

Sweet Treats: The dehumanisation of care

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Ay, but to die, and go we know not where;
To lie in cold obstruction and to rot;
This sensible warm motion to become
A kneaded clod; and the delighted spirit
To bathe in fiery floods, or to reside
In thrilling region of thick-ribbed ice;
To be imprison'd in the viewless winds,
And blown with restless violence round about
The pendent world.
(Measure for Measure 3.1.114)

Introduction

This story is about Nancy (not her real name), an elderly woman with dementia whom I observed in a day care centre as part of an institutional observation. It describes processes of dehumanisation of both the carers and cared for, driven by ideologies of consumerism and choice in systems of care in the UK, where social policy changes and cuts to the welfare system brought on by the devastating effects of austerity measures have left the care system for the elderly in crisis (<https://www.adass.org.uk/media-report-2-november-2016>).

Nancy's dehumanisation is symbolised in the offering of processed pre-cooked food, dressed up as if it is good, and a refusal at societal level to provide the real, 'good' food she and those like her need, which is a feeding through emotional connection and relationships. Nancy presents an aspect of a refusal to accept this problematic offer, in that she appears to eat her food heartily but in fact spoils the food by removing it from her

mouth, once chewed, and hiding it under her plate. This spoiling of the food may be seen as problematic or symptomatic but we may equally secretly applaud Nancy for her refusal of this suspicious looking 'food,' a refusal which could be interpreted as a sane spoiling of this dubious provision, despite the risk of malnutrition. Consumerist values in public and private care lead to a commodification of need, reifying false needs as true: Nancy is 'not having' this unpalatable mouthful.

Policy context - The Vultures are circling

The argument I develop in this paper regarding a lack of emotional involvement from the staff towards the elderly people is not just to be understood 'simply' in terms of interpersonal neglect in a specific organisation. It is related to the wider policy shifts away from relationship based work towards a 'provision' model of care, which dehumanises not only the receiver of food but also the offerer, denuding them both of the meaning of nourishment a feeding relationship usually entails. In this new post modern welfare settlement between state and citizen (Cooper and Lousada, 2005), feeding becomes an act in which the significance of the emotional and psychological sustenance usually involved in the process of feeding is perverted or denied. Human beings are reduced to units in a spreadsheet and the emotional connection is hollowed out in the 'Taylorist' drive to privatise and rationalise workforce processes towards efficiency. This efficiency is to make the service palatable to private investors. In care for the elderly, private sector investors use care services, in particular residential care, to offset debt from other types of businesses, such as real estate in America. 'Vulture funds' prey on the privatised care sector using the sector to sink debt into, producing what I consider to be a particular degraded quality, atmosphere and system of care devoid of relationships (The Independent, 06.11.15).

The preparations for this new settlement, which shifts provision for the needy in our society from the state onto the private sector, affect those who receive services and those who provide services, shaping the kind of relationship that can be experienced between them. The organisational dynamics which are created in the marketisation and push towards privatisation become manic and accelerated, full of tasks which are there to get the service

into a fit shape but which are devoid of real meaning. The manic aspect is seen in the denial of dependency, emotional connection and need. In privatisation only treatable or cost-effective people can exist, as the service gets dressed up so that it appears desirable to the predator/purchaser. People who are more difficult to reach and to help do not sit easily with this productive and cost-effective idea and need to be hidden away and socially excluded, furthering a process of marginalisation. Complexity does not fit easily into the spreadsheet. The resultant ‘mad hatter’s tea party’ dynamics, in which no transaction around food or care is at all what it appears to be, are being experienced by staff and those in receipt of services, in different organisations in the public sector all over the UK.

Observing Nancy

The institutional observation followed an infant observation model (Bick, 1964; Briggs, 1992; Rustin, 2006), drawing on the skills and sensitivities I had developed during an observation of a child and mother in their home. Nancy was part of a wider group of about 30 elderly people who visited the day care centre for emotional and psychological support during the day. The elderly people sat together in a light airy room waiting for their lunch, gathered around smaller tables in groups of four or five. People tended to sit at the same tables each week and therefore formed sub groups within the wider group. The more able gathered together at the far end of the room, with the more moderately able in the middle of the room. The most vulnerable sat closest to the serving hatch, behind which the care staff would congregate in the kitchen.

