the aged is high in preliterate societies and is lower and more ambiguous in modern society", which again is a much too generalized claim. For Cowgill, 'modernization' or more specifically urbanization, modern health technology and economies, based on scientific technology and mass education and literacy were factors to cause the social decline for the status of the elderly. Another cross-cultural comparison (Sokolovsky 1995b:12) found a set of sociocultural phenomena which are seen as universally connected to high status for elderly: possession of knowledge, control of key community resources and ownership of valued functions.

Studies about ageing were completely absent from Indian anthropology as well; before 1947 they were mostly concerned with tribal communities and after Independence the prominent themes were kinship, family and caste mostly around the topics of 'tradition and modernity'. The narrative of the disappearance or breakdown of the Hindu joint family played an important role here as well and a lot of studies were conducted; often with little to none empirical evidence of this phenomenon. The consequences for the elderly were mentioned, but again they were not recognized as an important research

opportunity in themselves. (Social) gerontology, which has a short tradition in India and was mostly adapting already existing theories from the west, produced numerous studies, articles and books about the topic 'Ageing in India', which are not only inconsistent, since ageing is so diverse, but often data-rich but theory-poor or without any reliable sources. The 'decline of the joint family' is seen as main research topic and due to the "four horsemen of contemporary apocalypse: modernization, industrialization, urbanization, and westernization" (Cohen 1998:17). Even though that no data exists of these former, glorious and happy 'traditionally joint family days', scientists assume that they must have existed and that they are a truly Indian phenomenon. Only a few question this romanticized idea of the selfless Indian family as caretaker and protector of the elderly (Harlan 1992) or even find contradictory evidence (Bose 1982), but their findings do not change the widely recognized narrative. Old age became a negative image in the 1980s in the gerontological literature, due to the role loss of the elderly in the industrial world and today the image of the suffering elderly got replaced by the genderless one. A prominent theme then was the disintegration of the aged in society and their problems to adjust to these new circumstances and to re-integrate themselves - according to Ara (1994), this was only possible if the elderly withdraw from their social roles.

Psychology plays a major role in studying aging and the aged as well. Apart from the personal development, one important rapid and unconscious mechanism, which needs more research, is categorization. Humans need these categories to help "understand the world around us" (Forsyth 1999:386) and always divide between ingroup and outgroup. This division shapes how we see ourselves and each other and must be acknowledged, whenever we do research as well as our own 'cultural' bias. Ageism (Butler 1975) exists and tempts us to perceive elderly as a homogenous group, which strengthens then already existing stereotypes. According to Myerhoff (1978:19), these age-based stereotypes exist "because we don't want to recognize the inevitability of our own future decline and dependence". Sociology, especially structural-functionalist Talcott Parsons (1942) and later Martin Kohli (1990), dealt with age as a social classification system to examine the connection between the treatment of the elderly and their environment. The recognition, that old age has to be interpreted in the context of the human life cycle as well as in the historical context is to emphasize here. According to Kohli (1990:25), the individual life cycle can be defined as a sequence of events structured by society and not by the individual. This leads to a new kind of social control by society but leaves some space for individual autonomy within. But as well as geroanthropology "the sociology of aging can be said to be in its infancy" (Turner 1995:249) and it will be necessary to address the difference between the inner self and the image of the body, of becoming old socially and becoming old biologically.

This brief introduction has demonstrated that now there exists an overall interest in the topic of age, ageing and old age, but that the concerned disciplines need to work more together and can only profit from these collaborations. Especially anthropology can contribute immensely to help grasp the emic perspectives, discover the various

meanings, but at the same time needs to develop more theories with the already available data from various studies.

II

Aging and dying in north India

Before diving into my research, a few definitions and introductions are necessary to understand the emic meaning of aging and dying in (North) India. Since all my informants are Hindus, I will focus only on their ideas concerning both topics, but will start with statistical demographics to offer some 'hard' data.

The global phenomenon of population ageing is concerning India as well and according to the Census of 2011, there are nearly 104 million persons above the age of 60 living in the subcontinent, which is the official retirement age according to the Indian government; 53 million females and 51 million males. The size as well as the share of the elderly population is increasing - was it 5.6% in 1961 has the proportion increased to 8.6% in 2011. Most elderly people (71%) still live in rural areas, but the elderly population in urban areas (29%) is increasing. The child mortality rate is decreasing and the life expectancy at birth is increasing as well, which means that more and more people are becoming older and older - it was 69.3 years for females and 65.8 years for males during 2009-13. In the same period of time, the average remaining length of life for people above 60 was found to be 16.9 years for males and 19 years for females. A lot of the senior citizens still have to work, around 66% of the men and 28% of the women in rural and 46% of the men and 11% of the women in urban areas. The positive side one can state that, the literacy rate is going up to 44% in 2011, but with a significant gender gap - 59% for males versus 28% for females. The majority in the age-group 60-64 years in 2011 was married (76%), followed by widowed persons (22%) and the remaining 2% were either single or divorced.

Age and ageing are "related to biological phenomena, but their meanings are socially and culturally determined" (Hareven 1995:121; de Beauvoir 2000). Since the concept of social age depends on cultural contexts, it is important to discover and understand these processes. Ageing is understood as a biological, natural, inevitable, multi-dimensional, multivocal, ambiguous, dynamic, over the whole life span occurring process with a number of problems and necessary adjustments to the new situation. In the Indian context, ageing has to be understood in the social-moral relationships between family members, especially with Regatta to their changing roles as well as between individuals and society. The process is different for any individual, which has to be emphasized here, since the elderly are often seen as a monolithic mass. In every society exist different images of old age (Kruse 2011), which emphasize different aspects of being old.