I placed myself on the boundary sitting at the front of the room near the serving hatch, so that I could observe the elderly people. With a slight turn of the head, I could also observe the staff group who after serving food would retreat into the kitchen. If I strained my neck, I was able to see them huddled together standing behind the hatch, hunched over their own hurried lunch. Lunch for the staff consisted of the leftovers for the elderly people and seemed like stolen morsels. After they ate they would busily wash dishes and would rarely come back into the dining room until dessert had to be served. Occupying this border post meant that I could find a liminal space in which I would not be fully identified with either

the elderly or the care staff at the centre. What I observed was like a mad hatter's tea party, where current social policy edicts collided with the lives of ordinary elderly people and the care staff who were trying to help them in the most bizarre ways.

My attention was drawn to Nancy as seemingly one of the more vulnerable service users in the dining room. With hindsight I think she resembled and reminded me of my Nana (maternal grandmother) in the later stages of her life, when she changed from being quite a cold, self-assured, brusque woman to a more dependent, vulnerable and softer lady. Paradoxically, I enjoyed my Nana's deterioration as it brought out an affectionate side to her and we connected over her fears about her impending death.

Nancy had what I thought was moderate to severe dementia, alongside obvious signs of physical frailty, for example using a Zimmer frame to get about. I wondered when Nancy first knew she had a problem with her mind, as she came across as unperturbed and content in her semi mindless state. There seemed to be no fight or aggression, or signs of fear acted out with those around her. The loss of her mind seemed to be either almost complete, so that she was unaware of what she was losing or had lost, or else she had an incredibly accepting, serene nature. Nancy came across as a cheery person with an open, waiting expression. She seemed comfortable in her dependency. She would look at me whenever I made myself available for eye contact. She would look expectantly, trustingly with no doubt that I was there for her. She was able to communicate her needs, for example, holding up her glass wanting it to be filled with water. However, her confusion also presented itself to me quite clearly. For example, on one occasion she found the ketchup, mixing the gooey red with a glass of sherry and stirring it with her finger, drinking it down with apparent enjoyment.

I came to watch Nancy more closely each week. Nancy's green watery eyes seemed to appeal to me in some form of kin recognition, in a knowing way, silently appealing for help. I came to realise that she stirred strong emotions in the people and staff around her because although she ate her food heartily, she would not swallow it, removing the half-masticated mess to hide it under her plate. I didn't take in what she was doing for quite

some time. I tried not to stare or to focus just on her but her behaviour drew me in to look ever closer. It took some time to process what she was doing and understand her behaviour as a manifestation of eating distress. I just thought it was what it was on the surface: a woman removing half eaten food and hiding it under her plate because she had dementia.

Nancy sat with another extremely vulnerable woman who no-one else would sit with. Carole was severely disabled, bent doubled so that she could not lift her head up to see the people around her. I doubted she could actually move her crippled hands and arms, to grasp a spoon or fork in order to eat. However, I did see staff lever the spoon into her hands with difficulty and a precarious eating regime was achieved by her. Carole was obviously distressed and wanting close personal care. She had an intense, repetitive cry of 'help me, help me, can you help me please?' Her voice was a shrill, angry and persistent cry that was hard to ignore (the manager described this 'table' as a place I may want to avoid as it was 'intense'). It was excruciating to sit and watch and not to do anything in response. Nancy seemed to be the only person oblivious enough to be able to tolerate it. These two sat on a table alone, and were isolated from being part of the wider group.

I came to realise through snippets of overheard conversation that staff's overt intention was that Carole should eat unassisted as she needed to be encouraged in her independence. This withholding of care was dressed up as 'enabling independence', echoing Dartington's idea of the false relationship enshrined in the policy discourse of self-sufficiency (2010, p. 123). However, a specific member of staff (her key worker) would often break out of the kitchen (perhaps in desperation to stop the noise), to sit with her and help her eat her food. Carole would immediately calm down and stop her shouting, which would be replaced by friendly banter between them. There would be an almost audible sigh of relief in the room. The relief would be only temporary: the staff member would retreat behind the serving hatch again and the shrill cries would start over. 'Enabling independence' in this context seemed to be a defence against a feeling of disgust and a wish to avoid the disturbing aspect of this woman's complete dependency and helplessness and the guilt about not wanting to engage with her.

With Nancy's mess and Carole's shrill cries, staff avoided this table the most. They were last to be served lunch and last to have their plates removed. This was possibly as a result of wanting to avoid that which disgusts them: an understandable human response. The more experienced staff made no fuss about the food under Nancy's plate removing it efficiently with a paper towel. However, when an elderly woman called Edith, who was another day care centre user but who identified herself as a 'volunteer', removed the plate, she would say to Nancy it was disgusting, telling her harshly to put the food back on her plate. Nancy's food practices attracted a lot of attention over the weeks from other elderly people who, following Edith's lead, exclaimed it was disgusting and shouldn't be allowed. During my last visit it was an unsuspecting young volunteer who removed the plate and half chewed food. They removed the plate only, leaving the half chewed slimy food exposed for all to see. Nancy tried to use her side plate to hide it, hinting at the last vestiges of awareness she had about feeling ashamed or needing to cover it up. When the side plate was also subsequently removed, she used a small glass to move the mess about. However, disturbingly, the evidence of her eating distress was exposed for all to see.

Towards the end of the observations Nancy, who had previously shown very little sign of verbal communication, began talking to me. During one lunch break she looked at me meaningfully and placed her food back on her plate independently of being told, telling me to take her plate away. Towards the end of one meal Nancy asked if I was thirsty: I had just come out of the kitchen with a cup of tea and I was fanning myself due to the heat. I realised that she had no drink in front of her and this was her way of asking for one. She then asked me for a cup of tea directly. On another occasion, we were sitting with Carole, who was repeatedly shouting out to be helped. Nancy looked at me and said quite lucidly 'noisy isn't she?' I replied with a raised eyebrow and a meaningful look of acknowledgement. Carole told her to 'shut up'. Nancy again said she was loud and Carole then told her to 'fuck off'. Although the exchange between Nancy and Carole was shot through with aggression and hostility, it seemed extraordinary that such a lively exchange between them and me was possible at all.

Integration and disintegration

Dartington (2010) proposes that the main tension in systems of care is between integration and fragmentation. He links this dynamic to the ambivalent feelings of respect and despair provoked in the task of caring for the vulnerable and dependent. It is a defence to alleviate anxiety, related to the despair which caring for those with chronic, degenerative and intractable problems stirs up in us. Edith and Nancy were at the two ends of the spectrum in terms of dependency and independence, both holding some quality of the conflicting needs and tensions faced by the staff of the day care centre. The more active Edith represented integration, health and independence, whereas Nancy was utterly dependent, confused, fragmented and fragmenting.

Edith busied herself with clearing plates from tables and was keen to stress to me that she was a 'volunteer' rather than a service user. Nancy rarely moved as to do so would mean a very shaky, uncertain movement across the room with her zimmer frame. Staff had to move between engaging with service users who were keen to present as independent and active like Edith and those who clearly weren't. Then they had to respond meaningfully (or not) to fluctuating states of mind and mental capacities, which in some people deteriorated day to day and week to week. They were exposed to multiple losses as the elderly people grew older, deteriorated in health and mental capacities and then died.

It is possible that Nancy represented what the elderly people feared the most, which was their loneliness, helplessness and loss of their dignity. This would result in shame and fear, and a recognition that they were one step closer to death. Mackenzie-Smith (1992) points out that elderly people need extra help and understanding at this time, just as children do, but of a 'different quality'. She argues that too many people degenerate into senility and loneliness through a lack of stimulation. The less mobile the elderly become, the more chance there is of suffering from loneliness without actually being alone. She describes how elderly people regress to an infantile state in the face of primitive anxieties. As Terry (1997) further explains, for elderly people, unlike for the infant, there is no accompaniment of growth and development but instead a deterioration towards dependency and death.