Looking back to vedic times, where the life span was shorter, old age was the exception and had no negative image (Tilak 1989). The first connection between old age and decay was made during the *Upanisadic* period (approx. 800-200 BCE), with the idea to avoid it through a proper lifestyle. Human life was divided first into two (childhood - adulthood), then into three (childhood - sacrificing householder - hermit) and finally into four (student - householder - hermit - renunciate) stages. The most prominent Hindu scriptures about life stages are the *Dharma Sutras* & *Dharma Sastras*) which will be

discussed in detail below. The life cycle was divided into four parts now, which were independent from the biological age of a person. Losses associated with old age are mentioned in the *Dharma Sastras*, but seen positively as a potential new source of creative development of the self, a chance to evolve. Aging was seen as a process which happens parallel to the development of the self and both are expected to grow and change isochronally. One can interpret this as: the older a person becomes, the more humane the person becomes on his passing through the stages as well and the wandering ascetic is the most humane individual possible, even that this life is outside of society. According to Dumont (1980:267ff.), this last stage was more or less reserved for Brahmins, which shows that the *ashramas* are related to the four *varnas*. He also points out, that renunciation was meant to happen in the last, for him optional, phase in life, after all the worldly obligations were fulfilled and the person ready to become a renouncer an "individual-outside-the-world". Today the image of these four life stages still exists in India and often people refer to it when talking about age, ageing and being old. Which is surprising since it was an ideal laid down in theological texts, written by Brahmins with no evidence that people actually followed these ideas, but it created some kind of myth, which people still tell each other.

'Being old' has various markers in contemporary India and they differ for each individual. To put them in fuzzy, very generalized categories, they are mostly a combination of biological, physical, psychological, social and chronological characteristics, which are influenced deeply by the individual's gender, health as well as its former position in society. Taking a closer look into today's media, we have a variety of images, or socially shared and constructed stereotypes of old age. As the most prominent one in north India, we have the aged man as still powerful head of the household (in south India the female equivalent), ruling the joint family as long as they own the property. Retirement is getting more and more known in India, even that most people still work in informal jobs until they are too old to do this anymore. The male pensioner, which is often associated with the urban senior citizen, is a prominent image in the news and responsible that 'being old' now has a chronological age. Due to the state, the retirement age is 58 or 60 and the expression "to go sixtyish" (Cohen 1998:156) is used to say somebody is old (HINDI: *burrha*). In contrary, we have the elderly widow as a common female image of old age. She is easy to recognize, since she is wearing white *saris* (Lamb 2000), no jewelry and becomes kind of invisible in her new, asexual role. Widows are mostly dependent on their children or other support, so the image is mostly negative connotated and they are seen as weak, or 'childlike'.

The physical and psychological changes, which often occur during old age, are highlighted in these images as well, very prominent again is the 'weakness' of the body and the mind. The former is seen as being dependent on other and the later is often described as "gone *sathiya*" (HINDI: 'insane') (Cohen 1998:244) or as becoming a *pagli* (HINDI: 'crazy person') in the female case. Since ageing processes play a "central role in how we conduct gender identities (...) [and] indeed, what it is to be a person" (Strathern 1988:35), it is crucial to differentiate between the male and female images of ageing.

Women perceive themselves earlier as old as men due to the existence of grandchildren, her state of widowhood, her loss of social roles and the experience of menopause. This behavior is triggered by the mainly negative images of elderly women in contemporary India. They are often defined through their older husband, their family and their economic circumstances - portrayed in TV series as 'needy aunty', as 'dependent or spiritual widow' or as aforementioned 'madwoman'. The former practice of *sati* where widows, often *Ksatriya varna*, 'decided' to throw themselves onto the burning pyre of their husbands shows drastically how life as a widow sometimes was (Sharma 1988). One specific old image for a man -except the pensioner - is the *baba*, who is often a powerful political player - a negative image for an aged widower is nonexistent.

The body of the aged is often describes as weak, dry, cool and decrepit (Lamb 2000:44) and their minds as hot if they were suffering from senility (Cohen 1994:153). Asexuality and becoming more 'gender-neutral' is also a reoccurring topic in describing the aged physical appearance. As a last bodily feature is the individual's voice mentioned, which becomes weaker as well and can lead to complete silence due to bodily changes or is characterized by others as *bakbak* ('random babbling'). Especially movies use the image of the silent, unheard elderly person for picturing old age.

As age-appropriate behavior is the withdrawal from the head of the joint family recognized and to focus on god instead. Pilgrimages are seen as a fitting activity in old age and the image of elderly pilgrims is a positive one. The elderly, who have problems to adjust to their new role, are seen as stubborn, problematic and sometimes have to face neglect or even abuse from within and outside the family, since their behavior is not appropriate.

Excursus: *ashramas* – life stages

According to the *ashrama* concept, which is mainly discussed in the *Dharma Sutras* (approx. 600-200 BCE) and in the *Dharma Shastras* (approx. 100-300 CA), a person has to go through four life stages (*ashramas*) with distinct obligations and duties (*dharma*) to fulfill in order to attain *moksha*, the final liberation of the cycle of rebirth (Kane 1974:2; Olivelle 1993:101). These four stages, which are described in the literature specifically for male members of the 'twice born' society, which includes the *Brahmans*, *Kshatriya* and *Vaishyas*, are *brahmacharya* ('celibate student'), *grahastha* ('householder'), *vanaprastha* ('hermit') and *samnyasa* ('renunciate'). Women are expected to just follow their husband and are not mentioned in the scriptures like the *Laws of Manu* with specific obligations and duties other than to serve their father and their husband. It is important to mention that the *ashrama* system was originated as a theological scheme which presented the male adult with the choice of one of these four paths and that his choice was seen as a lifelong vocation and not just for a certain period of his life (Olivelle 1993:4). In this 'original system', there was no connection between old age and the last two life stages, since a male adult, after finishing his studies, could choose to stay with his teacher, become a householder, a hermit or a renunciate right away. With changing the system into a life stage approach, in which a person passes

through two, three or four stages, the *ashrama* concept developed into the ideal – and of course highly artificial – way of twice-born living.