Organisational context: the feeding hatch as retreat

When I was first shown around the centre, the manager let me into a large kitchen. He explained that they were going to undertake building work soon and the resulting works would mean the new kitchen would only take up half the space. He said they didn't need a large space as they only heated up the food, which was brought in from outside caterers. 'Wasn't the food home-made?', I asked, feeling surprised. He said that the food was pre-cooked, adding hastily that it was always made 'very nice' with gravy, custard or fresh vegetables. Dressing up the food in this way could be interpreted as a wider metaphor for the service, whose promotion was necessary for its survival. I was later to observe that custard, jam, ketchup, wine and sherry were used as sweeteners to quieten (or indeed quieteners/sedatives to sweeten!) the disgruntled elderly people following complaints about the meagre portions of the food.

As already mentioned, I was very struck by the separation between the staff and the elderly people during the lunch time period, with the elderly people sitting in groups in the large dining hall, waiting for their lunch to be served by the care staff and a range of different volunteers. It was as if the relationship was one of diners awaiting service in a mediocre restaurant in a suburban satellite town. During the first observation I noted that plates were placed down in front of people hurriedly, while staff went back to the serving hatch to stand with other staff. There was little conversation between the two groups. Once the meals were put out staff retreated quickly behind the serving hatch. It was clear that the staff had no organised lunch break and I overheard complaints about staff shortages. It seemed that if this group of carers weren't going to be fed properly by the organisation, then they weren't going to spend time with the elderly people by sitting with them and engaging in the emotional feeding they needed. It was as if they had collapsed into a hostile, defensive mentality in response to a lack of attendance by the organisation towards their own basic need to be fed.

Steiner (1993) describes the process whereby it is possible to avoid emotional reality and contact by retreating psychically, in the face of intolerable pain. The hatch can be

understood to symbolise a psychic retreat of this kind, defensively deployed by the staff group. The defence may have been against the anxiety provoked by their awareness of fear and aggression provoked in them in relation to their own survival. This was of immediate relevance, since the survival of the centre was threatened. However, it could also derive from a deeper anxiety about survival, as staff were literally faced with mortality, ageing and the disintegration of self. The hatch therefore acted as an emotional and psychological divide between the two disparate groups. Staff and the elderly people became split off from one another and any possibility of authentic emotional engagement. Armstrong (2004) develops Steiner's concept in relation to how organisations work, exploring how the psychic retreat becomes built into the unconscious structuring of the organisation. The retreat offers containment but in an 'illusory form' which impedes the development of the staff team.

During the third week of my observation the manager began to take up a lead position in serving the food and I felt a huge relief when there seemed to be a warmer atmosphere in the room and more interaction between the staff and the elderly people. The staff were attentive to people's individual needs, fetching ketchup for this person, remembering a sandwich for another, the vegetarian option for this person and the meat for that one. The centre manager went around the room with gravy and extra food, talking to everyone in a generous, energetic and friendly way. There seemed to be some change in the quality and quantity of food, as I was offered lunch, being told there was plenty left over. Lunch lasted the full hour and there was a more satisfied feeling in the room. There was the promise of an improved relationship and a tantalising moment when I thought the two groups would come together in some emotional connection. This may have been brought about by the manager's identification with me, as an observer of the difficulties between staff and residents. However, after serving the food, staff again retreated behind the serving hatch to have their hurried lunch. I also overheard the manager threaten the staff that if they did not sit with the elderly people while having their lunch, they would not be provided with lunch.

Social policy context - gerrymandering the needy

The Local Authority where the day care service was situated was in the process of consulting on the services it provided to its elderly people. As it turned out, a decision at chief executive level had already been made about the cuts in services. There were going to be sweeping changes to eligibility for services. This particular Local Authority (like many others across the country) intended to change the eligibility criteria to those it was offering services to. Those with moderate and substantial needs would no longer receive free provision and services would be offered to those elderly people with 'critical needs' only. This would remove the need to provide statutory services to swathes of elderly people.