During these four, now consecutive life stages, "a gradual move from personal, social to spiritual preoccupations with age" (Mohanty 2002:2) can be observed. Is the first stage concerned with education and training, is the next one focused on establishing a household, before the following one is about personal, spiritual growth. This third stage is the most important one for my studies, since entering the world of *vanaprastha* is interpreted today as moving into an OAH or another living arrangement. In the past it was associated with giving up all worldly possession and personal relationships, which is not the case anymore. As a hermit, it was allowed to take one's wife 'into the forest', according to the old scriptures, but to enter the final stage, to become a *sanyasin*, it was necessary to be alone and completely focused on god. This drastic, last step into ascetic life as a silent beggar, as a "totally detached person" (Prabhu 1961), was not the common norm then and as we will see, is not a norm today either.

Death can occur during all four stages, but is mostly associated with old age. There is a difference between a 'good' and a 'bad' death in Hinduism, which I will explain later with reference to Varanasi. According to someone's own *karma*, the soul will be reborn in a different shape until it will find final liberation. Death is not feared, it is part of everyday life and the ancestors are still present, especially during rituals. To die in Varanasi or to get at least one's own ashes immersed there into the Ganges is desirable for religious Hindus even today.

The *ashrama* stages show that the dominant marker for age(ing) was not a biological or chronological, but a functional one and persons were grouped by their personal condition as well as their social position in society. At the same time this model does not implicate any rank order based on superiority, but human ageing is understood to be goal directed (Tilak 1989). Life events are seen as significant components of an organized complexity, but not as specific causes and as long as the person fulfills his *dharma*, he will move through the stages.

Similar to the *ashrama* concept is the normative-stage theory of Erik Erikson (1985), a German developmental psychologist. He identified eight life stages throughout the human life cycle and successful aging can only happen, if each of the stages' own crisis is solved and the human being is emotionally satisfied. The "old age crisis" consists of "personal independence versus despair", which has to be solved with help of family of friends. And according to Erikson, it becomes clear, that we do not have a concept for the whole life, since the end is unsolved. One major difference is, that this theory is developed for men and women and has no position to offer for a certain time in the life cycle. Here the individual has more freedom to deal with the occurring crisis and to position itself.

Family life, living arrangements & the 'breakdown-narrative'

Writing about old age in the Indian context always includes writing about family life, living arrangements and 'changes due to modernity' to step into the common narrative.

The ideal family (HINDI: *parivar*) is the "tradition[al patriarchal] Hindu joint family (...) a self-sufficient unit, socially and economically, the center of the universe for the whole family, the arbiter of life's important decisions, the supplier of daily and life-time needs, the reservoir of deep loyalties and a bond of affection" (Gangrade 1988:27). *Sansar*, the Bengali term for family means literally 'that which flows together' (Lamb 2000:42) and emphasized that it is more than an economic unit. The joint family is based on gender as well as age and is hierarchically organized. The male head has the role as provider and protector, the woman as nurturer and caregiver within the inner domain (known as the concept of *purdah*, which means 'veil'). It was, and judging from my own experiences in Varanasi is still common, that the eldest son stays after his marriage with his parents and his wife joins the household. Often two to three generations still live in one household, sharing responsibilities and everyday life with all the occurring struggles and internal conflicts. The elderly are seen as teachers for the grandchildren and as a responsibility of the wife. They should be treated respectfully and with honor and be supported in old age due to filial piety.

The so often addressed 'breakdown' of this form of living can neither be falsified nor verified since it could never be confirmed to have been the predominant form of living in the past in the first place. It is used as metaphor to show the decline of the glorious past as a contrast to the contemporary lifestyle in India. The four '-zations' - modernization, industrialization, westernization and urbanization are always mentioned in this regard and are blamed for the decline. But this is just a too generalized and negatively painted picture. Living arrangements change all the time and are again based on the individual's position in life. That more women work and more children migrate to other states or even abroad definitely changes the living situation, but the equation that this necessarily means the family system is falling apart is just untenable. New and fitting alternatives for the individual situation are created and old age homes are one of them. The idea that a joint family is the only safety net in old age and that it is exclusively working if everyone lives together, is too simplistic. Even if the family lives together in a joint household, the roles within are changing as well. The caretaking responsibilities of the grandchildren by the grandparents get replaced by a paid servant and the role of the *bahu* ('daughter-in-law') changes drastically, if she decides to work instead of staying at home. Women are still the main and preferred caregivers in India, but now they are often employed to do that, creating therefore new jobs for more women.

As anywhere else, India faces a conflict between generations (Mannheim 1928) as well and these two different world-views have to be taken into account. Older people expect to live like their grandparents and sometimes have a difficult time to adapt to the ideas of their children in terms of housing. But at the same time elderly people want to avoid conflict, and separate households or living apart from each other is now the chosen living arrangement.

Interestingly, many scientists (e.g. Bhai 2002; Mohanty 2002; Gupta 2009) still state, that living in joint families is the common way, but according to the Census of India 2011 only 31% of all households consist of at least an aged person (60 years or older), not mentioning the actual household size. So it is not tenable to argue that the joint family is

the dominant form of living nowadays. At the same time the numbers of (aged) people living alone is increasing. It will be interesting to see how living arrangements in urban and rural areas in India will change, since housing in the cities is becoming a problem as well as deserted villages.