Although precipitous decisions had already been made, legally a consultation process with the elderly people and their carers was required. This is a small observation of the process and the effect on the elderly people:

The manager came through with a bunch of envelopes and gave them to the staff member to give out, telling the group that it was about the proposed 'merger'. The man next to me already knew about the proposals and told the woman next to him that the other centre was closing down. One elderly person wanted reassurance that it would not affect them, except for the fact that there may be more people at the centre and she quite looked forward to having new faces. Her companion asked her but where would they sit as there were not enough chairs and they began a discussion about the chairs and whether they could fit in. The man next to me began reading out the letter to the woman and everyone listened and there was talk of some staff having to lose their jobs as they could not all come there.

Social workers not only assess the needs of the elderly people they work with, but have traditionally advocated for their needs. The policy of 'Personalisation' (giving the individual elderly person the responsibility of determining their care package, directly hiring people from care agencies to provide their personal care) removes this advocacy role. The vulnerable, helpless and dependent need to be cared for, loved, honoured and protected from an age which places expediency, audit, performance and monitoring as the primary task of an organisation, rather than caring and compassionate relationships. Even

more worrying than this dehumanising shift of emphasis on the ‘performative’ (where monitoring of tasks performed in an overly proceduralised way replaces relationships), is the trend towards a denial or disavowal of need and dependency altogether. Shifts in the last ten years have meant that old age is now conflated with an ‘age of opportunity’ (Biggs et al, 2006). This denies the reality of ageing, the inevitable deterioration in health, mind and body. Nancy’s vulnerability and dependency can be denied and evacuated from consciousness in this new era where power as a consumer defines ageing as a lifestyle choice, which is ‘all in the mind’ (Biggs et al, 2006).

There is now emerging a cultural unwillingness to recognise the presence of a ‘fourth age’ in which physical and mental decline takes place. In this policy paradigm differences between the generations are denied. Vulnerability, dependency and deterioration becomes excluded from thought. This is then a policy atmosphere where inhumane cuts to services to the elderly can be made without guilt. The vulnerable and needy simply don’t exist. What happens to refusers of food like Nancy in this new policy context? I would argue that those already on the margins of society will simply be further marginalised, excluded from services and come to no longer exist, in a form of psychological gerrymandering of the needy.

Conclusion

We have seen how custard was used by the staff in a day care centre to hide the fact that the cake sent in by outside caterers was dry and unpalatable on its own. I caught a glimpse of the cake before it was covered in this new custard. I saw that the caterers had already put custard on, but when the cake had been reheated by staff it had dried out into an unsightly scum on top of the cake. Therefore fresh custard was required to make it look palatable again, a complicated process which holds some symbolic relevance to how the relationship between the elderly people and the staff (and indeed the state and citizens) had become overly complicated and perverted by the putrid, disgusting stink of future

privatisation. During the observation custard was doled out to soothe the disgruntled 'consumers' who were dissatisfied with the food. Bion would call this poisonous food 'minus K' - the antithesis of a benign knowing of the other: the inverse of the truthful food we need in order to be nourished (Bion, 1962).

Here custard becomes a metaphor for a sweetener, used to hide something more unsavoury about the underlying policy decisions behind care for the elderly, which distances the carer from the cared for. It changes relationships contained in the idea of a feeding pair, with a dried-up idea of a relationship to replace the real sustenance that emotional connection brings. In this environment the marginalised, like Nancy, become increasingly more marginalised and perhaps scapegoated, dropping out of the group and excluded from any form of societal nourishment.

I have used the idea of sweet treats as a metaphor for the unfulfilling settlement between state and citizen which, although dressed up to promise choice, in fact offers care denuded of emotional engagement. This care places emphasis on *service* rather than *engagement*. In this case study we see two sides of the care system, offerers and refusers of food, becoming distanced from each other and denuded of the feeling of being cared for or the feeling of caring. The serving hatch symbolises the chasm of distance imposed by welfare policy changes, making emotional connection over the dinner table impossible. Connection is replaced by aggression, disgust, avoidance and the imposition of the psychic retreat in a social policy context which disavows dependency, interdependence and need.

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