Children and parents do have a long-term intergenerational reciprocity with mutual support, which was often equated with living together. But that again is too simplistic. Yes, there might be a lack of moral or emotional support if they are living apart, but that is not necessarily the case. And material support is not something located at one place, it can be provided from everywhere - a good example is that the children abroad are paying for the OAH where their aged parents live. The changing family and living arrangement situation in India does need more and deeper research and the generalized, untenable claim that 'everything was better in the past when everyone lived in a joint family' must be seen as what it is - a (fairy) tale.

Old age homes in India - a brief debate

Old age homes (OAH) are a relatively new, still unfamiliar and rare phenomenon in India (Lamb 2000:136; Dandekar 1996:108), but they do get a lot of attention from the media as evidence for the decline of the joint family system as discussed above. These institutions are referred to as *ashrams* (a spiritual hermitage, usually away from society), home for the aged, home for the elderly or simply *bhavans* (HINDI: 'houses'). They can be seen as part of India's British colonial heritage and the state played virtually no role in supporting them until 1947 according to Bose (2006:233). OAHs are mostly found in urban areas and are targeting the urban middle class as potential new members. There are public (free of cost) and private old age homes, some are gender based while others are open to everyone, they have different income classes as target group or are designed for the poor; they are run by the government, religious organizations or NGOs. There is an increasing need for more OAHs since the existing ones have usually long waiting lists and are only admitting elderly persons with good physical conditions - geriatric care outside (and often even inside) the hospital is nonexistent so far. Management and staff is in many cases undertrained and therefore underqualified to work successfully and reports about misbehavior in forms of neglect or abuse are not uncommon. At the same time, there are efforts to help the residents to live a satisfactory life with daily activities as morning tea, *satsang* (HINDI: 'being with good company', often refers to group meetings with a guru) and regular prayer groups, so that they stay physically and mentally active.

OAHs do have the stigma of being a sign for a bad family in contemporary India and the media is not fighting against this image. Living there is often seen as 'last resort' and not the active choice by the resident him/herself. Which is a far too generalized assumption and needs more research to discover the diversity of OAHs and their residents. Especially the new, very modern, almost luxury OAHs in cities, whose clientele consists of parents with children working in high paid jobs abroad, or pensioners, has nothing to do with the said image painted in movies and newspapers. Of course, the situation is different for the poor elderly, who have no choice than to live in an OAH free of cost, but

they are glad to have this alternative to living and begging on the streets. There do exist interesting variations of OAHs, like the one I conducted my study in - the focus in this alternative living arrangement is: spending the last years in spirituality.

III

Research

In this part of the paper, I will introduce Varanasi and its unique situation as an age- and deathscape in contemporary India. As soon as someone enters the old town of Kashi (a traditional and 'scriptural' name for the city) and walks around at the Ganges between the *burning ghats* with the pyres on which the dead are burnt, they will notice the great number of elderly people. Some are pilgrims from out of state, some are beggars, living their last days here, others are holy men (*sadhus*) and women (*sadhvis*), living their spirituality and some are regular citizens, still working, since there is almost no formal pension scheme other than having children to rely on in old age. It won't be too long until someone will hear people chanting *Ram naam satya hai* (HINDI: 'the name Ram is truth'), which announces that a dead body is carried to the *burning ghat* for cremation. Seeing a decorated corpse getting carried and accompanied by relatives is a common everyday event in Varanasi, where death is not pushed to the corners of the city of over one million inhabitants - here, the opposite is the case, death is omnipresent, and it is not feared, but desired. Keeping these two features in mind - a huge amount of elderly people and death as omnipresent and desirable - I will move on and explain briefly the importance of Varanasi as a holy city and good place to die before diving into my own research about current living situations of the elderly.

Varanasi as an age- & deathscape

To understand the importance of Varanasi or in this respect, Kashi, it is necessary to go a little bit deeper into Hindu beliefs about attaining *moksha*. As mentioned above, the final liberation can only happen if a person fulfills his/her duties and obligation in every stage throughout life and achieve the different human goals, the *purushartas*. These are *artha*, which can be described as living the worldly life or the economic values, *kaama*, the enjoyment of life or the psychological values, *dharma*, following ethical or religious rules, therefore the moral values, with the goal of *moksha*, the release from the cycle from life and death or the spiritual values. But Kashi has the unique situation of creating a short-cut for people who are dying here. Since it is the city of *Shiva*, the god of destruction and therefore of creation as well, dying a 'good death' here releases the deceased from all former sins, or rather, bad *karma*. A 'good death' is defined as a timely death, which "occurs at as old an age as possible, free from disease, with an empty stomach, awake, and [is one] that is expected" (Justice 1997:229). Hearing the name of god during this last moment and concentrating on it, is important to attain liberation from the cycle of reincarnation (*samsara*) as well. After death, it is important that the corpse gets buried properly at one of the two *burning ghats*, that all the funeral rites are carried out properly and that the final step, immersing the remaining ashes into the Ganges, is completed. According to Hinduism, *atman* (the eternal self or soul) will find liberation after that and becomes one with Brahman in the highest world, which makes it

impossible to incarnate again. Varanasi was and is an important pilgrimage center for Hindus from all over India and a lot of people from the neighboring states are still coming in their final days to die here. Jonathan P. Parry (1994), Christopher Justice (1997) and Lawrence Cohen (1998) wrote excellent ethnographies about this topic and offer very interesting insights on the *burning ghats*, the most prominent hospices ('*mansions of liberation*') during this time as well as old age homes.

Today, Varanasi is a mixture of different living arrangements for the elderly and not only the place to die the 'good death'. Instead of coming to the city right before dying, people now actively choose (mostly) by themselves to come and live out their last years in this highly spiritual environment. Of course, there are still elderly beggars roaming around the *ghats* and there are lurid headlines about grown-up children 'getting rid of their aged parents like unwanted pets at the train station' once in a while, but most of the elderly choose freely to come and live here.

There is a variety of living arrangements, designed or adapted for aged people, who wish to live their last years in Varanasi, which is more complex and unique than in other urban centers. Instead of building complete new old age homes, former pilgrim housing gets transformed or temples recognize the need and offer a building on their land to the elderly. The target group here is not necessarily the urban middle class, who has enough capital, it is more the healthy and still independent enough elderly person, who wish to lead a spiritual life away from home. Staying in one of these living arrangements feels more like a choice, made by the elderly him/herself and not as a last resort (which was my experience during my research in OAHs in New Delhi 2009). During my time in Varanasi, one OAH for the middle class was constructed, but it got never opened since there was no demand or no one capable of paying what the owner wanted. It seems, even though it is an urban center, people here do not want to live in a place like that, but in one where they can focus on god.

During my research over six years, I explored a lot of different living alternatives for the elderly in Varanasi. Putting them in some kind of fuzzy categories, since they are sometimes quite overlapping, we have: old age homes (for free and with fees; private, NGO-based or with funding from the government), hospices, hospitals with a floor for the elderly to live in, pilgrim centers, who allow people now to stay longer, newly build apartments for the aged with staff included, temples, which build a small housing opportunity nearby and old people staying independently or with their families in a joint household. I even encountered elderly friends living together in a small apartment, which I had never seen before in India. So instead of the always repeated narrative that parents stay with their grown-up children in a joint family or alone, which is still often interpreted as 'non-Indian', 'modern' and 'westernized', there actually exists a richness of alternative living arrangements today.

IV

Case study

I will focus on one specific old age home, which is included in a huge complex of housing for holy men as well as a religious school and it is run by a religious trust. The OAH is

situated near *Assi ghat*, which is the southernmost *ghat* and is believed to mark the border of the former city. *Harishchandra ghat*, the smaller and less frequently used *burning ghat* in comparison to the *Manikarnika ghat*, is not too far away - here is the electric crematorium situated also, which I haven't seen in operation until december of 2016. The OAH itself houses a little over 100 people which is at its full capacity and they do have a long waiting list. Since it is run by a trust, it is free of cost, but they must fill out an application to start the process. There are a few loosely defined guidelines to become a resident there: people must be over the age of 60, they have to be in good health and they have to be spiritual and willing to commit their remaining life to god. The first two points will be checked with a written application, the third one in a personal interview with the manager. Interestingly, this old age home allows married couples to come and live together, whereas most similar places only allow single person to stay, "people who have no one else to rely on" as one of the managers told me in an interview.

The OAH was established after the management discovered that there was a need since more and more pilgrims came to Varanasi and did not want to leave again. They decided to transform their former housing for pilgrims into permanent living for the elderly and decided to include singles as well as couples. Now they have one-room-apartments on two floors in old buildings, but they do hold enough space for up to two people, a small kitchen and a small bathroom. Nothing luxurious for sure, but the necessary basics are there - the rooms do come mostly unfurnished, so people must bring their own equipment. The building itself is constructed around a huge courtyard, which serves as the main meeting spot for everyone during the day. Since all the rooms have doors towards this courtyard, the residents are visible as soon as they leave their place and are definitely getting noticed by others. During the day, most of the doors are open anyway and life takes place in public - I did a lot of observation of the daily life from the courtyard, visibly for everyone as well as from the upper floor, where I was a little less present. The whole environment seemed to a certain degree like a 'total institution' (Goffman 1973) and creates a panoptic atmosphere (Foucault 1976), but the residents chose actively to be visible, to stay in the public sphere and not in their private rooms. This might be explained with the idea of *seva*, which I will present shortly.

Meet the residents

One of my first research goals was to find out, who the residents of this OAH were. After my first surprise, that I encountered a majority of couples here, I decided to go two ways: first, I talked to the manager and some other staff to get some demographic data from their application forms and then I started to introduce myself to the residents, explained my research and started talking with them over a period of six months. Since that was sometimes a linguistic struggle and not everyone wanted to (or could) talk with me, I distributed questionnaires in Hindi as well as English to get some more information and of course used the anthropological method of participant observation.

The majority in this pure Hindu old age home consisted of married couples, followed by widowed women, widowed man and then single women, who were never married. Interestingly, the average age for men was 71 and for women it was 67, which makes sense factoring in the present age difference at the time of marriage in India. Since the

average age seems to be quite low and even the minimum age of the admission guidelines is to be over 60 years, I talked with some people, who were younger and with some who did not know their age at all, which made it a little difficult to integrate them into my data. In total, there were more women than men living here, which is consistent with every study I found on OAHs in India so far - residents are mainly women, which are single/widowed, financially dependent and have no family to get any support from. Surprisingly, the majority of the residents (over 80%) has children, but they were very fast in giving me more detailed explanations, even when I did not ask for it. The most common reason, why they do not live with or near them was, that the elderly decided for themselves, that they wanted to spend their remaining time in Varanasi. A few even mentioned the idea of the scriptural *ashramas* and explained to me, that their way of living is how it is supposed to be in a proper Hindu life. For them, it was their moral obligation, their duty to leave their own household, to transfer the position of the householder to their eldest son and find purpose in leading a spiritual life. This explanation was mostly given by couples; it was a completely different picture for single/widowed women. Here, I heard many narratives about children, who behaved "bad", did not treat the aged mother right after the husband's death and about internal conflicts. Sometimes the aged mother decided to go on their own, sometimes the children decided that she had to leave and in other cases there were no children to rely on. Some widows lived alone before coming into the OAH or with other relatives or even neighbors, but were not too happy about these living situations. Not everyone had heard about the OAH before coming to Varanasi, some just went on a pilgrimage to Kashi and found out about this place, applied for a spot and got lucky. While it seems that most of the aged couples decided for themselves to live in this new setting, most of the single persons did not and complained about this new lifestyle. That it was "non-Indian", "against their tradition", "modern", "westernized", "bad" and not "as it was when they were young" were the most prominent reasons I wrote down in my journal. One widowed woman told me, that she was "ashamed of living like that" and that she was happy no one from her old life knows about that except for her only son. Another reason, which was given by couples as well as singles was that their children had to migrate, often abroad and that they could not or did not want to join them. Confronted with the choice of living alone or living in an OAH with other aged persons, everyone told me that they prefer to live here and get to enjoy all the spiritual activities, they are provided with. To get a deeper insight about the relation with their children, I asked how and how often they have contact. This depends on various factors, first of all, where the residents were living before coming to Varanasi. The majority comes from within the state of Uttar Pradesh, then Bihar and Madhya Pradesh, which are close neighboring states and a few from Rajasthan and even New Delhi. In spite of most of the other places I visited, not one resident comes from a southern Indian state and no one lived for long in Varanasi before entering the OAH. When asked about contact with their children, people first talked with me about visits from their family. These occasions were very rare, even if the family did not live too far away and it happened only once or twice a year. The children mostly combine the visit with a pilgrimage to Kashi or a special celebration like *diwali*, one of the major Hindu festivals.

Most of the communication with their children takes place via the phone, which is not too easy. Now, more and more people are owning cell phones, but when I started my research, it was often the land line in the manager's office, which was the only way of contact. It still is for a lot of people and restricts them to special calling times and a limited privacy since they are never alone in this office. So instead of steady contact, it is more a "once a month roundup call", as one informant told me. Another way is writing letters, which most elderly people enjoy. Not everyone can (still) read and write, but here comes the helping staff in play, who reads the letters and writes a response. It is in today's world a slow form of communication, especially if the children live abroad, but a lot of the residents told me, it is their preferred one because they can choose when to reply. Summing up, residents with children do mostly have contact with their children if there was not a bad fallout, but it is neither regularly nor often. But asked about the frequency, no one complained about it, most of the elderly seemed happy with the amount and one married man told me that he does not want to get "too distracted by these things" anymore, now that he is living in Kashi. The ideal of leaving the former, worldly life behind does exist here to a certain degree, but it is not as complete as a cut as it was written down in the *Dharma Shastras*.

The meanings of 'being old'

To "grasp the native's point of view" (Malinowski 1922:25) on ageing, I wanted to find out what it means to be old (HINDI: *burrha*) for my informants and how they construct 'old age'. Unsurprisingly, most mentioned chronological age ("60 years means you are old"), followed by biological age ("when you have grey hair"), physical age ("when your body or mind becomes weak") and social age ("when you have grandchildren"). Often there was not only one marker, people told me about different transitions in their life (marriage of the son, retiring from the job, losing friends due to death in old age), which combined in making them feel old. At the same time everyone distanced him/herself from being 'really old' and talked about these outgroup-members in a distinct tone. 'Being old' itself was not seen negative by most of my interview partners, as long as they were quite healthy, no one really complained about the situation. But a few mentioned that they feel that old age and aged people are not honored anymore as it was in the past. Due to the "modern times", they feel that their knowledge is valued less, and their children listened less to them because they are "out of touch with the present". Not surprisingly, the couples told me that their way is how it is supposed to be in old age. The single persons, especially the widows, complained and told me, that they think, you should live with your family in old age. They did agree, that it is important to focus on god, too but told me, that they did that already at home. Living in Varanasi was little consolation for them.

Loosening existing ties, transition period and acquiring new roles

In this part, I want to focus on the experience of the transition into the new living arrangement, the finding of new roles in the institution as well as the remaining roles in the outside worlds.

Asked about how they experienced the transition into the OAH, which can be seen as a liminal state since it is a new environment without clearly defined roles, most people told me that it was difficult to leave their home, their family and/or friends behind, but that they are doing it for the right purpose. Their belief is what gives them the power to go through this completely unknown process and it was easier for couples to adapt to the institutional environment than for individual persons. Since they have to follow rules from the OAH management now, it was more difficult for men to subordinate themselves, since they are not used to do this. One informant told me, that he does not like to follow rules, which are not his own and that he does it only to avoid trouble. Most women do not seem to care at all whose rules they are following now. But this contradicts the idea of the ideal third life stage, where the householder leaves everything behind and gets away from society's rule; the OAH is a place with rules set by others and so not exactly a lawless, peripheral space.

According to role theory (Roscow 1985), elderly people are more likely to lose roles than to acquire new ones, which influences their (social) identity as well as their self-esteem. Regarding the couples living in the OAH, this was not the case at all. They kept their role as a spouse, as head of the household, but at the same time had to adapt to the new environment and create a new role there for themselves. This meant mostly discovering the former/current status of the other residents and finding a position in this new 'web of meaning'. Since everyday life is all and foremost a spiritual one in this environment, religion was the new basis for these roles. Men started to present themselves as experts in the Hindu scriptures, gave lectures as well as attended these from other men, and women became very active running their household as well as acquiring new spiritual knowledge. Couples seemed to (un)consciously help each other in this adaptation phase and were more successful than individuals. At the same time, they rely on each other for certain aspects of their identity as well. For individuals the creation of a new role in the institution is more difficult. The orientation in the already existing network takes some time and makes the transition period not easier. A few find a new role in helping in the kitchen or with other things, because the staff needs help. The focusing on religion is a good way for creating a new role as well for individuals - they do small organizational things like preparing the *puja* (religious offering ritual). Lastly, single women tend to become the 'go to' option for help when garments have to be fixed and they sit in the courtyard, waiting to get some work, especially from the single men.

In a nutshell, it is true that some people do lose their former societal role, but here it seems like it was their active choice to leave this role behind and dedicate themselves to god. It does not appear like a forceful act by external factors, on the contrary, it gives the individuals the sense of power to decide, what they want to do and be in this life. Especially couples keep their former roles in the new environment and gain even more role aspects in the OAH, now that they are still a spouse, a household participant, but at the same time find more religious activities to do and to identify themselves with. Individuals may experience this time differently: Personality theory (Neugarten, Havighurst and Tobin 1968) sees adjustment to old age and new roles as the result of an individual's personality, which I agree with. A few of my informants are recently widowed and still have to recover from this loss. They lost the role of being a spouse

(and often a household participant) before joining the OAH and were, due to mourning, not capable of building new relations and finding new interest to create a new role for them. Others just want to be for themselves, focusing solely on god without distraction and even if they look like occupying this feared 'roleless role' (Burgess 1960), they do not look lost or unhappy. They decide again that this is how they make meaning out of their lives and it gives them enough sense of self. The individuals, who try to find a new position in the OAH, told me that it took them some time to find out, how the relations are and what positions are available, but in the end, it worked out. Single women tend to take over the caretaker role as long as they are capable by helping in the kitchen or fixing garments and men tend to present themselves as scholars, having religious knowledge to share.

It looks like the elderly in the OAH maintain and expand their social identity and self-image through their membership in this subculture of the aged (Rose 1965). It might be easier in a controlled, isolated environment with similar people, who share certain traits, than in the outside world. The adaptation to their 'new' expanded or limited roles is easier in the company of people, who had to or still go through the same transition. A lot of external factors, which may cause conflict, are nonexistent here. Since they identify each other as members of the same subculture, they create a more positive ingroup view and judge each other less. But at the same time, they see other elderly people, who do not belong to their group, less positive. When asked about the elderly *sadhus*, who live at the Ganges, the opinions were mostly negative, since they could not identify themselves with these 'beggars'.

Everyday life - social interactions & networks

Daily life is organized around various religious activities, mainly going to the temple on the site of the OAH, doing *puja*, praying to the gods, reading and discussing the holy scriptures. Since the institution feels like a small village with the big courtyard, the residents spend most of the day in public, but not necessarily in interaction. The whole place is very quiet and peaceful, there are not too many conversations going on, people are mostly sitting in silence, captured in their own thoughts or engaged in some handicrafts. Even couples do not engage much outside their apartment, sometimes it took me some time to find out who was married to whom.

People were often sitting in groups together in the courtyard, separated by gender, as well as in the common dining hall. Couple interaction again was mostly unseen, often people living next to each other were chatting with each other quietly. The interaction with each other was less intense than the one with the staff of both gender. Almost everyone exchanged a few words while getting *tea* or at least a smile. The most common question was concerning the health of the residents. To give a deeper insight in the daily lives, I will present a combination of my field notes, parts of two interviews as well as one written statement in the distributed questionnaires (I wanted to let people fill out a diary while I was not in India, but that task failed completely in this particular OAH):

"It is 5.30 A.M. and people are gathered in the common hall, drinking chai, mostly in silence. The main social interaction was, while getting tea, the friendly staff asking everyone how they are. After that exchange, there is mostly silence, people are gathered in the usual small groups, based on gender. After tea most go back to their room or to the temple for the first *puja*. Around 10 A.M. the courtyard becomes busy, but still not very loud. Women gather and prepare food for lunch together, others do handicrafts, mostly sewing and the men read newspapers or holy scriptures, mostly the *Mahabharata* epic (especially the *Bhagavadgita*, a highly popular and 'philosophical' text and part of the *Mahabharata*) and the *Upanishads*. Sometimes one man says something, which others acknowledge by nodding, but no conversation starts. Almost everyone wears white clothes, which creates a peaceful atmosphere. Around 1 P.M. most women disappear into their room to prepare food for lunch as well as dinner - the ones who don't cook go to the dining hall. One woman comes back from a doctor's visit, accompanied by staff; her neighbor stops her and they talk for a little while about her health. After lunch some people rest inside, others are already back outside, enjoying the afternoon sun. Fruit is shared, one couple has a visitor, which is the main attraction for quite some time. One woman starts cleaning her room and gets help from a staff member. Before dinner time, most of the elderly go to the small temple inside the complex again, some in groups, some on their own. Again, it is very quiet and around 5pm the courtyard is completely empty". (*own fieldnotes*)

"I wake up every day around 4.30 A.M., say some prayers and get ready for morning tea. After that I come back to my room, clean and read in the *Gita* (abbreviation for the *Bhagavadgita*). If the weather is good, I go outside and sit with my neighbour. We both like to sew. If the weather is bad, I stay indoors or go to the dining hall again to enjoy some company. I get my lunch mostly there and the afternoon is dedicated to praying, doing *puja*, focusing on god. I go to bed early, I do not eat dinner. I spend most of my day alone, but that is what I want". (*widowed woman, 69*)

"My wife gets up before me and wakes me up right before 5 A.M. We go and get morning tea in the hall. After I read the newspaper, she does some cleaning or grocery shopping. Then I meet some of the men to discuss the news before starting reading a book. My wife does not hear too good anymore, so she is mainly enjoying the sun and praying. She prepares lunch and we eat together in our room. After that she cleans again and then goes to the temple. I usually take a nap and then go to the temple as well. We spend the evenings together, talk about our life and about god. We like the simple way here and feel very lucky". (*married man, 74*)

"Here everything is about god. I wake up saying god's name and go to bed with it. Sometimes I get morning tea, sometimes I go to the temple instead. I spend all day outside my room, reading, praying, chanting. We like to sing as well. I prepare myself a small lunch and will eat the same for dinner. In the afternoon I usually talk with my two neighbors, one couple, one widow, but not for too long. Then I go back to the temple to

do *puja*. After that I will go back to my room, do some cleaning, eat dinner and pray".
(single woman, 72)

Concerning social interaction with the outside world, one can almost say that the disengagement theory is not totally off. The OAH itself makes it difficult to let outsiders in and insiders out, the door is always locked, the guard has to open it, and everyone has to write his/her name as well as the reason to go in/out into a big book. The huge fence around the complex creates an even stronger feeling of isolation. Visitors are allowed at certain hours and of course the elderly can go out at daytime, but they hardly do. They tend to stay inside and daily duties like grocery shopping are available inside the complex. The vendors come a few times a week with all the necessary essentials and since there is a temple on site as well, most residents use it for their daily religious practice. They mostly go out on special occasions to bath in the Ganges or to go to the hospital. The outside world is not stimulated to enter the institution, there are no activities with local groups like singing, doing handicrafts or any other form of social interaction. The residents mostly stay for themselves inside, focused on their daily religious activity and the outside world stays on the other side of the wall. Asking my informants about this nonexistent exchange with their neighborhood, most people told me they have already too much distraction with the other residents and they do not need more. Some were interested in any form of religious interaction, but at the same time told me this would disturb their daily schedule. The grocery vendors and the doctor visits are really appreciated since a lot of the elderly are a little weak and fear walking too long. They do enjoy chatting and hearing news from the sales man, so there still is an interest in worldly affairs and even I got often asked what is going on in India and if I might bring some newspapers the next time.

This part shows, how limited the social interaction in the OAH is. It is very restricted between couples in the public sphere and between residents in general. Getting to know each other takes a long time or does not happen at all, but since they all "feel, we are the same", the social network is structured horizontally. There is not one central group of individuals, instead there are many small groups, which get together due to their closeness in living next door. One prominent finding, arguable with the presented gerontological theories above, is that gender still plays a role in daily interaction here and dictates who interacts with whom. Overall there are not too many roles to occupy in this new environment and finding a spot in this group is not too difficult for most people. At least the majority had little problems with the transition and feels very welcome here. Their main purpose, which unites them, is their daily spiritual life and going together to the temple or reading and discussing the *Gita*, this is, what binds them together and gives them a sense of belonging. A few people want to be completely on their own and do not interact with anyone, because they do not want to be distracted in their journey. These findings are different from a lot of other OAHs I did research on, but again, we have to keep in mind, that most people here have chosen this lifestyle and are exactly where they want to be.

Re-Interpretation of *doing and receiving seva*

During interviews, my conversation partners often talked to me about *seva* (HINDI: 'service'). This concept is deep-seated in Hindu society and here refers to the reciprocity within the relation between parents and children. In the first years of a child's life, the parents have to care for it, provide it with everything necessary and expect to receive the same treatment from their grown-up child in their old age. However, since they live away from their children now or don't have children (anymore), receiving *seva* is a little more problematic and the often acknowledged 'solution' was to re-interpret the behavior of the paid staff in the OAH as *doing seva*. Which was quite interesting, since it usually shows the intimate bond between parents and children and was now expanded to include employed 'strangers'. Most staff actually were not necessarily trained very well, but emotionally invested in taking care of the elderly and, so they had a deeper relation than it appeared at first glimpse.

One example for *receiving seva*, which was often mentioned to me, is the *morning tea*. Even that most elderly could prepare their own tea, they really enjoy getting it served with some biscuits every day in the common dining area. This area is mostly used by the single (male) residents during meal times, but the couples like to get tea and talk with others during the morning there as well. The action of the staff serving them tea and chatting a few words with them, was described to me as *receiving seva*. Through this and other interactions with the staff (helping/cleaning the apartment/running errands for the residents, accompanying them on doctor's visits), the elderly form new bonds in this stage of their life, which contradicts the idea of cutting all earthly bonds. So instead of reducing their *maya* (HINDI: 'cosmic illusion', which results in misconception and new karma) by weakening worldly ties with family and friends (Lamb 2000), in the OAH elderly people indulge in new relations with their caretakers. But this is not a one-way street, the caretakers enjoy the company and relation as well, they often refer to the elderly with caring nicknames and give them a little more attention whenever possible. They do get attached as well and it is impossible to make a clean cut between *doing seva* only because it is their paid job and because they do really care about the well-being of their 'clients'.

V

Conclusion

According to my research, I am confident to say that this specific OAH is more than a place where people wait to die, which is the common tenor about OAHs in Varanasi. Sure, they are not afraid of death, they want to experience it here, but their main purpose right now is to live a proper, spiritual, gerotranscendental (Tornstam 2005) life and praise god for as long as possible. They were ready to cut off all their worldly relations and achieved that to a certain degree. The past relations were left behind; some still have loose contact with their children or other relatives, but most try to not form new ones in the OAH as I have shown. The residents try to stay completely focused on god, but at the same time enjoy the (spatial) company of others, which explains the sitting together in silence.

If we look back to the *ashrama* model, this living arrangement is a combination of the ideal second and third stage. The residents went away from their former lives, but instead of living the life of a hermit, they do have a new, permanent household in

Varanasi. It comes with different or no obligations, but it is still there and especially couples tend to behave in their former ways. They do not have the experience of living isolated from everyone, but the OAH does a decent job in isolating the complex from the outside world. So even that it is not a forest (*vana-prastha*), it is a silent and to some extent lonely place. If company is desired, the staff jumps in to fulfill this need. But most residents seem to be happy with their secluded life, devoted to god until the hopefully achieve *moksha*.

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